Assessment of the
University of King's College's
Quality Assurance Policies and
Procedures

September 2009

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

TABLE OF CONTENTS

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 King's. The report concludes by answering the two key questions of the monitoring function.

2.   DESCRIPTION OF THE MONITORING PROCESS WITH THE UNIVERSITY OF KING'S COLLEGE

The initial meeting between the Monitoring Committee and the University of King's College (King's) occurred on October 22, 2007. 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 Ms. Mireille Duguay, Chief Executive Officer of the MPHEC, Ms. Catherine Stewart, Policy and Research Analyst at the MPHEC, and Dr. Sam Scully, Committee Chair. Representing King's were Dr. William Barker, President and Vice-Chancellor; Dr. Christopher Elson, Vice-President; Ms. Elizabeth Yeo, Registrar; and Dr. Marian Binkley, Dean of the Faculty of Arts and Social Sciences, Dalhousie University. At this meeting, 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).

On September 8, 2008, the Monitoring Committee reviewed the Quality Assurance Report submitted by King's on July 21, 2008 as well as the complete dossier for the assessment of the School of Journalism and finalised the questions/issues to be explored during the site visit**.**

The site visit occurred on September 26, 2008. Committee Chair, Dr. Sam Scully, and Committee members, Dr. Henry Cowan, Prof. Ivan Dowling, Mr. Bernard Nadeau, and Dr. Don Wells were present as well as two members from the MPHEC staff. Representing King's senior administration were Dr. William Barker, President and Vice-Chancellor, and Dr. Christopher Elson, Vice-President. The Monitoring Committee also heard from Dr. Alan Shaver, Vice-President Academic, Dalhousie; Dr. Marian Binkley, Dean of the Faculty of Arts and Social Sciences, Dalhousie; Program Directors; faculty and student representatives; Registrar and Library staff; and the Dalhousie Academic Development Committee of the Faculty of Arts and Social Sciences. The agenda for the site visit is included under Appendix 2.

On April 6, 2009, the Monitoring Committee submitted to King's a draft of its *Assessment Report of the University of King's College's Quality Assurance Policies and Procedures*. The University was asked to validate the factual information contained in the document and to provide an initial response. A response was received on August 6, 2009. The Commission approved the report at its September 2009 meeting.

The Monitoring Committee extends its gratitude to King's and to Dalhousie for being responsive and cooperative throughout the entire process.

3.   OVERVIEW OF THE UNIVERSITY OF KING'S COLLEGE'S QUALITY ASSURANCE POLICIES AND PROCEDURES

Founded in 1789, the University of King's College is a small undergraduate institution located in Halifax, Nova Scotia. In 1927 it entered into an agreement to allow it to provide degrees jointly with Dalhousie University. Today, King's offers three joint combined honours in Contemporary Studies, Early Modern Studies, and History of Science and Technology. In addition, it offers, independently of Dalhousie, a Bachelor of Journalism program. It is best known for its Foundation Year Program (which is only available to King's students). King's has approximately 1,140 students of which 186 are enrolled in Journalism. All of its students take many, if not most, of their courses at Dalhousie.

The following summary of King's quality assurance policy and procedures is based on the information provided in the institution's quality assurance report.

Quality assurance of academic programs at King's is carried out jointly by King's and Dalhousie, with the exception of the School of Journalism which is managed solely by King's.

King's does not have a formal quality assurance policy; instead its quality assurance activities are embedded across several documents including Dalhousie Senate documents, King's internal documents, and Dalhousie's Faculty of Arts and Social Sciences (FASS) governance documents.

The Foundation Year and joint programs are reviewed on a seven-year cycle determined by the Dean of the FASS. These reviews are guided by the FASS procedures and include: (1) preparation of a self-study; (2) external and internal reviewers; (3) input from students, faculty and administrators; and (4) a response by the program under review. The Academic Development Committee of FASS oversees program changes in light of the Unit Reviews. In addition, the relationship between Dalhousie and King's is assessed on a seven-year cycle by Senate following a similar process to program reviews. The review of journalism is managed solely by King's and is reviewed using a process similar to the one used for joint programs.

Other quality assurance activities cited by King's include:
- Submission of annual reports by each program for inclusion in the President's Report, which is presented to the Board of Governors each fall;
- Participation in surveys such as the MPHEC Graduate Follow-Up Surveys and the National Survey of Student Engagement;
- Student evaluation of courses;
- End-of-year assessment discussions between faculty and students;
- Informal feedback through observation and discussion; and
- Feedback from student advising through the Registrar's Office.

