



**Assessment of
Mount Saint Vincent University's
Quality Assurance Policies and
Procedures**

March 2009

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Quality Assurance Policies and
Procedures**

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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 on February 16, 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 in March 2009.

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 Mount Saint Vincent University. The report concludes by answering the two key questions of the monitoring function.

2. DESCRIPTION OF THE MONITORING PROCESS WITH MOUNT SAINT VINCENT UNIVERSITY

The initial meeting between the Monitoring Committee and Mount Saint Vincent University (MSVU) occurred on October 22, 2007. The Monitoring Committee clarified its expectations regarding the monitoring process, timelines, and quality assurance report to be prepared by the University. The Monitoring Committee was represented by Ms. Mireille Duguay, Chief Executive Officer of the MPHEC, Ms. Catherine Stewart, Policy and Research Analyst at MPHEC, and Dr. Sam Scully, Committee Chair. Prof. Kathryn Laurin, President and Vice-Chancellor, Dr. Donna Woolcott, Vice-President (Academic), Dr. Susan Mumm, Dean, Faculty of Arts and Science and Dr. Mary Lyon, Dean, Graduate Studies and Dean, Faculty of Professional Studies represented Mount Saint Vincent University. 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 Appendices 3(c) and 3(d).

On March 6, 2008, the Monitoring Committee reviewed the Quality Assurance Report submitted by Mount Saint Vincent University on February 26, 2008. The Committee identified the program assessments for which it would like to receive a complete dossier. The Committee reviewed the selected dossiers submitted by MSVU on March 4, 2008 and finalized the questions/issues to be explored during the site visit.

The site visit occurred on March 14, 2008. Committee Chair, Dr. Sam Scully, and Committee members, Mr. Bernard Nadeau, Professor Ivan Dowling, Dr. Don Wells and Dr. Colette Landry Martin were present, as well as two members from the MPHEC staff. Representing Mount Saint Vincent University's senior administration were Dr. Kathryn Laurin, President and Vice-Chancellor and Dr. Donna Woolcott, Vice-President (Academic). The Monitoring Committee also heard from representatives of Senate, faculty and student representatives, Academic Deans, Chairs, the Registrar, University Librarian, Director of Distance Learning, and Dean of Student Affairs. The agenda for the site visit is included under Appendix 2.

On July 15, 2008, the Monitoring Committee submitted to Mount Saint Vincent University a draft of its *Assessment Report of Mount Saint Vincent University's Quality Assurance Policies and Procedures*. The University was asked to validate the factual information contained in the document and to provide an initial response. A response was received on August 25, 2008 and is included under Appendix 1. The Commission approved the report at its February 16, 2009 meeting.

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

3. OVERVIEW OF MOUNT SAINT VINCENT UNIVERSITY'S QUALITY ASSURANCE POLICIES AND PROCEDURES

Founded in 1873, Mount Saint Vincent University has a student body of over 4000 students (80% plus are women). The Mount focuses primarily on undergraduate education offering a strong liberal arts and science core, along with select professional programs such as Tourism and Hospitality Management, Public Relations, Education, Information Technology, Business Administration, Child & Youth Study, Applied Human Nutrition and Family Studies & Gerontology. It offers several graduate programs including: Education, Child & Youth Study, Family Studies & Gerontology, Nutrition and Women's Studies.

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

Mount Saint Vincent University's main quality assurance activity is the review of academic programs as outlined in its *Policy and Procedures for the Review of Academic Programs*, which was first approved by Senate in September 2000 and revised in March 2004, although the University has been engaged informally in program review since 1991. In April 2003, the University approved its first *Policy and Procedures for Review of Academic Support Units* that applies to academic support units such as Distance Learning and Continuing Education, Co-operative Education, Library, etc.

