

**Assessment of  
Atlantic School of Theology's  
Quality Assurance Policies and  
Procedures**

**December 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 November 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 the Atlantic School of Theology. The report concludes by answering the two key questions of the monitoring function.

## **2. DESCRIPTION OF THE MONITORING PROCESS WITH THE ATLANTIC SCHOOL OF THEOLOGY**

The initial meeting between the Monitoring Committee and the Atlantic School of Theology occurred on November 7, 2007. The Monitoring Committee clarified its expectations regarding the monitoring process, timelines, and quality assurance report to be prepared by the School. The Monitoring Committee was represented by Dr. Sam Scully and representing the MPHEC were Ms. Mireille Duguay, Chief Executive Officer and Ms. Catherine Stewart, Policy and Research Analyst. Rev. Canon Eric Beresford, President, Rev. Dr. David MacLachlan, Academic Dean and Registrar, and Professor Nancy Cocks<sup>1</sup> represented the School. 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 May 23, 2008, the Monitoring Committee reviewed the Quality Assurance Report submitted by the Atlantic School of Theology on May 12, 2008; finalized the questions/issues to be explored during the site visit; and identified the accreditation documentation to be available for review by the Committee during the site visit.

The site visit occurred on June 27, 2008. Committee members Dr. Henry Cowan, Prof. Ivan Dowling, Dr. Colette Landry Martin, Mr. Bernard Nadeau and Dr. Don Wells were present, as well as one member from the MPHEC staff. Representing the School's senior administration were Rev. Canon Eric Beresford, President, Rev. Dr. David MacLachlan, Academic Dean and Registrar, and Mr. Dave Myatt, Chief Administrative Officer<sup>2</sup>. The Monitoring Committee also heard from representatives of the Self-Study Steering Committee, Senate, the Joint Saint Mary's University and Atlantic School of Theology Academic and Curriculum Committee, the library, faculty and students. The agenda for the site visit is included under Appendix 2.

On April 6, 2009, the Monitoring Committee submitted to the School a draft of its *Assessment Report of the Atlantic School of Theology's Quality Assurance Policies and Procedures*. The School was asked to validate the factual information contained in the document and to provide an initial response. A response was received on August 11, 2009. The Commission approved the report at its November 2009 meeting.

The Monitoring Committee extends its gratitude to the Atlantic School of Theology for being responsive and cooperative throughout the entire process.

## **3. OVERVIEW OF THE ATLANTIC SCHOOL OF THEOLOGY'S QUALITY ASSURANCE POLICIES AND PROCEDURES**

The Atlantic School of Theology, an ecumenical university serving Christ's mission, cultivates excellence in graduate-level theological education and research, creative and faithful formation for lay and ordained ministries, and understanding among communities of faith. It has nearly 150 students and seven full-time faculty and offers a Master of Divinity, a Master of Theological Studies and Master of Arts in Theology as well as a Graduate Certificate and a non-credit Adult Education Certificate.

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

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1. Report modified in response to the Atlantic School of Theology's initial response.  
2. Report modified in response to the Atlantic School of Theology's initial response.

The Atlantic School of Theology relies for the most part on the Association of Theological Schools' (ATS) accreditation process as its primary quality assurance tool. ATS not only accredits the institution but it also requires that each member institution seek ATS approval before taking any of the following actions: introducing a new degree program; making significant changes in design or requirements of an approved program; or offering an existing approved degree, or portion thereof, at a new location or by distance education. The accreditation process conducted by ATS includes two components: the first one is essentially an assessment of institutional and educational resources, while the second component focuses on degree programs. The second component, applying only to degree programs, is more closely related to the Commission's guidelines relating to program assessment as it includes a self-study, an external review and a site visit, as well as an assessment of student and learning outcomes and of teaching, clearly defined assessment criteria, input from Administration, Faculty and Students, a final report and follow-up. Accreditation is given for up to ten years. Student services, physical plant and the registration processes are considered during the first component of the ATS accreditation process.