4. ASSESSMENT OF THE UNIVERSITY OF KING'S COLLEGE QUALITY ASSURANCE POLICIES AND PROCEDURES

4.1　Is the institution following its own quality assurance policy?

Given that King's does not have a quality assurance policy, the Monitoring Committee cannot address this question.

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?

While King's does not have a quality assurance policy, its programs are subject to regular reviews. As noted above, with the exception of Journalism, all of King's programs are subject to Dalhousie's program review policy (see the MPHEC's *Assessment of Dalhousie University's Quality Assurance Policies and Procedures*, September 2003).

Dalhousie's program review process, as it applies to King's, includes a number of elements deemed essential to a successful quality assurance policy. The process:

- Applies to 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 program or unit;
- Requires an external review, including site visit and preparation of report; and
- Includes a requirement that there be a follow-up to an assessment.

King's relationship to Dalhousie, as described above in Section 3, presents unique challenges. The Committee aims to assist King's in addressing these challenges with its suggestions detailed in the recommendation below.

In addition, the Committee heard during the site visit with King's that its small size is conducive to informal discussions and observations between administration, faculty, and students, and this has enabled the University to respond to issues as they arise. Indeed, the students with whom the Committee met were highly complimentary of administration and faculty, whom they described as accessible and responsive to student needs. The Committee also learned about the faculty's commitment to quality assurance with the amount of work involved in preparing a self-study not appearing to be a significant issue considering the benefits.

However, the informal nature of King's quality assurance practices is not without its weaknesses. As noted by King's, it can lead to individuals and time-honoured practices going unchallenged, and, from time to time, to anecdotes dominating discussions in place of sounder methods of feedback. In the Committee's view, it can also lead to quality assurance practices that lack structure and a common language. This was evidenced during the site visit, where each player (from King's senior administration, to program directors, to faculty and staff, to students, to Dalhousie senior administration) described quality assurance practices at King's somewhat differently.

The Monitoring Committee therefore recommends that King's:

4.2.1   Create a comprehensive quality assurance policy

A policy that outlines the means by which the various review processes and other quality assurance measures contribute to quality assurance is essential to ensuring effective, reliable and timely program reviews, and other related quality assurance processes. Currently, King's quality assurance activities are defined across several documents and in some cases not described anywhere. In addition, nowhere is it documented how Dalhousie's review process is linked to King's internal procedures. The Monitoring Committee therefore recommends that King's **develop a quality assurance policy to allow the University to articulate in a single document its values, goals, and objectives in the area of quality assurance as well as the activities that enable it to meet these goals and objectives**. It would also help to ensure a common terminology to support quality assurance, and that activities related to quality assurance are carried out consistently and as intended across programs/units and over time.

This policy should begin by **describing the relationship between King's and Dalhousie** including the lines of accountability and responsibility for key components, followed by a description of the various review processes [*e.g.* joint program reviews carried out by FASS, the review of the relationship between Dalhousie and King's carried out by Dalhousie Senate, and the review of programs (*e.g.* Journalism) carried out solely by King's]. The intention is not to duplicate information already housed elsewhere (*e.g.* Dalhousie policies). The description could be fairly succinct with relevant Dalhousie policies appended as would be self-study guidelines and Terms of Reference for external reviewers. **The body of the policy should reference where relevant information can be found within the appendices**. In addition, the policy should outline the various steps in the review process and articulate who is responsible, including a timeline for each step.

Clear lines of communication are essential to implement a policy on quality assurance. This is particularly true in the case of King's where there are multiple players across two institutions. The Monitoring Committee therefore recommends that King's **establish formal mechanisms to improve the flow of information and communication between Dalhousie and King's, as well as within King's**. These mechanisms should be documented as part of the institutional quality assurance policy. This will help to ensure that timelines are adhered to and any gaps in program reviews are quickly identified and addressed. Specifically, the Monitoring Committee suggests that King's:

- Update, in conjunction with Dalhousie, and distribute annually a formal schedule of reviews to all key players (*i.e.* Senate, senior administration, program directors, faculty and students);
- Explore with Dalhousie's FASS the opportunity to have a faculty member of King's sit on the Academic Development Committee;
- Request that the Academic Development Committee meet with the faculty of joint King's-Dalhousie programs when reviewing those programs;

- Find stronger mechanisms to deal with joint King's-Dalhousie issues; and
- Offer educational activities such as workshops for faculty and program directors to educate them about the institution's quality assurance 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 also provide a good opportunity to work with individual programs to identify ways to facilitate the preparation of the self-study.

A good overall communication strategy also helps to facilitate community involvement and awareness. It informs 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 programs at King's. King's should therefore **communicate 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**.