The review of academic programs and academic support is a function of Senate, and the Senate Committee on Academic Policy and Planning (CAPP), which is chaired by the Vice-President (Academic) and includes the Deans, the Director of Distance Learning and Continuing Education, the Registrar and faculty and student representatives. The CAPP is the lead coordinating administrative body for the review process. The Vice-President (Academic), on the advice of the CAPP, is responsible for initiating reviews.

The objectives of the academic/support unit reviews are to afford units an opportunity for self-analysis and reassessment, and to demonstrate accountability to the public and to current and prospective students.

The process, for both types of reviews, is on a seven-year cycle and includes the following steps:

- A self-study by the academic unit.
- A Review Committee made up of three members, two external experts in the field and one MSVU faculty member not involved in the program.
- A one to two-day site visit where the Review Committee meets with the Dean/Director, program faculty, staff, undergraduate and graduate students, the Vice-President (Academic) and other members of the University community that can provide needed information.
- Report on the review to Senate by CAPP, including a timetable for action where CAPP indicates an intention to act upon any recommendations.
- A follow-up report to CAPP by the program or unit that has been reviewed one year following receipt of the Review Report at Senate.

4. ASSESSMENT OF MOUNT SAINT VINCENT UNIVERSITY'S QUALITY ASSURANCE POLICIES AND PROCEDURES

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

Based on the information gathered through the site visit and a review of the institutional report and selected assessment dossiers, Mount Saint Vincent University is in compliance with its quality assurance policy. Specifically, Mount Saint Vincent University has undertaken reviews of its programs, and these reviews have included a self-study, an external review (with at least two experts external to the institution) and site visit, student and faculty input, a final report with recommendations, and a follow-up process to the report.

The Monitoring Committee notes that the only inconsistency between the policy and its implementation is with regard to the timeliness of the last few steps of the process. In the following section, the Monitoring Committee provides a number of suggestions that it believes will help Mount Saint Vincent University to complete its reviews in a more timely way.

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?*

Mount Saint Vincent University's Policy on Quality Assurance contains most of the elements deemed by the Committee as essential to a successful quality assurance policy. The policy:

- Is managed by the higher echelon of the institution's administrative structure;
- Reflects the institution's mission and values;
- Applies to all academic units and academic support units;
- Includes a provision to assess adequacy of resources, research activity, student and learning outcomes, and a unit/program's contribution to the university and the wider community;
- Aims to improve the quality of programs;
- Requires the preparation of a self-study by the unit under review;
- Includes guidelines for the preparation of the self-study and assessment criteria;
- Requires input from faculty and students participating in the program or unit;
- Incorporates the participation of faculty not directly involved in the review program or unit;
- Requires the participation of the wider network of stakeholders, such as employers, graduates, professional associations and the local community;
- Requires an external review component, usually carried out by two experts external to the institution; and
- Includes a requirement that there be a follow-up to an assessment.

Mount Saint Vincent University has put in place a strong policy, and its implementation is supported by a number of noteworthy practices including: providing assistance to programs and units that have requested help to prepare the self-study, and in some cases, hiring a special facilitator to assist the department; user-friendly templates for the preparation of the self-study and for the Terms of Reference for external reviewers; clearly defined assessment criteria; and two separate policies for the review of academic programs as well as academic support units. In addition, the Monitoring Committee was impressed by the candour of the institutional report prepared by Mount Saint Vincent University and of the participants during the site visit.

The University administration is clearly committed to quality assurance and this commitment was shared by faculty who, despite describing the preparation of the self-study as time-consuming, were overwhelmingly supportive of the process, noting several benefits to preparing a self-study including self-awareness, stocktaking, and an opportunity to address issues.

The Monitoring Committee identified three areas for improvement, including: (1) role and responsibilities of the Senate Committee on Academic Policy and Planning (CAPP), which is responsible for overseeing the review process, (2) follow-up and (3) student involvement. To address these, it has identified a number of suggestions for consideration by Mount Saint Vincent University, and these are organized along the following recommendations:

1. Clarify/streamline CAPP's involvement in quality assurance;
2. Strengthen the follow-up process;
3. Make the policy more student-centred; and
4. Include a provision to evaluate the policy on a regular basis.

