

**Assessment of
Cape Breton University's
Quality Assurance Policy and
Procedures**

June 2009

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

For additional copies of this Report:

Visit our website www.mphec.ca and click on Publications

or contact:

Maritime Provinces Higher Education Commission /
Commission de l'enseignement supérieur des Provinces maritimes
82 Westmorland Street / 82, rue Westmorland
P.O. Box 6000 / C.P. 6000
Fredericton, NB E3B 5H1
Canada

Telephone: (506) 453-2844

ISBN: 978-0-919471-69-6

The AAU-MPHEC Quality Assurance Monitoring Committee and the Maritime Provinces Higher Education Commission's staff prepared the assessment report. The Commission approved it in June 2009.

TABLE OF CONTENTS

1.	Introduction	5
2.	Description of the Monitoring Process with Cape Breton University	6
3.	Overview of Cape Breton University's Quality Assurance Policy and Procedures.....	7
4.	Assessment of Cape Breton University's Quality Assurance Policy and Procedures	8
4.1	Is the institution following its own quality assurance policy?	8
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?	8
4.2.1	Assign a high priority to quality assurance	8
4.2.2	Foster the development of a culture supportive of ongoing quality improvements ...	9
4.2.3	Define the accountability for quality and for the policy itself	9
4.2.4	Further develop the quality assurance policy	11
5.	Summary of Recommendations.....	12
6.	Conclusion	13
Appendix 1:	Institutional Response.....	15
Appendix 2:	Site Visit Agenda and Participants	17
Appendix 3:	(a) Monitoring Institutional Quality Assurance Policies and Procedures.....	19
	(b) Guidelines for Institutional Quality Assurance Policies	23
	(c) Assessment Criteria for the MPHEC Monitoring Process.....	25
	(d) Guidelines for the Preparation of the Institutional Quality Assurance Report.....	27
	(e) AAU-MPHEC Quality Assurance Monitoring Committee – Terms of Reference	31

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 policy and procedures at Cape Breton University. The report concludes by answering the two key questions of the monitoring function.

2. DESCRIPTION OF THE MONITORING PROCESS WITH CAPE BRETON UNIVERSITY

The initial meeting between the Monitoring Committee and Cape Breton University (CBU) occurred on May 2, 2006. The Monitoring Committee clarified its expectations regarding the monitoring process, timelines, and quality assurance report to be prepared by the University. The Monitoring Committee was represented by Dr. Léandre Desjardins, Acting Chief Executive Officer of the MPHEC; Ms. Catherine Stewart, Policy and Research Analyst at the MPHEC; and Dr. Don Wells, Committee member. Representing CBU were H. John Harker, President & Vice Chancellor; Dr. Anthony Secco, Vice-President, Academic and Research; Gordon MacInnis, Vice-President, Finance and Operations; Alexis Manley, Vice-President Student Services & Registrar; and Keith Brown, Vice-President, Development. 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 January 22, 2007, the Monitoring Committee reviewed the Quality Assurance Report submitted by CBU on December 5, 2006. At that time it determined that it was premature to continue the next step of the monitoring process (*i.e.* submission by CBU of dossiers of supporting documentation for recently reviewed programs) given that CBU's significantly revised policy had only been approved six months earlier and no program had yet been reviewed under this policy. It was therefore agreed to suspend the process until at least one program had undergone the full review process (*i.e.* from submission of the self-study to follow-up to recommendations made by the external review team). In February 2008, the Monitoring Committee notified CBU that the site visit would take place in Fall 2008 even if a review under the new policy had not yet been completed.

The site visit occurred on October 9, 2008. Committee Chair, Dr. Sam Scully, and Committee members, Dr. Henry Cowan, Prof. Ivan Dowling, Dr. Colette Landry Martin, Mr. Bernard Nadeau, and Dr. Don Wells were present, as well as two members from the MPHEC staff. Representing CBU's senior administration were H. John Harker, President & Vice Chancellor; Dr. Léandre Desjardins, Interim Vice-President, Academic and Research; Gordon MacInnis, Vice-President, Finance and Operations; Alexis Manley, Vice-President Student Services & Registrar; and Keith Brown, Vice-President, Development. The Monitoring Committee also heard from Deans, Senators, faculty and student representatives, Library staff, and the Quality Assurance Coordinator and the Quality Assurance Committee. The agenda for the site visit is included under Appendix 2.