In July 2003, the School created its first Quality Assurance Policy in order to articulate in a single document the School's commitment to quality and the activities it undertakes to ensure the quality of its academic programming. The Academic Dean oversees the quality assurance of all programs. The School's administrative staff is responsible for monitoring non-academic services, under the leadership of the President who reports to the Board<sup>3</sup>.

The School makes extensive use of student course evaluations, which are gathered at the end of every course. In addition, the School conducts a graduating student survey which is used in institutional planning and the quality assurance of programs<sup>4</sup>; it also intends to implement an alumni survey that was recently developed by ATS.

## **4. ASSESSMENT OF THE ATLANTIC SCHOOL OF THEOLOGY'S QUALITY ASSURANCE POLICIES AND PROCEDURES**

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

The Committee found this question difficult to answer. The School devised a document titled *Policy: Quality in Academic Programming*, in July 2003. This policy is a one-page document that describes in broad terms the objectives of the School with regard to quality assurance; it does not provide, even at a broad level, the policies and processes the School would follow to meet these objectives. The School relies essentially on the policy and procedures outlined by the Association of Theological School in the United States and Canada (ATS), an accrediting body for freestanding theological schools, to ensure the quality of its programs; while this reliance is apparent in practice, it is not referenced in the School's Policy. In other words, the School does not have a policy to follow, rather it has identified objectives in the area of quality assurance. It then follows the policy and procedures laid out in a manual created and distributed by ATS, but not referenced in the School's policy. The School's policy must therefore be elaborated upon, as will be detailed further below.

### **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?**

As noted above, AST's Policy currently consists of a one-page document that describes in broad terms the objectives of the School with regard to quality assurance. More precisely, the School's Policy includes the following:

- References its Mission Statement which notes that the School is "...committed to excellence in graduate level theological education and research and in formation for Christian ministries".
- Commits to evaluate the performance of Faculty and Staff on a regular basis.

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3. Report modified in response to the Atlantic School of Theology's initial response.

4. Report modified in response to the Atlantic School of Theology's initial response.

- Notes that the School will request students to evaluate the Academic Programming through a formal process and will respond appropriately to the input provided.
- Notes that the School will seek input from its Founding Parties.
- Commitment to improving the quality of programs, under the leadership of the Senate and the Board of Governors of AST.
- Notes that the School will seek approval for addition/deletion of Academic Programming from bodies who are required to approve/evaluate such changes. This will include, but not be limited to the Association of Theological Schools, the Nova Scotia Department of Education, and the Maritime Provinces Higher Education Commission.
- Notes that the School will attempt to maintain full Accreditation status with ATS and meet or exceed the Standards set by the Association.

The Policy does not include or document the processes by which the School will strive to meet the above objectives. , nor does it document how ATS's approach specifically allows the School to meet these objectives. AST needs to address how it will meet its stated objectives in the area of quality assurance, and how these practices are in keeping with the Commission's *Guidelines for Institutional Quality Assurance Policies*.

Given the nature of AST's Policy, and the School's heavy reliance on ATS's policy and procedures, the Committee conducted a cursory review of the ATS accreditation process. The Committee acknowledges that quality assurance activities conducted under the aegis of ATS do address many of the elements that the Committee deems essential for a successful quality assurance policy, including:

- Applies to all degree programs and the institution (though the School's policy itself only addresses quality of academic programming);
- Includes a provision to assess adequacy of resources, research activity, student and learning outcomes, contribution to the wider community;
- Aims to improve the quality of programs;
- Requires the preparation of a self-study;
- Includes guidelines for the preparation of the self-study and assessment criteria;
- Requires input from administrators, faculty, students, and graduates;
- Requires an external review component carried out by at least two experts external to the institution; and
- Includes a requirement that there be a follow-up to an assessment.

In addition, ATS expects schools to have in place ongoing evaluation processes to assess degree programs (offered by distance, on site or at other locations) as well as student services.