4.2.1 *Clarify/streamline CAPP's involvement in quality assurance*

As noted above, Mount Saint Vincent University has developed a robust quality assurance policy. When areas for improvement have been identified, the University has been quick to develop a solution and modify its policy accordingly. The strength of the University's policy lies in its documentation. As a result, the policy clearly defines the process and associated timelines; describes the purpose of reviews; provides detailed assessment criteria; and includes well-documented guidelines to support selection of external reviewers, preparation of the self-study and external reviewers' report, and organization of the site visit. The Monitoring Committee noted that the process up to the submission of the external reviewers' report to CAPP appears to be working effectively and in a reasonably prescribed time; however, once the report is submitted to CAPP, a number of challenges arise. Notably, the process encounters significant delays. Mount Saint Vincent University notes in its institutional report that its review process was, and continues to be, delayed to allow CAPP to focus on strategic planning activities and to develop a university-wide, academic framework to guide decisions related to program offerings. The Monitoring Committee applauds the University for focussing on strategic and academic planning; however, it believes these activities should not result in significant delays to the review process as they can undermine the effectiveness of the overall review process and erode the confidence of the University community in it.

With the University's new strategic plan now released, the Monitoring Committee strongly recommends that the University focus on getting the review schedule back on track. To facilitate this process, and to avoid a similar situation in the future, the Monitoring Committee recommends that the University clarify/streamline CAPP's involvement in quality assurance by:

- Providing professional support to assist CAPP and the Vice-President (Academic) with analyses as well as report and minute writing.
- Documenting the standards to be used by CAPP for decision-making at each step in the review process.
- Meeting with the unit upon completion of the review to discuss issues arising from the reviews.
- Developing templates for the preparation of the unit's response to the review and CAPP's report to Senate, and follow-up report.

Notwithstanding some of the challenges faced by CAPP, the Monitoring Committee was impressed by CAPP's commitment to quality assurance as evidenced by its enthusiasm despite a substantial workload, including weekly meetings. The Monitoring Committee was also impressed by the strong leadership provided by Mount Saint Vincent University's President, and the Vice-President (Academic), in support of quality assurance. The Committee did note however that much of the institution's work in the area of quality assurance is highly dependant on the position of Vice-President (Academic). While the leadership and commitment of the Vice-President (Academic) is clearly a hallmark of robust quality assurance programs, the Committee is of the view that an effective quality assurance program must rest over time on a broader network of individuals, through a distribution of responsibilities. From the Committee's perspective, a quality assurance program that depends too highly on any one individual position sees its sustainability threatened, when the position becomes vacant or newly filled.

4.2.2 *Strengthen the follow-up process*

In order to garner support more effectively from the University community, the review process must be seen as accountable, particularly in terms of follow-up to recommendations from a review. Mount Saint Vincent University's policy requires that a unit submit to CAPP a brief report on its progress in addressing the recommendations from the review one year following Senate's receipt of CAPP's report on the review. The Monitoring Committee recommends that the progress of a unit be monitored for two years following the submission of the report. This recommendation is made in light of the fact that recommendations of a review often require more than one year to implement.

In addition to extending the timeframe of the follow-up process, the Monitoring Committee wishes to highlight the importance of providing timely feedback to the unit under review. Failure to do so risks undermining the perceived value of the review process by those whose buy-in is most crucial to a successful quality assurance policy - faculty. As noted above, Mount Saint Vincent University has a number of program reviews that have undergone an external review but that have since been put on hold to allow CAPP time to develop a framework to guide decisions related to programs. As a result, a number of program coordinators or department heads have been waiting a long time to learn the outcome of the review of their respective program(s). During the site visit, the Monitoring Committee met with some of the program coordinators/department heads of those programs. Each expressed a certain level of anxiety around not knowing the results of the external review, noting that they are not able to plan, short- or long-term. The result is a perception that the program review process is not transparent and does not provide a level playing field.

