

**Assessment of
Nova Scotia Agricultural College's
Quality Assurance Policies and
Procedures**

September 2009

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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

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

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1. INTRODUCTION

The Maritime Provinces Higher Education Commission's Quality Assurance Monitoring Program was implemented in 1999 in response to the Commission's new mandate, which includes focusing on continuous quality improvement of programs and teaching at post-secondary institutions.

The monitoring process was created to provide assurances to stakeholder groups and the general public that Maritime universities are committed to offering quality programs and have quality assurance policies in place. The specific objective of the monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing programs, and other functions as appropriate, are performing adequately as quality control and quality improvement mechanisms. A key outcome of the process is to provide assistance and advice to institutions on ways to enhance their current quality assurance policy and procedures, reflecting the emergence of best practices in the field.

The Quality Assurance Monitoring Committee, a joint committee of the Association of Atlantic Universities (AAU) and the Maritime Provinces Higher Education Commission (MPHEC), carries out the monitoring function on behalf of the Commission. This Committee was established as a peer review committee whose purpose is to advise and assist the MPHEC in ensuring continuous improvement in the quality of academic programs and of teaching at post-secondary institutions included within its scope by monitoring institutional quality assurance activities. The Monitoring Committee's Terms of Reference can be found under Appendix 3(e).

The Monitoring Committee's main objective is to answer the following two questions while paying particular attention to each institution's mission and values:

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

The monitoring function is made up of the following steps:

- An initial meeting between the university and the Monitoring Committee;
- Submission by the university of its institutional quality assurance report;
- An analysis of all pertinent documentation by the Monitoring Committee;
- A site visit;
- An assessment report prepared by the Monitoring Committee;
- An institutional response;
- Release of assessment report; and
- Submission by the university of a follow-up action plan.

The first phase of the monitoring process is expected to be completed in the coming months.

The Monitoring Committee's assessment report begins with a description of the monitoring process and the activities leading up to this report, followed by an overview of the quality assurance policies and procedures at Nova Scotia Agricultural College. The report concludes by answering the two key questions of the monitoring function.

2. DESCRIPTION OF THE MONITORING PROCESS WITH NOVA SCOTIA AGRICULTURAL COLLEGE

The initial meeting between the Monitoring Committee and Nova Scotia Agricultural College (NSAC) occurred on May 9, 2006. The Monitoring Committee clarified its expectations regarding the monitoring process, timelines, and quality assurance report to be prepared by the University. The Monitoring Committee was represented by Dr. Don Wells, and representing the MPHEC were Dr. Léandre Desjardins, Acting Chief Executive Officer; and Ms. Catherine Stewart, Policy and Research Analyst. NSAC was represented by Tarjei Tennessen, Department Head, Plant & Animal Sciences; Peter Havard, Department Head, Engineering; Steve Russell, Department Head, Business & Social Sciences; Glenn Stratton, Department Head, Environmental Sciences; Dr. Philip Hicks, President; Dr. Leslie MacLaren, Vice-President Academic; and Dr. Bernie MacDonald, Vice President Administration. 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).

NSAC submitted its Institutional Quality Assurance Report on January 15, 2008.

The Monitoring Committee reviewed NSAC's report on February 13, 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 NSAC on March 4, 2008, and finalized the questions/issues to be explored during the site visit.

The site visit occurred on March 27, 2008. Committee members 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 NSAC's senior administration were Dr. Bernie MacDonald, Co-President and Vice President Administration, and Dr. Leslie MacLaren, Co-President and Vice-President Academic. The Monitoring Committee also heard from representatives of Faculty Council, the Curriculum Committee, faculty and student representatives, Department Chairs, the Registrar, the University Librarian, the Director of Enrolment Management, the Manager of Graduate Research Studies, the Dean of Student Services, and the Associate Vice-President Academic of Dalhousie University. The agenda for the site visit is included under Appendix 2. A follow-up visit occurred on June 6, 2008 to further clarify NSAC's quality assurance processes, its new legislation, and its relationship to Dalhousie University. Committee members Dr. Henry Cowan and Dr. Sam Scully (Committee Chair), as well as two members from the MPHEC staff, participated in this meeting. Representing NSAC were Co-Presidents Dr. Bernie MacDonald and Dr. Leslie MacLaren, as well as Ms. Leanne French-Munn, Director of Enrolment Management. A final clarifying meeting took place between MPHEC and NSAC staff on April 28, 2009.

On May 13, 2009, the Monitoring Committee submitted to NSAC a draft of its *Assessment of Nova Scotia Agricultural College's Quality Assurance Policies and Procedures*. NSAC was asked to validate the factual information contained in the document and to provide an initial response. A response was received on June 15, 2009. The Commission approved the report at its September 2009 meeting.