Notwithstanding the scope of the ATS accreditation process, the Monitoring Committee believes that no accreditation process can be a substitute for an institutional quality assurance mechanism. In other words, the Atlantic School of Theology, and not the accrediting body, should ultimately be responsible for the quality of its programs. The Policy used to monitor the quality of the School's academic programs and services should be a reflection of the Atlantic School of Theology's values, not those of an external body. In addition, the ATS review cycle is every 10 years, which in the Committee's estimation is too long an interval between reviews for an institution to ensure continuous quality improvements. To address these shortcomings, the Committee has identified a number of suggestions for consideration by the Atlantic School of Theology which are housed under the following recommendation:

#### **4.2.1 Develop a comprehensive institutional quality assurance policy**

Every institution is responsible for the entire range of its activities and as such is responsible for ensuring its quality and quality assurance mechanisms. The responsibility for these cannot rest within a body external to the institution. In practice, the Atlantic School of Theology has relied on policies and procedures created and provided by the accreditation agency as its primary means for maintaining and assessing quality. The Monitoring Committee strongly believes that the School, and not the accrediting body, should be the main driver of quality assurance for all its programs and services, both academic and non-academic.



The School has defined general objectives in the area of quality assurance within its one-page document entitled "Policy: Quality in Academic Programming". The Committee recommends that the School build on these objectives **to create a comprehensive quality assurance policy based on the Commission's Guidelines for Institutional Quality Assurance Policies, clearly stating the School's role and the role of ATS in regard to quality assurance.**

In addition, in order to meet all of the essential components of a successful quality assurance process, AST's policy should include provisions to complement the ATS processes by:

- Implementing an internal review process at the mid-way mark of the ATS process.

While the ATS process appears comprehensive, it only occurs every ten years. The Monitoring Committee therefore recommends that the School put in place an internal review process for components that are reviewed through the accreditation process (*i.e.* degree programs) at the mid-way mark, with a five-year cycle to promote continuous quality improvements.

It is not the Committee's intention that a mid-way internal review process replace or duplicate the accreditation process but rather that it complement it. From a cursory review of the ATS documentation (as it is not the primary focus of the Commission's monitoring process), the accreditation process appears comprehensive and resource intensive, with the process taking two years to complete. The Committee believes that implementing an internal review process more frequently will result in a less onerous process overall.

This mid-way internal review process should not simply consist of reporting on progress since the last accreditation review. It should be viewed as an opportunity to step back and assess a program's strengths and weaknesses and to identify ways to improve. The self-study prepared for this review should begin with a brief description of the program or service, followed by an assessment of the program's strengths and conclude with a frank discussion of how the program or service can be improved.

- Developing a review process for non-degree programs and non-academic services that are not already addressed by the above or the ATS process, with a five-year cycle<sup>5</sup>.

The program review standards of the ATS accreditation process, while extensive, apply to degree programs only. The Monitoring Committee therefore recommends that the School develop a complementary review process with a five-year cycle for its non-degree programs (whether offered at a distance, on-site or at another location) and non-academic services, such as student services, Registrar's Office, physical plant, and IT services. This review process should be developed as per the Commission's *Guidelines for Institutional Quality Assurance Policies* (see Appendix 3b) and should be aligned, where appropriate, with the ATS accreditation process to ensure consistency across reviews.

The Committee suggests that the School identify what elements are missing from the ATS process and that it address these missing elements as part of the internal review process. Where appropriate, it suggests that inputs and assessment criteria for both processes be aligned.

Furthermore, the Monitoring Committee notes that the School does carry out *ad hoc* reviews and assessments on its own when a routine review of program indicators flags a potential issue with a program. The Monitoring Committee finds this approach to be reactive and issue driven rather than proactive, and believes that its recommendation of implementing a five-year review cycle for any program or service not covered by the ATS accreditation process will remedy this.

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5. Report modified in response to the Atlantic School of Theology's initial response.