The Monitoring Committee noted other examples during the site visit that are probably contributing to the perception that the process is not transparent. The Monitoring Committee is therefore recommending that Mount Saint Vincent University make the process more transparent, by implementing the following measures:

- Further clarify at the outset with the unit under review the expectations of senior administration with regard to a program/department review.
- Provide an opportunity for the unit under review to meet face-to-face with CAPP to discuss the external reviewers' report.

To reduce apprehension around the review process, the Monitoring Committee strongly urges the University to disseminate more widely and consistently information about quality assurance practices to the University community (students, faculty, etc.) and the general public. In this context, significant changes brought about by a review should be clearly identified, documented and publicised. This includes submitting an annual report, which highlights the review process, outcomes, and follow-up action, to Senate.

4.2.3 *Make the process more student-centred*

Student input is a key measure of the quality of a university's academic programs, faculty, support service and the overall university experience. As acknowledged by Mount Saint Vincent University, student participation in quality assurance at the University has been limited at best. Indeed, the Committee met with several students in the Public Relations program who were unaware that the program had recently undergone an external review. However, it is clear that Mount Saint Vincent University is committed to increasing student involvement in its processes, including quality assurance, as evidenced in its new strategic plan that calls for all departments to establish processes for regular curriculum review that include student participation.

Other suggestions for increasing student participation include:

- Not scheduling site visits during the summer months. The Monitoring Committee understands that this has happened in the past and suggests to the University that it discontinue this practice given the importance of student input.
- Expanding the scope of student course evaluations to include all courses, regardless of delivery mode, offered during the year and not simply a selection, as is currently the case.

While professional programs have tended to involve the community-at-large in the review process, others have not. The Monitoring Committee appreciates some of the challenges involved in soliciting input from the community-at-large (e.g. employers, professional associations); nonetheless, it suggests that the University make every effort to involve the community-at-large in the process; one way to accomplish this is to include on the review team a member who represents a relevant employer or professional association.

Collecting student outcome measures was identified in Mount Saint Vincent University's institutional report as a challenge due to small cohort sizes and low response rates on graduate surveys. Faculty and Chairs, with whom the Committee met, shared this concern, adding that as part of the self-study they are required to provide graduate and student outcome data in order to assess success, however, departments are provided with no guidelines on how to collect this data. To address these concerns, CAPP recently set up a small group tasked with proposing a new instrument to measure student outcomes to be administered a few years after students graduate. The Monitoring Committee believes this is an important first step that will help the University to understand more fully the impact of its programs/university experience on its students.

While the Commission's guidelines state that universities should be assessing student services, most universities have only recently moved in this direction. The Monitoring Committee was impressed that Mount Saint Vincent University not only assesses academic support units but that it has developed a separate policy to support this activity.

The Monitoring Committee understands that CAPP is considering whether academic support units such as the Bookstore, Art Gallery, Financial Services, and Registrar's Office might be better reviewed under a different framework, for example, administrative rather than academic. The Monitoring Committee believes this approach is worth pursuing and that it should cover all administrative units.

The Committee wishes to highlight the contribution of the students with whom it met. Their insight and enthusiasm were impressive.

4.2.4 *Include a provision to evaluate the policy on a regular basis*

While Mount Saint Vincent University has reviewed its policy at regular intervals since its implementation, the Monitoring Committee recommends that the University include a provision to evaluate the existing quality assurance policy within the actual policy to ensure that a systematic process is in place to: (1) determine if the policy is meeting the anticipated objectives and outcomes, (2) identify the policy's strengths and weaknesses, (3) implement improvements and (4) ensure the policy's continued relevance. The evaluation should seek the input of faculty, students, administrators and external reviewers. The Committee suggests that the most appropriate timeframe to perform this review is at the end of each cycle and that the results of the review be tabled with Senate.