An institution's quality assurance policy should also **document other initiatives related to quality assurance**. King's identified in its institutional quality assurance report a number of activities that, in addition to the program review process, contribute to quality assurance such as student course evaluations, participation in surveys designed to collect data on a number of student outcomes and annual reporting by each program, which is presented in the President's Report. The Monitoring Committee recommends that these activities be documented within the policy.

The Monitoring Committee notes that the Terms of Reference of Dalhousie-King's Joint Programs state that joint programs are to be reviewed periodically by King's Faculty as well as by Dalhousie's Faculty of Arts and Social Sciences in accordance with its own established procedures for unit reviews. While the review process under FASS is documented, the periodic review by King's is not. The Monitoring Committee therefore **recommends that King's define its periodic review process and document it within its policy**.

In addition to the suggestions made above, the Monitoring Committee also recommends that King's:
- **Distribute more broadly within King's responsibilities associated with quality assurance.** The Committee understands that the President of King's is considered the senior academic body; however, the Committee believes it would be helpful for the President and the university community more generally if quality assurance matters within King's did not rest solely on one individual. A broader network of individuals should be involved in carrying out the activities that support quality assurance. This 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.
- **Expand the scope of its quality assurance activities to include non-academic and support units.** 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. The Monitoring Committee notes that King's undertook a survey of its students to gather input on its Library, Registrar and Athletics. The Committee recommends that King's, in creating a comprehensive quality assurance policy, include non-academic units, such as student services, Registrar's Office, physical plant, and IT services.
- **Define the assessment criteria against which a unit/program under review will be measured within its quality assurance policy.** Clear assessment criteria, known and understood by faculty, staff, students and senior administration alike, are essential in ensuring an effective program review process.
- **Create a common student evaluation form** to be used for all courses, with the possibility of adding two to three questions targeted to a particular course. This would be easier to manage and would provide comparable data across courses.
- **Require two external reviewers,** with at least one coming from outside Atlantic Canada. The benefits of having two external reviewers include timely submission of reports, a broader scope of expertise, and a broader perspective while reducing perceived or possible conflicts of interest. The Committee also suggests that the review team be required to draft a joint report, except in cases where there are opposing opinions.

- **Improve timeliness.** It is difficult to promote continuous quality improvements when the review cycle extends past five to seven years. The Monitoring Committee notes that a review of the History of Science and Technology (HOST) Program and the Early Modern Studies (EMS) program is long overdue, with neither one having been reviewed since their inception back in 2000 and 1999 respectively. While both programs have undergone an internal review involving the preparation of a self-study which is submitted to the President, the Committee notes that this is not an adequate substitute for a comprehensive external review. Furthermore, **a 12-month timeframe should be included in the policy to ensure the timely completion of a review** (from the preparation of the self-study to Senate approval of recommendations). Ideally the self-study should be prepared during the summer months. The Committee also notes that the next reviews of the Dalhousie and King's relationship, and of the joint Contemporary Studies Program, are now overdue, with the last reviews having taken place in 1999. The Committee understands that **the scheduling of these reviews is not solely King's responsibility as it is Dalhousie's FASS that establishes the schedule** for joint programs. The Committee therefore strongly urges King's to work with Dalhousie to ensure timeliness of the process, that the HOST and EMS programs are reviewed externally within the next two years, and that they become part of the ongoing schedule of reviews thereafter.
- **Identify and document the follow-up process within the policy.** In order to garner support from the university community, the review process must be seen as accountable, particularly in terms of follow-up to recommendations from a review. To strengthen the lines of accountability, the Monitoring Committee suggests that King's Vice-President be responsible for monitoring the results of reviews; that the progress of a program be monitored for two years following the submission of the report; and that timelines and responsibility for follow-up be defined within the policy.
- **Clarify the links between the review processes and the decision-making process.** The results from reviews should inform decisions, in particular those related to budgeting and the improvement of programs and services.
- **Provide means to evaluate the 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 cycle and that the results of the review be tabled with Senate.

5.   SUMMARY OF RECOMMENDATIONS

Recommendation 1:   Create a comprehensive quality assurance policy

While King's does undertake some quality assurance activities, it does not have a formal, comprehensive quality assurance policy. The Monitoring Committee recommends that King's develop such a policy to allow the University to articulate in a single document its values, goals, and objectives in the area of quality assurance as well as the activities that enable it to meet these goals and objectives. This policy should:

- Describe the relationship between King's and Dalhousie, including the lines of accountability and responsibility for key components.
- Reference where relevant information can be found within appendices.
- Include formal mechanisms to improve the flow of information and communication between Dalhousie and King's, and within King's, as well as to communicate information pertaining to the University's quality assurance policy and the results of, and follow-up to, reviews to the university community, government, and the general public.
- Document other initiatives related to quality assurance.
- Define and document King's periodic review process for joint King's-Dalhousie programs.
- Ensure a broader distribution within King's of responsibilities associated with quality assurance.
- Include a review process for non-academic and support units.