On April 6, 2009, the Monitoring Committee submitted to CBU a draft of its *Assessment Report of the Cape Breton University's Quality Assurance Policy 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 May 7, 2009. The Commission approved the report at its June 2009 meeting.

The Monitoring Committee extends its gratitude to CBU for being cooperative during the process.

3. OVERVIEW OF CAPE BRETON UNIVERSITY'S QUALITY ASSURANCE POLICY AND PROCEDURES

Located in Sydney, Nova Scotia, Cape Breton University offers degree, diploma, and certificate programs in liberal arts, business, science, and technology to more than 3,500 students.

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

CBU approved its first Quality Assurance Policy in 2003; in 2006, it was modified to address procedural issues. The policy "provides a framework for academic programs and services to systematically collect and analyse information that will result in recommendations for improvement and assist in charting future directions". It applies to all academic programs and related services including Library, Student Service Centre/Registrar's Office, academic centres and institutes, Academic Support, Computer Services and Recruitment.

Quality assurance is managed under the office of the Vice-President, Academic and Research, with the assistance of a Quality Assurance Coordinator who reports directly to the VP, Academic and Research. A Quality Assurance Committee (QAC) oversees the policy's proper implementation.

CBU's program/service review process, which is on a seven-year cycle, includes:

- Establishment by the QAC of a Program/Service Review Committee (PRC/SRC) made up of a review coordinator appointed by the Dean of the program/service under review, two to four persons directly involved in the program/service, one representative from an associated program or service (preferably someone who has just participated in a review) and one student selected by the Student Union. This Committee reports to the QAC and is responsible for preparing the self-study, collecting data, and responding to any issues raised and recommendations made, as well as clarifying any points arising from the external review.
- Preparation of a self-study, with input from Departmental Faculty and staff, students, and the external community.
- A two-day site visit by two external reviewers who are asked to meet with all affected parties.
- Submission to the QAC of the Review Report by the PRC/SRC. The Review Report consists of the self-study, the external reviewers report, any commentary from the PRC/SRC arising from the external reviewers' report, action plans, recommendations, and supporting documentation.
- Submission to Senate of a summary report by the QAC. Following Senate discussion, the relevant Vice-President sends a written response on the final review document to the Dean of the program/service in question. The Dean in turn reports findings to relevant departments or units for the purpose of academic planning.

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

4. ASSESSMENT OF CAPE BRETON UNIVERSITY QUALITY ASSURANCE POLICY AND PROCEDURES

4.1 Is the institution following its own quality assurance policy?

Since Cape Breton University has not completed a full program review since its revised policy was approved in 2006, the Committee was unable to answer this question.

Quality assurance at CBU has had a slow start – including a number of reviews that were started over the past few years but then stalled. The Committee was told that CBU's priority over the past two years has been to complete its transition from an Academic Council to a Senate, leaving little time to undertake quality assurance. Such significant delays, however, can create the impression that quality assurance is not a priority and risks undermining the effectiveness of the overall review process and eroding the confidence of the university community. Indeed, the Committee discerned a level of scepticism with the review process from a number of faculties during the site visit.

With the Senate now in place, the Monitoring Committee stresses that the University must focus on the quality of its programs. In the next section of the report, the Monitoring Committee provides a number of recommendations and suggestions to facilitate the implementation of CBU's quality assurance policy in a timely manner.

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?

CBU has developed a quality assurance policy, using the Commission's *Guidelines for Institutional Quality Assurance Policies*. The policy contains most of the elements deemed by the Committee as essential to a successful quality assurance. The policy:

- Is comprehensive and applies to all academic programs;
- Applies to non-academic units;
- Includes a provision to assess research and scholarship;
- Requires the preparation of a self-study by the unit under review;
- Includes guidelines for the preparation of the self-study which are student-centred;
- Requires input from faculty, students and external groups;
- Incorporates the participation of faculty not directly involved in the reviewed program or service;
- Requires an external review, carried out by two experts external to the institution;
- Is based on a seven-year review cycle; and
- Includes a provision to review the policy periodically.

However, CBU has not implemented its quality assurance policy. The Monitoring Committee has therefore identified several recommendations and suggestions for consideration by CBU to assist in the policy's implementation and its overall improvement:

1. Assign a high priority to quality assurance;
2. Foster the development of a culture supportive of ongoing quality improvements;
3. Define the accountability for quality and for the policy itself; and
4. Further develop the quality assurance policy.