5. SUMMARY OF RECOMMENDATIONS

Recommendation 1: Clarify/streamline CAPP's involvement in quality assurance

Possible ways to achieve this include:

- Providing professional support to assist CAPP and the Vice-President (Academic) with analyses as well as report and minute writing.
- Documenting the standards to be used by CAPP for decision-making at each step in the review process.
- Developing templates for the preparation of the unit's response to the review and CAPP's report to Senate, and follow-up report.

Recommendation 2: Strengthen the follow-up process

Possible ways to achieve this include:

- Monitoring the progress of a unit for two years following the submission of the report.
- Providing timely feedback to the unit under review.
- Clarifying at the outset with the unit under review the expectations of senior administration with regard to a program/department review.
- Providing an opportunity for the unit under review to meet face-to-face with CAPP to discuss the external reviewers' report.
- Disseminating more widely and consistently information about quality assurance practices to the university community (students, faculty, etc.) and the general public.

Recommendation 3: Make the process more student-centred

Possible ways to achieve this include:

- Not scheduling site visits during the summer months.
- Expanding the scope of student course evaluations to include all courses, regardless of delivery mode, offered during the year.
- Increasing efforts to involve the community-at-large in the process.
- Moving forward with developing a new instrument to measure student outcomes.

Recommendation 4: Include a provision to evaluate the policy on a regular basis

6. CONCLUSION

Mount Saint Vincent University's dedication to enhancing its quality assurance activities is clear, as evidenced in its new Strategic Plan, *Destination 2012*, and its commitment to develop an academic framework to support decisions related to program offerings. Mount Saint Vincent University has put in place an admirable program review policy that clearly outlines expectations, particularly with regard to the self-study and the external reviewers' report. The Committee hopes that the suggestions provided in this report will assist the institution as it moves forward in fine-tuning its current review policies and procedures and looks forward to following-up with the University to learn how the process evolves.

APPENDIX 1 **INSTITUTIONAL RESPONSE**

August 25, 2008

Dr. Sam Scully
Chair, MPHEC Monitoring Committee
Maritime Provinces Higher Education Commission
82 Westmoreland Street, Suite 401
PO Box 6000
Fredericton. NB E3B 5H1

Dear Dr. Scully:

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

First, let me extend our thanks to the Committee for its review of our policies and procedures and for providing us with valuable feedback and advice both at the site visit and in the draft report. We very much appreciate the recognition given by the Monitoring Committee for the work we have undertaken in this important area of quality assurance and for identifying the strengths that are represented in this work. As part of the monitoring process we sought advice from the Monitoring Committee in some areas where we have questions and we appreciate that the Committee has, in addition to making recommendation, also shared some advice in areas where we asked for it.

We offer some comments on some parts of the report where clarification may be helpful and on the recommendations themselves. We append to our response some editorial corrections.

p 6. Dr. Mary Lyon is Dean, Graduate Studies in addition to being Dean, Faculty of Professional Studies

p.7 the Dean/Director should be added to the list of individuals who met with the Review Committee

p.8 last line of first para 4.1. We do a follow-up with the program/academic support unit in all reviews.

p.9 4.2.1 The draft report describes the review process as having come to a halt at CAPP during the strategic planning process. CAPP continued during this time to review programs and to start new program reviews. But because several Reviewers' Reports raised a number of issues that were common in several programs (smaller), CAPP decided to step back from completing some individual program reviews where we might have offered piecemeal solutions in order to develop more comprehensive solutions that could apply to a range of programs. This latter work fit very well with strategic planning which was occurring simultaneously. We do not see our work in strategic planning as being "at the expense" of the program review process but rather as complimentary.

The Monitoring Committee has made good suggestions for how we should keep departments and programs informed about the process and provide opportunities for them to meet with CAPP.

p.11 4.2.3 Student evaluations of teaching. We are guided both by Senate policy and Collective Agreements. Courses taught by distance do not have different policies for student evaluation than do face to face courses. They differ only on how the evaluation form is communicated to the student with Distance students receiving an evaluation form (identical to the one used in the classroom), electronically.

p. 11 Paragraph 4

We do involve community groups/advisory boards in reviews of professional programs (for example, Applied Human Nutrition, Family Studies and Gerontology and Child and Youth Study). We also involved co-op employers in reviews of programs with co-op option (e.g. public relations and information technology) and practicum supervisors in review of practicum placements in Child and Youth Study.