In addition, the policy should:

- Articulate the School's values, goals and objectives in the area of quality assurance as well as the activities that enable it to meet these goals and objectives;
- Define the relationship between the ATS accreditation process and the School's internal review processes (detailed above);
- Assign overall responsibility for quality assurance;
- Document all procedures and associated timelines (and include in appendices relevant guidelines for the preparation of self-studies, assessment reports, and follow-up reports, as well as the identification and measurement of student outcomes);
- Define the assessment criteria against which a program or service will be measured;
- Define the links between the various review processes and the decision-making process (the results from reviews should inform decision-making, and in particular decisions related to budgeting and the improvement of programs and services);
- Include a provision to seek input from students, faculty, graduates, professional associations, local community, employers;
- Include a requirement that program heads report to Senate, through the Academic Dean, on progress made in meeting the recommendations in the two years following a review;
- Include a 12-month timeframe for the timely completion of a review (from the preparation of the self-study to the follow-up to recommendations), and every effort should be made to ensure that the self-study is prepared during the summer months;
- Define the review cycle and include a schedule of upcoming reviews;
- Include a provision to evaluate the policy at the end of each cycle (the results of which should be tabled with Senate); and
- Include a communication strategy that informs the School community, government, and the general public that the School is committed to continuous quality improvements and providing quality programs and services to its students. Significant changes brought about by a review should be clearly identified, documented and publicised.

The Committee notes that the School recently launched a joint Master of Arts in Theology program with Saint Mary's University. The Committee recommends that the Joint Academic Committee assume shared responsibilities and develop an integrated approach to delivering and assessing the joint MA program. The process for assessing joint programs should also be documented in the School's policy.

## **5. SUMMARY OF RECOMMENDATIONS**

### **Recommendation 1: Develop a comprehensive institutional quality assurance policy**

Such a policy should include:

- Documentation of the specific processes by which the School will strive to meet its quality assurance objectives and of the role ATS plays within the School's Policy and Procedures
- An internal review process at the mid-way mark of the ATS processes
- A review process for non-degree programs and non-academic services that are not already addressed by the above or by the ATS process with a five-year cycle
- Articulation of the School's values, goals and objectives in the area of quality assurance as well as the activities that enable it to meet these goals and objectives
- Assigning overall responsibility for quality assurance
- Defining the relationship between the ATS accreditation process and the School's internal review processes
- Documentation of all procedures and associated timelines
- Defined assessment criteria against which a program or service will be measured
- Defined links between the various review processes and the decision-making process
- Input from students, faculty, graduates, professional associations, local community, employers

- A requirement that program heads report to Senate, through the Academic Dean, on progress made in meeting the recommendations in the two years following a review
- A 12-month timeframe for the timely completion of a review (from the preparation of the self-study to the follow-up to recommendations)
- A schedule of upcoming reviews
- Means to evaluate the policy at the end of each cycle (the results of which should be tabled with Senate)
- A communication strategy that informs the School community, government, and the general public that the School is committed to continuous quality improvements and providing quality programs and services to its students

## **6. CONCLUSION**

The Atlantic School of Theology has long been subject to the accreditation process of the Association of Theological Schools. However, no accreditation process can replace an institutional approach to quality assurance. An institution should monitor on an ongoing basis the entire student experience from application to graduation. The Committee believes that this is an opportune time for the Atlantic School of Theology to solidify its quality assurance activities through the creation of a comprehensive institutional policy, and hopes that this report serves as a useful guide as the School moves towards an institutional and coordinated approach to quality assurance. As a final note, the Committee wishes to acknowledge the faculty's commitment to the School and their students and the students' positive assessment of the faculty and their academic experience overall.



## APPENDIX 1

### ANNOTATED INSTITUTIONAL RESPONSE <sup>1</sup>

August 6, 2009

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

Attn: Ms. Mireille Duguay

Dear Ms Duguay,

I am writing to respond to the report on the Assessment of Atlantic School of Theology Quality Assurance Policies and Procedures, which we received on April 9<sup>th</sup>, 2009.