- Define the assessment criteria against which a unit/program under review will be measured.
- Include a provision to create a common student evaluation form.
- Include a requirement for two external reviewers, with at least one coming from outside Atlantic Canada.
- Ensure a timely review cycle and establish a 12-month timeframe for the completion of a review (from the preparation of the self-study to Senate approval of recommendations). Ideally, the self-study should be prepared during the summer months.
- Identify and document the follow-up process to ensure King's accountability, particularly in terms of follow-up to recommendations from a review.
- Clarify the links between the review processes and the decision-making process, with particular reference to decisions related to budgeting and the improvement of programs and services.
- Provide means to evaluate the quality assurance policy itself 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.

6.   CONCLUSION

The University of King's College enjoys a strong national reputation, built largely on the distinction of its Foundation Year Program, and that reputation is being further enhanced by the more recent programmatic additions. The Monitoring Committee acknowledges King's commitment to quality, but at the same time proposes that King's will benefit greatly from acting upon the above recommendations. These flow from some basic principles of quality assurance: above all, the principle that a comprehensive quality assurance policy, which is enacted in systematic and open procedures and practices, can strengthen the overall quality of all the institution's fundamental activities. The Committee trusts that King's will find that the recommendations and suggestions presented here are helpful as it develops its quality assurance policy and procedures.

APPENDIX 1
INSTITUTIONAL RESPONSE

OFFICE OF THE VICE-PRESIDENT

HALIFAX, NOVA SCOTIA
B3H 2A1

University of King's College

Mireille Duguay, Chief Executive Officer
Maritime Provinces Higher Education Commission
82 Westmorland Street
Suite 401, P.O. Box 6000
Fredericton, NB E3B 5H1
Canada

Dear Mireille Duguay,

I am writing in my capacity as Vice-President of the University of King's College. The President and I have read the response of the Quality Assurance Monitoring Committee and President Barker spoke with you. Our understanding is that at this stage all that is required is a brief statement acknowledging receipt, and I am pleased so to do with this correspondence.

Our only concern with the draft report is that the Committee did not seem to take into full account the institutional reality of King's which is that periodic reviews of our programmes, with the exception of Journalism, are undertaken by Dalhousie Senate. So by asking us to move on these reviews, the report misses the crucial point that all we can do is ask Dalhousie Senate to act, but we cannot act unilaterally, despite our independent status. We met this spring with representatives of the Dalhousie Senate and the Dean of the Faculty of Arts and Social Sciences as well as with the Vice President Academic and we have drawn their collective attention to the existing scheduling problems. They are planning some form of response.

We are grateful for the work of the Committee and the willingness of the members to spend time on this report. It was a very useful exercise for the College to consider its practices in the light of your questions. We expect that in our next contact with MPHEC relative to Quality Assurance we will be able to demonstrate that even the preliminary report has proven useful.

Best wishes,

APPENDIX 2
SITE VISIT AGENDA AND PARTICIPANTS

Maritime Provinces Higher Education Commission (MPHEC)
Quality Assurance Monitoring Committee
Friday, September 26, 2008
Please meet at 8:00 a.m. at the King's Board Room

08:00 a.m. – 08:45 a.m.   Breakfast in the King's Board Room Dr. William Barker, President, University of King's College

09:00 a.m. – 09:30 a.m.   Meeting with Dr. Alan Shaver, Vice President, Academic, Dalhousie University and Dr. Marian Binkley, Dean of FASS, Dalhousie University

09:30 a.m. – 10:00 a.m.   Meet with Dr. Christopher Elson, Vice President, University of King's College

10:10 a.m. – 10:40 a.m.   (coffee & muffins) Faculty

10:40 a.m. – 11:15 a.m.   (coffee & muffins) Students

11:15 a.m. – 11:45 a.m.   (coffee & muffins) Registrar & Staff/Librarian & Staff University of King's College

12:00 p.m. – 12:35 p.m.   (Lunch) Program Directors University of King's College

12:35 p.m. – 12:45 p.m.   Walk to Dalhousie University Room 3101, Marion McCain building

12:45 p.m. – 01:15 p.m.   Meet with Academic Development Committee Dalhousie University

01:15 p.m. – 01:30 p.m.   Walk back to King's Board Room

01:30 p.m. – 02:00 p.m.   Meet with Dr. William Barker, President, and Dr. Marian Binkley, Dean of FASS

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.