4.2.1 Assign a high priority to quality assurance

Program reviews are relatively new to CBU, with its first policy approved in 2003, followed by significant revisions to the policy in 2006. During this same time period, only one program has been reviewed. The University has not been able to foster a culture of ongoing quality assurance. The result has been a faculty that is unclear about the University's commitment to quality assurance overall and the value of program reviews in particular. Commitment to the approach must be built and clearly demonstrated at every echelon of the University.

The Committee's first recommendation is succinct: it urges the institution to **assign a high priority to quality assurance through a commitment clearly demonstrated at every echelon of the University**. The Committee believes that the University's current policy on quality assurance has the hallmarks of what could be an excellent framework upon which to build this commitment.

4.2.2 Foster the development of a culture supportive of on-going quality improvements

The Monitoring Committee agrees with the President of CBU that a cultural transformation is required within the University if quality assurance is to flourish. The Committee therefore strongly recommends that over the next few years the University focus its efforts on communicating information pertaining to the University's quality assurance policy and the results of, and follow-up to, reviews to the university community (students, faculty, staff, etc.), government and the general public. In order to engage the immediate community in the process, **the changes brought about by a review (whether done by the University or an accrediting body) must be clearly identified, documented and publicised. In this context, the Committee suggests flowing information through the Deans.**

Community involvement and awareness are important components of a university's quality assurance policy. This includes the participation of the greater community during the review process, as well as the dissemination of information about a university's quality assurance policies to the university community and the general public. **A good communication strategy informs the university community, government, and the general public that the university is focusing on providing quality programs and services to its students and enhances confidence in the quality of a university's programs.**

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

Another effective way to foster the development of a culture supportive of quality while building faculty/staff support is to make the process more transparent. To this end, the Monitoring Committee recommends that:

- The Vice-President, Academic and Research, and the relevant Deans meet with faculty/staff and students to clarify expectations prior to launching the review process.
- Minutes of Program Review Committee meetings as well as copies of Review Reports be posted on-line.

Finally, the Monitoring Committee suggests that CBU increase efforts to **involve the community-at-large in the process by making it more explicit in its policy that a wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc. are required to participate in the review process**. For example, the University might consider including a member who represents a relevant employer or professional association on the review team.

4.2.3 Define the accountability for quality and for the policy itself

Beyond commitment and a supportive framework, the first characteristic of a successful quality assurance framework is found in clearly defined lines of accountability. **In order to garner support from the university community, the review process must be seen as accountable.** In addition, the review process should actively engage the higher echelons of the administration including the Senate, the President, and the Vice-President, Academic and Research.

The Monitoring Committee considers the fact that the University is now working on creating an accountability framework to support quality assurance, which includes making the Vice-President, Academic and Research, responsible for quality assurance, as a positive step forward. The Committee believes this move will facilitate the University's efforts to complete the current round of reviews in a timely and effective manner.

As a specific example of the need for defined lines of accountability, the Monitoring Committee notes that the actual Quality Assurance Committee's Terms of Reference do not define who should chair the Committee. However, an earlier version of the Terms of Reference did stipulate that the Vice-President, Academic and Research, was the Chair. This lack of precision contributes to further diffusing the lines of accountability. As the Vice-President, Academic and Research, is normally responsible for quality assurance, the Vice-President, Academic and Research, should chair the Quality Assurance Committee.

Notwithstanding the clear responsibility for quality assurance which normally rests with the Vice-President, Academic and Research, a broader network of individuals should also be involved in carrying out the activities that support quality assurance, from preparing the schedule of upcoming reviews to monitoring follow-ups. In this context, **the Monitoring Committee recommends that CBU distribute responsibility for the process more broadly across its administration.** The Deans should play an active role in the entire process. In so doing, Deans, as front line administrators, will be better able to provide leadership to, and oversight of, day-to-day operations within their departments. The distribution of roles and responsibilities will help to avoid delays in the process and the loss of momentum, particularly when the Vice-President, Academic and Research, position is newly filled or vacant. It should also 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.