I want to begin by thanking you and your committee and for the recommendations that raise for the School some important issues that we believe we need to address. We shall be taking very seriously the recommendations you have made for us and the Senate will be charged with the task of designing structures to enable us to undertake the sort of pro-active process of self monitoring of the type you suggest.

In the meantime self-monitoring is already taking place at AST as we hold ourselves accountable to the standards of the ATS not simply at accreditation time but as we seek to strengthen the operations of the school between visits. I believe that the experience of the last ten years, as reflected in the shifts between the last self study report and the current one, has shown that AST has been very effective in continually raising the quality of its programs and services. Your report will help us to formalize, document, and strengthen the processes by which we assess ourselves.

In reviewing the Report we note that there are a few factual errors and the attached sheet will indicate where and what they are.

Of more concern is the manner in which the Committee has dealt with the School's reliance on the ATS accreditation process. Given the committee's recognition of the importance of the ATS process to our Quality Assurance strategy, it is disappointing to see your report describe as "cursory" (p.8) its examination of the requirements and processes associated with ATS Accreditation. It is also disappointing to note that the Committee made significant errors in its understanding of the ATS process. Given this, it is hardly surprising that the Committee was only able to say that the ATS process "appears comprehensive". We are also surprised that the Committee was able to form its conclusions and make its recommendations without reference to how the ATS's processes compare with other review processes to which Maritime Universities are subject. The School feels that not enough weight has been given to all of the elements of its relationship to the ATS and how they support the sort of quality assurance both the School and the Committee would like to see in place.

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<sup>1</sup> While the Committee acknowledges the comprehensive nature of the ATS accreditation process, it notes that the focus of the assessment is on the *institution's* Quality Assurance Policy, not the mechanisms used by ATS to award accreditation. The Monitoring Committee believes that no accreditation process can be a substitute for an institutional quality assurance mechanism. In other words, AST, and not the accrediting body, should ultimately be responsible for the quality of its programs and services. The Policy used to monitor the quality of AST's academic programs and services should be a reflection of the School's values, not those of an external body. Furthermore, as comprehensive as ATS's process may be, some elements identified in the Commission's *Guidelines for Institutional Quality Assurance Policies* are not addressed (i.e. the accreditation process is every 10 years, while the Commission calls for a review cycle of 5-7 years). That being said, the draft report has been amended where noted with an asterisk (a footnote is included in the assessment report to correspond to each asterisk).

Further, while acknowledging that our current processes are not sufficiently proactive, the report nowhere refers to the regular use made of entering graduating student surveys\* or of the annual data from the ATS that analyses AST's performance with regard to a range of benchmarks alongside that of comparator schools in the ATS network. Nor is there acknowledgement of the importance of the systems that ensure continuous communication between the School and those ecclesiastical judicatories that employ the overwhelming majority of our graduating students. Despite our concerns we believe that the key recommendations of the report are helpful. The ATS itself is concerned that its accreditation process will promote a culture of self-evaluation and we are committed to strengthening that in the life of the School. We will begin by incorporating your findings into our current ATS review process with a view to having a comprehensive recommendation for a more regular, proactive, and well-documented process in place by the beginning of the 2010 academic year.

Yours truly,  
Eric B. Beresford  
President, Atlantic School of Theology

*Detailed Comments and Clarifications:*

- 2§1. Prof. Nancy Cocks was also at the meeting\*.
- 2§3. You also met with Mr. Dave Myatt, Chief Administrative Officer according to our records and your appendix 2\*.
- 3§3. This account of the ATS process is rather odd. In fact the assessment of educational resources is part of the self-study process along with the other elements such as the institutions resources, its financial and structural integrity, its authority and governance structures, students services and the effectiveness of the institution as reflected in the employment of its graduates.