We are in agreement with the four recommendations made in the Draft report and see them as assisting us to strengthen our policies and procedures. We appreciate the committee's suggestions about some of the steps we might take to achieve the recommendations.

Re Recommendation 1: in response to the suggestion that *CAPP documents the standards to be used for decision-making at each step in the review process* we note that CAPP uses the same criteria and standards that are identified in the policy for the external reviewers for program reviews.

We are committed to keeping a focus on quality as has been identified in our latest strategic plan, *Destination 2012*. We thank MPHEC's Monitoring Committee for its role in assisting as we move forward in quality assurance. We look forward to the final report.

Sincerely Yours,

Kathryn Laurin, MMus
President and Vice-Chancellor

c. Dr. Donna Woolcott, Vice-President (Academic)

Editorial Changes

We request the Mount Saint Vincent always be followed by University throughout the report. There are other entities that are known as Mount Saint Vincent. If a shorter version is preferred in the report, MSVU can be used.

P.6 para 3. Dr. Laurin should be Prof. Laurin

P.7 opening sentence cites our previous mission statement (i.e. dedicated to the education of women). *Destination 2012* includes our vision "to be the national leader in creating the best university experience for all members of our community and in developing thoughtful, engaged citizens who make a positive impact on their world.

7. Para 3 the title of the *Policies and Procedures for Review of Academic Support Units* (units is missing from the draft).

APPENDIX 2

SITE VISIT AGENDA AND PARTICIPANTS

Maritime Provinces Higher Education Commission (MPHEC)
Quality Assurance Monitoring Committee
Friday March 14, 2008
Site Visit – Schedule
Please meet at 8:00 a.m. at Rosaria Boardroom Room 309

8:00 a.m. – 9:15 a.m.	Breakfast meeting with President, Kathryn Laurin and Donna Woolcott, Vice-President (Academic)
9:15 a.m. – 10:45 a.m.	Senior Administrators involved with Academic Program and Support Unit Reviews: Academic Deans, Director of Distance Learning, Dean of Student Affairs, University Librarian, Registrar (Mary Lyon, Susan Mumm, Jim Sharpe, Peggy Watts, Carol Hill, Donna Bourne-Tyson, Brigitte MacInnes)
10:45 a.m. – 11:45 a.m.	Chairs of recent academic program and academic support unit reviews--Peggy Watts, Sonya Horsburgh, Kathy Darvesh, Linda Mann, Áine Humble, Ken Dewar, Paula Crouse
12:00 p.m. to 1:15 p.m.	Lunch with the Senate Committee on Academic Policy and Planning (including recent former members on CAPP—Ilya Blum, Ken Dewar, Michael Fitzgerald, Fred French)
2:00 p.m. – 3:00 p.m.	Students (Steve Byers, Amber Daley, Maggie Daley, Tyler Deacon, Amy Eaton, Michelle Forsey, Scott MacDonald, Morris MacLeod, Dan McKeigan, Noella Peach)
3:00 p.m. – 4:00 p.m.	Department Chairs/Directors participating in upcoming reviews— Robert Bérard, David Furrow, Andy Manning, Sue McGregor, Meredith Ralston, Jeff Young,
4:00 p.m. – 5:00 p.m.	Wrap up Meeting with Vice-President (Academic), Donna Woolcott