A dedicated unit/staff to manage the review process is essential to effectively implement a policy on quality assurance. The Monitoring Committee did note that the University had recognized early on that a successful quality assurance policy requires dedicated staff with the creation of a quality assurance coordinator position. In addition, the Quality Assurance Committee (QAC) plays an important role in ensuring the smooth implementation of quality assurance. With a Senate in place, the QAC noted that it now has greater authority and credibility to fulfill its mandate. The Monitoring Committee agrees, adding that the QAC is now better positioned to enforce timelines and compliance, while at the same time providing units with appropriate support to carry out a review in a timely and effective manner. The Monitoring Committee does reiterate that **the QAC should be chaired by the Vice-President, Academic and Research; furthermore, its membership must include tenured faculty to ensure the Committee's composition is adequate for its role and responsibilities.**

During the site visit, the Monitoring Committee heard arguments in favour of removing responsibility for service reviews from the QAC and creating a separate mechanism for non-academic reviews. The Monitoring Committee strongly advises against this, as it believes that the QAC is ideally placed to oversee the quality of the entire student experience from application to graduation and all points in between.

Finally, **the Monitoring Committee warns that when there is no follow-up to a review and its recommendations, the University undermines the perceived value of the review process by those whose buy-in is most crucial to a successful quality assurance policy – faculty and staff.** The Committee heard on several occasions from faculty that there are no clear benefits to program reviews – although some faculty were in fact supportive of the process and looked forward to “their turn”. To facilitate the follow-up process, the Committee recommends that CBU:

- Document the follow-up process within its quality assurance policy, including clearly defined timelines and responsibilities;
- Make Deans responsible for monitoring follow-ups of their respective units; and
- Monitor the progress of a unit for two years following the submission of the Review Report.

4.2.4 Further develop the quality assurance policy

The Monitoring Committee recommends that CBU strengthen its existing policy by:

- **Defining assessment criteria:** Clear assessment criteria, known and understood by faculty, staff, students, and senior administration alike, are essential for ensuring an effective review process. While CBU has identified the information that is to be contained in the self-study, the criteria against which a unit/program/service under review will be measured have not been clearly documented. The Monitoring Committee therefore recommends that CBU define and document the criteria to be used to measure the progress of a unit/program/service under review as well as how the results of a review inform decision-making (e.g. budget, planning, priority setting, etc.) within the University.
- **Simplifying the template for the self-study:** A successful review process depends on the quality of the self-study and the timeliness of its submission. If a unit under review is unable to complete a quality self-study in a timely way, the unit can become frustrated with, and/or overwhelmed by the review process. The Monitoring Committee was impressed by the self-study guidelines developed by CBU, in particular the depth and quality of the questions; however, in their current format, the guidelines appear quite daunting. They appear to suggest a major research project without giving a sufficiently clear indication of the self-study's design, scope, scale, and format. The Monitoring Committee therefore suggests presenting the questions in the guidelines as questions a unit should consider as it prepares its self-study while making it clear that a unit is not required to answer each one. An effective self-study should begin with a brief description of essential facts about the program/service, followed by a synopsis of what has been done since the last review, an analysis of the strengths and weaknesses of the program/service and conclude with a description of challenges and future ambitions. All non-essential information should be housed within appendices. The University should consider providing an example of a good self-study to the Chair of the Department as a guide.
- **Defining the relationship between accreditation reviews and the University's quality assurance policy.** Universities, and not the accreditation body, are ultimately responsible for the quality of accredited programs. CBU notes in its institutional report that it recognizes the potential overlap or redundancy between accreditation reviews and its own quality assurance reviews and exempts programs or services that undergo accreditation as long as the accreditation requirements meet the requirements of CBU's review process. The Monitoring Committee discourages against exempting accredited programs from an institution's review process as accrediting bodies tend to have narrower mandates and to not assess programs within the context of an individual university. To simplify the process for reviewing accredited programs, the Monitoring Committee recommends that the University clearly define the relationship between the accreditation review and the University's quality assurance review in order to use more effectively the information from one review to complement another, and, where appropriate, inputs should be combined and the timing of both processes should be aligned to reduce redundancy.
- **Creating a common student evaluation form** to be used for all courses; faculty could then opt to add two to three targeted questions, as required. This would be easier to manage and would provide comparable data across programs and courses.
- **Ensuring the timeliness of the review process.** A successful quality assurance policy should promote continuous quality improvements. This standard cannot be achieved when significant delays are experienced in a policy's implementation. Ways to achieve this include:
 - Establishing a review schedule so that the review process does not extend past 12 months and the self-study is prepared over the summer months;
 - Distributing a schedule of upcoming reviews over the next five years to Deans, Chairs and heads of service departments to allow units to prepare for the review and administration to plan more effectively the overall review process and the allocation of resources to support the process;
 - Sending reminders periodically to units under review to ensure the self-study is progressing as planned, or to units about to undergo a review to ensure appropriate planning occurs;
 - Imposing strict timelines and having administration respond, constructively but firmly, to any delays or compliance issues;