Also, the program approval is rather more extensive than you suggest and requires review at the point that the first cohort reaches 50% of the credits of the program and again on the graduation of the first cohort. The latter process also involves assessment of outcomes predicted for the program. This is achieved by a variety of methods including graduating student profiling and questionnaire, and interviews with judicatories that ordained and deploy our graduates.

Finally, in addition to the ATS approval for program changes that you outline, ATS requires that the School keep the ATS informed of significant changes to its circumstances. The School is required to show that it is responding to such challenges as they arise in a manner that protects the integrity and quality of the programs accredited by the ATS. For example when in 2001 the Government of Nova Scotia provoked the affiliation with St. Mary's and the renegotiation of our relationship to our founding parties this process was reported in detail as it unfolded to the ATS. A final report of the process was submitted and reviewed by the Commission on Accrediting for the ATS.

- 3§4. The Dean oversees quality assurance of programs under the Senate to whom the Dean regularly reports with information about the status of those programs. The quality of non-academic programs is the responsibility of the administration under the leadership of the President who reports to the Board\*.
- 4.2.1 The description of the ATS process here is incomplete (The Committee calls it cursory). The Committee does not refer to the regular use made of entering and graduating student surveys\* to measure the School's performance, nor does the Committee refer to the use made of the annual data from the ATS that analyses the School's performance along a range of key indicators and compares the performance with several carefully chosen comparator schools in the ATS network. Nor is there reference to the ongoing monitoring of our performance through assessment of the judicatories that employ our students.
5. Non academic services *are* reviewed in the ATS process (See comments on 3§3), as are non-degree programs at the graduate level. Other non-degree programs are reviewed by the ATS only insofar as they might impact the quality or sustainability of graduate programs offered by the institution\*.





## **APPENDIX 2 SITE VISIT AGENDA AND PARTICIPANTS**

**Maritime Provinces Higher Education Commission (MPHEC)  
Quality Assurance Monitoring Committee  
Friday June 27, 2008  
Site Visit Schedule  
Please meet at 8:30 a.m. at the FLAHIFF ROOM**

### **SCHEDULE OF INTERVIEWS**

- |                         |  |
|-------------------------|--|
| 08:30 a.m. – 09:00 a.m. | Viewing Accreditation material   |
| 09:00 a.m. – 09:30 a.m. | Meet with President – Eric Beresford   |
| 09:30 a.m. – 10:00 a.m. | Meet with CAO – Dave Myatt   |
| 10:00 a.m. – 10:30 a.m. | Meet with Formation Director – Beth Bruce  |
| 10:30 a.m. – 11:00 a.m. | Meet with Library Personnel – Beth Gerstenberger   |
| 11:00 a.m. – 11:30 a.m. | Meet with Degree Program Directors – Susan Slater, Jody Clarke   |
| 11:30 a.m. – 12:00 p.m. | Meet with Representatives of Joint Academic Committee and Curriculum Committee – David Deane, Cynthia Thomson, Cynthia O'Connell, Tom McIlwraith |
| 12:00 p.m. – 12:30 p.m. | Meet with Representatives from Senate and Faculty – Rob Fennell, Susan Slater, David Deane, Jody Clarke, Joan Campbell                           |
| 12:30 p.m. – 01:00 p.m. | Meet with Academic Dean and Registrar – David MacLachlan   |
| 01:00 p.m. – 02:00 p.m. | Lunch with Representatives of Self-Study Steering Committee – Eric Beresford, Alan MacLean, Geraldine Thomas, David MacLachlan                   |



## **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:

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

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

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

1. Description of the University's Quality Assurance Policies and Procedures
  - 1.1 Brief history of the policy.
  - 1.2 Scope and objectives of the policy.
  - 1.3 Mechanism(s) in place to assess interdisciplinary programs.
  - 1.4 Established assessment cycle schedule.