MPHEC SITE VISIT LIST OF PARTICIPANTS		
FACULTY	ADMINISTRATION	STUDENTS
Dr. Robert Bérard/Education*	Prof. Kathryn Laurin/President & Vice-Chancellor*	Steve Byers*
Dr. Ilya Blum/Mathematics*	Dr. Donna Woolcott/Vice-President (Academic)*	Amber Daley*
Prof. Paula Crouse/Information Technology*	Dr. Mary Lyon/Dean, Faculty of Professional Studies*	Maggie Daley
Dr. Kathy Darvesh/Chemistry**	Dr. Susan Mumm/Dean, Faculty of Arts & Science*	Tyler Deacon
Dr. Kenneth Dewar/History**	Dr. Jim Sharpe/Dean, Faculty of Education*	Amy Eaton*
Dr. Michael Fitzgerald/Child & Youth Study**	Dr. Peggy Watts/Director, Distance Learning & Continuing Education*	Michelle Forsey*
Dr. Carmel French/Child & Youth Study**	Donna Bourne-Tyson/University Librarian*	Scott MacDonald
Dr. Fred French/Education**	Dr. Carol Hill/Dean, Student Affairs*	Morris Macleod
Dr. David Furrow/Psychology **	Brigitte MacInnes/Registrar*	Dan McKeigan
Dr. Áine Humble/Family Studies & Gerontology		Noella Peach
Dr. Eva Knoll/Education		
Dr. Anne MacCleave/Education		
Dr. Jeff Young/Business & Tourism**		
Prof. Linda Mann/Applied Human Nutrition		
Dr. Andrew Manning/Education		
Dr. Sue McGregor/Education		
Dr. Meredith Ralston/Women's Studies		
Prof. Rod Tilley/Business & Tourism		

*Senator

**Former Senator

APPENDIX 3(A)

MONITORING INSTITUTIONAL QUALITY ASSURANCE POLICIES AND PROCEDURES

1. Objective

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

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

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

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

2. Focus

The monitoring function focuses on three elements:

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

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

3. Scope

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

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

4. Cycle

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

5. A Quality Assurance Monitoring Committee

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

6. Process and Outcomes

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

The quality assurance monitoring process includes the following steps:

Step 1 Initial meeting

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

Step 2 Institutional Quality Assurance Report

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

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

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

Step 3 Analysis of all pertinent documentation

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

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

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

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

5. The complete dossier of these assessments.

Step 4 On-site visit

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

Step 5 Report

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

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

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

Step 6 Institutional response

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

7. Review of the MPHEC Monitoring Process

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

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

APPENDIX 3(b)

GUIDELINES FOR INSTITUTIONAL QUALITY ASSURANCE POLICIES

I PURPOSE OF THE GUIDELINES

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

II FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

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

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

III OBJECTIVE OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

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

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

IV COMPONENTS OF AN INSTITUTIONAL QUALITY ASSURANCE POLICY

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

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

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

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

V KEY ASSESSMENT CRITERIA

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

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

APPENDIX 3(c)

ASSESSMENT CRITERIA FOR THE MPHEC MONITORING PROCESS

I INTRODUCTION

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

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

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

II ASSESSMENT CRITERIA

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

4. Policy components

- 4.1 Assessment criteria are defined and are appropriate (to include the adequacy of financial, human and physical resources).
- 4.2 General guidelines for the program/unit self-study are established and are appropriate.
- 4.3 The external review process is objective including clearly defined generic terms of reference for, and selection process for, experts.
- 4.4 Procedures allowing for the participation of students, faculty members, staff and the community-at-large are established.
- 4.5 (If the policy focuses on units) Mechanism(s) to assess interdisciplinary programs, typically not examined when a policy focuses on units, exist and are appropriate.
- 4.6 Linkages between program assessment and accreditation requirements are identified.
- 4.7 Schedule of program/unit assessment is appropriate.
- 4.8 Procedures to review the policy itself are identified, including procedures to seek/include stakeholder input.