- Working with units to identify what type of support can be provided to facilitate completion of the self-study; for example, providing additional administrative support to assist in collating the required information;
- Inviting the Chair of a given unit or head of a given service to attend the meeting where the results of its review will be discussed by the QAC so that questions about a program/service and/or its review can be quickly and easily addressed; and
- Ensuring adequate follow-ups, as described above in 4.2.3.

5. SUMMARY OF RECOMMENDATIONS

Recommendation 1: Assign a high priority to quality assurance

Given that CBU has not yet implemented its quality assurance policy, which the Committee believes has the hallmarks of what could be an excellent framework for this purpose, the Monitoring Committee urges CBU to commit to the quality assurance approach by:

- Actively engaging the higher echelons of the administration including the Senate, the President, and the Vice-President, Academic and Research, in the review process.
- Clearly demonstrating a commitment to quality assurance at every echelon of the University.

Recommendation 2: Foster the development of a culture supportive of ongoing quality improvements

Possible ways to achieve this include:

- Communicating information pertaining to the University's quality assurance policy and the results of, and follow-up to, reviews to the university community (students, faculty, staff, *etc.*), government and the general public.
- Clearly identifying, documenting and publicising changes brought about by a review (whether conducted by the University or an accrediting body) by flowing information through the Deans.
- Including educational activities such as workshops for faculty/staff and unit heads in the communications strategy to educate them on the policy, its objectives, assessment criteria, and follow-up processes, with particular emphasis on the benefits of the policy to faculty, staff, students, Departments, and the University in general.
- Making the process more transparent by:
 - having the Vice-President, Academic and Research, and the relevant Dean meet with faculty/staff and students to clarify expectations prior to launching the review process; and
 - Posting minutes of Program Review Committee meetings and copies of Review Reports online.
- Making it more explicit in the policy that a wider network of stakeholders, such as employers, graduates, professional associations, the local community, *etc.* are required to participate in the review process.

Recommendation 3: Define the accountability for quality and for the policy itself

Possible ways to achieve this include:

- Making the Vice-President, Academic and Research, responsible for quality assurance, as planned.
- Having the Vice-President, Academic and Research, chair the Quality Assurance Committee and including tenured faculty in the committee membership.

- Distributing responsibility for the process more broadly across the administration to carry out the activities that support quality assurance, from preparing the schedule of upcoming reviews to monitoring follow-ups. Deans, for example, should play an active role in the entire process, as they will be better able to provide leadership to, and oversight of, day-to-day operations within their Departments, as front-line administrators.
- Enforcing timelines and compliance, while at the same time providing units with appropriate support to carry out a review in a timely and effective manner.
- Maintaining responsibility for service reviews from the QAC rather than creating a separate mechanism for non-academic reviews, as the QAC is ideally placed to oversee the quality of the entire student experience from application to graduation and all points in between.
- Ensuring adequate follow-ups by:
 - Documenting the follow-up process within its quality assurance policy, including clearly defined timelines and responsibilities;
 - Making Deans responsible for monitoring follow-ups of their respective units; and
 - Monitoring the progress of a unit for two years following the submission of the Review Report.

Recommendation 4: Further develop the quality assurance policy

Possible ways to achieve this include:

- Clearly defining and documenting the criteria to be used to measure the progress of a unit or program/service under review as well as how the results of a program/service review inform decision-making (e.g. budget, planning, priority-setting, etc.) within the University.
- Simplifying the template for the self-study.
- Defining the relationship between accreditation reviews and the University's quality assurance reviews.
- Creating a common student evaluation form to be used for all courses.
- Ensuring the timeliness of the review process by:
 - Establishing a review schedule so the review process does not extend past 12 months and the self-study is prepared over the summer months;
 - Distributing a schedule of upcoming reviews over the next five years to Deans, Chairs, and heads of service departments to allow for ease of preparation;
 - Sending reminders periodically to units under review to ensure the self-study is progressing as planned;
 - Imposing strict timelines and having administration respond constructively but firmly to any delays or compliance issues;
 - Working with units to identify what support can be provided to facilitate completion of the self-study; and
 - Inviting the Chair of a given unit, or head of a given service, to attend the meeting where the results of its review will be discussed by the QAC to be able to have questions addressed quickly and easily.
- Ensuring adequate follow-ups as described under Recommendation 3.