- 1.5 Linkage between the policy's objectives:
    - a. program quality improvement;
    - b. the decision-making process within the institution;
    - c. the realization of stated student outcomes; and
    - d. the economic, cultural and social development of the institution's communities.
  - 1.6 Link between the program/unit assessment process and accreditation requirements.
  - 1.7 Assessment criteria.
  - 1.8 Guidelines for the preparation of the program/unit self-study.
  - 1.9 Terms of reference and selection process of external reviewers.
  - 1.10 Procedures to allow for the participation of students, faculty members, staff, graduates, and the community-at-large.
  - 1.11 Procedures/timelines to review the policy itself; including procedures to seek/include stakeholder input on the policy as a whole.
  - 1.12 Any other element the institution believes the Committee must be aware of to proceed with the assessment of the policy.
2. Assessment of the University's Quality Assurance Policies and Procedures
- 2.1 Policy Objectives
    - a. Extent to which the policy is consistent with the institution's mission and values.
    - b. Extent to which the scope is appropriate.
    - c. Extent to which policy promotes *continuous* quality improvement.
    - d. Appropriateness of assessment criteria.
    - e. Adaptability of self-study guidelines to the varying needs and contexts of individual programs.
    - f. Extent to which established guidelines ensure the external review process remains objective.
  - 2.2 Policy implementation
    - a. Extent to which the program/unit self-studies address the institution's assessment criteria.
    - b. Extent to which the program/unit self-studies are student-centered.
    - c. Extent to which the program/unit self-studies aim to assess the quality of learning.
    - d. Extent to which the policy and procedures monitor the continuing relevance of the program/unit.
    - e. Extent to which the process assesses of the adequacy of human, physical and financial resources.
    - f. Appropriateness and effectiveness of the link between the program/unit assessment process and accreditation requirements.
    - g. Extent to which students, graduates, faculty members, staff and the community-at-large participate in the review process.
    - h. Extent to which the external assessment process has been carried out in an objective fashion.
    - i. Extent to which experts selected during the peer review process have the appropriate expertise.
    - j. Extent to which the required follow-up action has generally been undertaken.
    - k. Extent to which the policy has been reviewed (to include a description of the process, timeframe, extent to which stakeholder input was sought and included).
  - 2.3 Policy Administration
    - a. Appropriateness and effectiveness of the lead coordinating or administrative unit.
    - b. Effectiveness of support offered to programs and units being assessed.
    - c. Appropriateness and effectiveness of the follow-up mechanisms in place.

- d. Extent to which the assessment results have been appropriately disseminated.
- e. Extent to which the process has informed the decision-making process within the institution.
- f. Extent to which the schedule of assessments has been followed.
- g. Appropriateness of assessment schedule.
- h. Appropriateness of procedures/timelines to review the policy itself (including appropriateness of procedures to seek stakeholder input).

3. Conclusion

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

Appendices (to institutional report)

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



## **APPENDIX 3(e)**

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

#### **TERMS OF REFERENCE**

#### **PURPOSE**

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

#### **FUNCTION**

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

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

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

#### **MEMBERSHIP**

6. The Committee will be composed of eight members including the Chair.
7. At least two Committee members are also Commission members.
8. At least three, but ideally four Committee members will be selected from a list of nominees suggested by the AAU, and at least one of the three/four members selected from the list of nominees suggested by the AAU must be a francophone.
9. Ideally, two Committee members are students.
10. Members are appointed for a three-year mandate.

11. Preferred profile of members:

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

#### **CHAIR**

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

13. The Chair of the Committee chairs meetings.

#### **REPORTING STRUCTURE**

14. The Committee reports to the Commission. It shall report to the Commission at regular interval.

15. Monitoring reports are distributed to the AAU-MPHEC Academic Advisory Committee in advance of the Commission meeting to allow time for comment and advice.

#### **QUORUM**

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

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

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

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

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

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

#### **STAFFING**

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



21. The Committee is allowed to engage outside consultants, as required, to assist in the monitoring functions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### ***Rules with regard 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.