5. Policy implementation (assessment practices)

- 5.1 Program/unit self-studies address the institution's assessment criteria.
- 5.2 Program/unit self-studies include a component that is student-centered, as they aim, among other things, to assess the quality of learning.
- 5.3 Students, faculty members, staff and the community-at-large participate in the assessment process.
- 5.4 External review process is objective; experts selected during the peer review process have the appropriate expertise.
- 5.5 Policy and procedures monitor the continuing relevance of the program.
- 5.6 Schedule of reviews is adhered to, or modifications to schedules can be reasonably explained or justified.
- 5.7 Required follow-up action is undertaken.
- 5.8 Policy is subject to regular review (and the review process includes procedures to seek stakeholder input).

6. Policy administration

- 6.1 Coordinating or administrative unit identified as the lead is appropriate.
- 6.2 Effective support has been offered to programs and units under review.
- 6.3 Appropriate follow-up mechanisms are in place and are functioning appropriately.
- 6.4 Assessment results have been appropriately disseminated.
- 6.5 The process informs decision-making.

APPENDIX 3(d)

GUIDELINES FOR THE PREPARATION

OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

I PURPOSE AND FOCUS OF THE MONITORING PROCESS

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

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

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

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

The monitoring function focuses on three elements:

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

II FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

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

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

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

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

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

III SUGGESTED STRUCTURE AND CONTENT OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

1. Description of the University's Quality Assurance Policies and Procedures
 - 1.1 Brief history of the policy.
 - 1.2 Scope and objectives of the policy.
 - 1.3 Mechanism(s) in place to assess interdisciplinary programs.
 - 1.4 Established assessment cycle schedule.
 - 1.5 Linkage between the policy's objectives:
 - a. program quality improvement;
 - b. the decision-making process within the institution;
 - c. the realization of stated student outcomes; and
 - d. the economic, cultural and social development of the institution's communities.
 - 1.6 Link between the program/unit assessment process and accreditation requirements.
 - 1.7 Assessment criteria.
 - 1.8 Guidelines for the preparation of the program/unit self-study.
 - 1.9 Terms of reference and selection process of external reviewers.
 - 1.10 Procedures to allow for the participation of students, faculty members, staff, graduates, and the community-at-large.
 - 1.11 Procedures/timelines to review the policy itself; including procedures to seek/include stakeholder input on the policy as a whole.
 - 1.12 Any other element the institution believes the Committee must be aware of to proceed with the assessment of the policy.
2. Assessment of the University's Quality Assurance Policies and Procedures
 - 2.1 Policy Objectives
 - a. Extent to which the policy is consistent with the institution's mission and values.
 - b. Extent to which the scope is appropriate.
 - c. Extent to which policy promotes *continuous* quality improvement.
 - d. Appropriateness of assessment criteria.
 - e. Adaptability of self-study guidelines to the varying needs and contexts of individual programs.
 - f. Extent to which established guidelines ensure the external review process remains objective.
 - 2.2 Policy implementation
 - a. Extent to which the program/unit self-studies address the institution's assessment criteria.
 - b. Extent to which the program/unit self-studies are student-centered.
 - c. Extent to which the program/unit self-studies aim to assess the quality of learning.
 - d. Extent to which the policy and procedures monitor the continuing relevance of the program/unit.
 - e. Extent to which the process assesses of the adequacy of human, physical and financial resources.

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

2.3 Policy Administration

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

3. Conclusion

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

Appendices (to institutional report)

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

APPENDIX 3(e)
AAU-MPHEC QUALITY ASSURANCE MONITORING COMMITTEE
TERMS OF REFERENCE

PURPOSE

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

FUNCTION

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

OBJECTIVE OF THE MONITORING FUNCTION

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

MEMBERSHIP

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

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

CHAIR

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

REPORTING STRUCTURE

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

QUORUM

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

COMMITTEE'S SCOPE OF AUTHORITY

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

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

LINK TO THE ASSOCIATION OF ATLANTIC UNIVERSITIES

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

STAFFING

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

POLICY ON CONFLICT OF INTEREST

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

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

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

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

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

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

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

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

Principles for managing conflicts of interests

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

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

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

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

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

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

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