6. CONCLUSION

While Cape Breton University has developed a quality assurance policy with many of the hallmarks of an excellent quality assurance framework, it has yet to implement it. Only one program review has been completed since 2003, and the University is already encountering challenges in establishing a timeline for the first round of reviews. The Committee emphasizes the need for the University to commit to quality assurance. The Committee formulated its recommendations and suggestions with a view to help the University swiftly implement its policy and complete its first round of reviews.

APPENDIX 1 INSTITUTIONAL RESPONSE

May 6, 2009

Dr. Sam Scully, Chair
AAU-MPHEC Quality Assurance Monitoring Committee
Maritime Provinces Higher Education Commission
82 Westmorland Street, Suite 401
P.O. Box 6000
Fredericton, New Brunswick E3B 5H1

Dear Dr. Scully:

Thank you for the opportunity to respond to the MPHEC Monitoring Committee's draft report, *Assessment Report of the Cape Breton University's Quality Assurance Policies and Procedures*.

We wish to thank the Committee for allowing us to delay your visit to our institution while we were going through important administrative changes that put strain on our resources. We also want to thank the Committee for its thorough review of our policies and procedures and have taken notice of the helpful recommendations made by the Committee.

Before offering specific comments on some aspects of the report, allow me to inform the Committee that 2008-2009 has been a strong ramping-up year for the implementation of our quality assurance policies and procedures. Not only have we started our 5th internal review under the policy, but we have already implemented a number of changes to the policy itself which are part of your recommendations, among others, the addition of a section on the accountability of the institution at different levels following the recommendations resulting from a program/unit review.

Our response to each of the identified five sections of the report follows.

Section 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?

CBU acknowledges the positive comments of the MPHEC Quality Assurance Monitoring Committee with respect to the content of the CBU quality assurance policy. However, there is recognition by CBU that its quality assurance policy requires revision. Since the inception of CBU's quality assurance policy, the governance of CBU has been altered to include a Senate. This very fundamental change in governance has resulted in the Quality Assurance Committee of Senate playing a more collegial role in the quality assurance process. The role of the CBU QA Committee is controlled by the terms of reference assigned to it under the Senate governing documents and the CBU quality assurance policy must be revised to reflect these terms of reference or these terms of reference must be altered. Other modifications to the policy are also necessary to reflect the increased role of academic administrators, particularly the role of the Vice-President (Academic and Research).

Section 4.2.1 Assign a high priority to quality assurance:

The most recent budget approved by the Cape Breton University Board of Governors on Friday, April 17, 2009, includes designated funding for quality assurance activities. This new funding initiative indicates that the governing bodies of CBU have placed a priority on quality assurance and is indicative of a change in the approach to quality assurance in senior management and the CBU community.

The implementation of a new full-time position within the Office of the Vice-President (Academic and Research), namely the Coordinator, Quality Assurance/Teaching and Learning, further indicates a commitment on behalf of the senior management of CBU to provide guidance and assistance with the

quality assurance process.

Section 4.2.2 Foster the development of a culture supportive of ongoing quality improvements:

CBU accepts the Monitoring Committee's suggestion that education and communication are very relevant to the success of a quality assurance policy. A number of tools have been developed by the QA Committee to assist with the review process and meetings "with faculty/staff and students to clarify expectations prior to launching the review process" have already been implemented. Help has been provided to those whose self-study might create too heavy a burden and coordination with accreditation reviews has been implemented.

CBU agrees with the suggestion of the Monitoring Committee that the community at large should be involved in the reviews. CBU acknowledges that under the guidance of the Office of the Vice-President (Academic and Research) steps are being taken to develop procedures to obtain increased input from the community stakeholders.

4.2.3 Define the accountability for quality and for the policy itself:

The MPHEC Monitoring Committee considered the intention expressed by CBU to develop an accountability framework for the quality assurance process that would make the Vice-President (Academic and Research) responsible for quality assurance a positive step forward. CBU agrees with the Monitoring Committee that the Vice-President (Academic and Research) should play this role in the review process.

The MPHEC Monitoring Committee has also recommended that the QA Committee should be chaired by the Vice-President (Academic and Research), and its membership should include tenured faculty. Although such modifications reside within the collegial authority of Senate, both the Vice-President (Academic and Research) and myself will impress upon Senate the merit of those recommendations.

4.2.4 Strengthen the quality assurance policy through enhanced documentation.

CBU acknowledges the benefits that will be obtained by incorporating the suggestion to better define the assessment criteria used to measure the progress of a unit under review. It is relevant to note that the QA Committee and the Office of the Vice-President (Academic and Research) have already begun the process of reviewing the documentation to ensure an increase in its user friendliness factor. It is also important to note that Senate has a Teaching, Learning and Evaluation Committee which has, this year, developed a draft of a teaching policy for CBU. This Committee's work and the work undertaken through the office of the Coordinator, Quality Assurance/Teaching and Learning, is creating guidelines and templates which will not only enhance quality assurance through documentation but will introduce clarity and help deepen the understanding of quality assurance throughout the academic community.

We are in agreement with the intent and the spirit of the four recommendations made in the draft report. They will help us to strengthen our policy and procedures. We are committed to a complete implementation of our quality assurance policy and procedures. In addition, we have identified the development of other policies, such as a teaching policy, and guidelines and templates as well as an accountability framework as tools which will make quality assurance the modus vivendi of our institution.

We look forward to the final report.

Yours sincerely,

H. John Harker, LL D
President & Vice-Chancellor

/rl

cc: Léandre Desjardins, Vice-President (Academic and Research)

APPENDIX 2 SITE VISIT AGENDA AND PARTICIPANTS

**Maritime Provinces Higher Education Commission (MPHEC)
Quality Assurance Monitoring Committee
Thursday October 9, 2008
Site Visit – Schedule**

**Please meet at 8:00 a.m. at Board of Governors' Conference Room & Senate Chambers Room
CE 339 (2nd floor Great Hall)**

8:00 a.m. – 8:20 a.m.	Meeting with President Harker
8:20 a.m. – 9:00 a.m.	Breakfast meeting with President & Senior Administrators
9:00 a.m. – 10:00 a.m.	Meeting with Deans and Administrators
10:00 a.m. – 10:45 a.m.	Meeting with Senators
10:45 a.m. – 11:30 a.m.	Meeting with Students
11:30 a.m. – 12:30 p.m.	Lunch with QA Committee
12:30 p.m. – 1:00 p.m.	Meeting with VP Academic and Research
1:00 p.m. – 2:00 p.m.	Meeting with faculty representatives

Senior Administrators: President & Vice-Chancellor, H. John Harker; Interim Vice-President, Academic and Research, Léandre Desjardins; Vice-President, Finance & Operations, Gordon MacInnis; Vice-President Student Services & Registrar, Alexis Manley; Vice-President, Development, Keith Brown

Deans & Administrators: Rod Nicholls, Dean, Arts and Community Studies; Michael Tanchak, Dean, Science and Technology; Jane Lewis, Dean, Education, Health, and Wellness; John MacKinnon, Dean, Shannon School of Business; Harvey Johnstone, Dean of Research; Lindsay Marshall, Associate Dean, Mi'kmaq College Institute; Norm Smith, Director of Student Services; and Robert Campbell, Director of Library Services; Arlene Mullan, Director, Registration and Admissions; Alexis Manley, VP Student Services & Registrar

Senators: Pending selection

Students: Matt Stewart, President, Students' Union, Mike MacKenzie, Vice-President (Student Life) Students Union; Ricky McCarthy, School of Science & Technology; Kala Bates School of Education, Health & Wellness; Md Abdullah Al Ahsan, President of the International Students' Society; Sarah Pyke, Shannon School of Business.

QA Committee: Wendy Wadden (Chair); Arlene Mullan; Director, Registration and Admissions; Eileen Smith-Piovesan, Coordinator, Quality Assurance/Teaching and Learning; Keith Brown, VP Development; Laura Syms, Librarian; Matt Stewart, Students' Union; Mike MacKenzie, Students' Union

Faculty: Thomas Bouman & Gary Nicklason, School of Science and Technology; Sheila Profit & Gary Gallivan, School of Education Health & Wellness; Barry Moore, School of Arts and Community Studies

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 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.