3. OVERVIEW OF NOVA SCOTIA AGRICULTURAL COLLEGE'S QUALITY ASSURANCE POLICIES AND PROCEDURES

Located in Truro, Nova Scotia, the Nova Scotia Agricultural College (NSAC) was formally opened in 1905 to assume and expand the work that for several years had been carried on by the School of Horticulture in Wolfville and the School of Agriculture in Truro, Nova Scotia. NSAC gained degree-granting status in 1982, and graduated its first baccalaureates in 1985 in partnership with Dalhousie University. The College currently operates under the authority of the Agriculture Act of the Legislature of the province of Nova Scotia, and is a part of the Department of Agriculture. On May 27, 2008, the Government passed legislation allowing NSAC to become a separate entity governed by a Board of Directors. Although NSAC has degree-granting authority, all degrees described by NSAC in its report are granted jointly with Dalhousie University. Dalhousie University therefore shares responsibility in quality assurance for these joint degree programs¹.

NSAC has submitted, over the course of the monitoring process, documentation which the Committee found to be unclear, incomplete, or conflicting. While this may reflect the institution's current state of transition, it also speaks to a lack of clarity in the area of quality assurance. The situation compels the Committee to therefore modify its usual approach of summarising the institution's quality assurance policies and procedures based on statements provided in the self-study report, and found to be valid and accurate during the assessment process. In this case, this section of the report records the Committee's own summary and analysis of NSAC's quality assurance activities. To do this, the Committee has relied on information provided in the institution's quality assurance self-study report, in the additional dossiers requested by the Committee, on the NSAC website, and over the course of the two site visits conducted by the Committee and a third meeting between MPHEC and NSAC staff, as well as MPHEC staff research into Dalhousie's procedures (posted on that University's website).

The main quality assurance activity taking place at NSAC is the Dalhousie Senate review of academic programs, which dates back to 1985 and extends over a seven-year cycle. Since 2006, a modified process (not submitted or referenced by NSAC in its Self-Study) has been adopted in which the undergraduate and graduate programs in agriculture are reviewed concurrently; this modification resulted in the merging of (a) the procedures used by Dalhousie's Faculty of Graduate Studies in the review of its graduate programs, and (b) standards normally associated with the reviews of undergraduate programs. At Dalhousie, the Senate reviews Faculties, and Faculties are responsible for program reviews; therefore, the process used to review the B.Sc. and M.Sc. at NSAC differs from established processes at Dalhousie University in several ways. This was the likely source of much confusion during the monitoring process: for example, while NSAC refers to program reviews, its Self-Study provided the Committee with the Dalhousie Senate's policy for the review of faculties. This review was not in keeping with the policy framework identified in NSAC's Self-Study. Through in-depth research and analysis by MPHEC staff, it became clear that other processes, outside of those depicted in the Self-Study, were in place. The above example is provided to help the reader understand the challenge the Committee faced when trying to establish the actual framework in place at NSAC and in ensuring that its recommendations were appropriate and helpful.

¹ In its institutional quality assurance report, NSAC described itself as a single faculty university (serving approximately 800 students) that offers three degrees awarded jointly through the Dalhousie Senate (Bachelor of Science in Agriculture, Bachelor of Technology, and Master of Science), as well as a number of diploma programs, namely: a Diploma in Veterinary Technology; Technology Diplomas in Environmental Horticulture, Plant Science, and Enterprise Management; and an Engineering Diploma. Approved diploma programs are registered with the Nova Scotia Department of Education. NSAC notes that the greatest level of collaboration at the program level occurs within the Master's, with Dalhousie University being somewhat more removed from the undergraduate degree offerings. The degree programs attract approximately 650 students per year, while the diploma programs attract approximately 150 students per year. Through the course of the monitoring process, two other programs not identified in the previously submitted materials or through MPHEC databases were identified: a one-year 30-credit Technology Certificate for teachers which is currently being offered through existing NSAC courses, and an upcoming joint program in International Food Business, which is a four-year Bachelor degree offered by Dronten University of Applied Sciences in the Netherlands where students will study on both campuses but obtain a credential granted by Dronten University only. These programs are noted here as they seem to fall outside the two main categories of programs identified by NSAC in the context of its report and quality assurance framework.

The Dalhousie Senate review process, referred to above, applies to all three degree programs; the Bachelor of Science (Agriculture) and Master of Science (Agriculture) degree programs were under review at the time of the report, while the Bachelor of Technology had not been reviewed, under this or another joint process (Since however, NSAC has informed MPHEC staff that the Canadian Nursery and Landscape Association Certified Horticultural Technician has undertaken a review of the Bachelor of Technology.).

Through the most recent version of its Academic Plan, NSAC devised a Quality Program/Major Review of Other Degree and Technology Programs. At the time of the Committee's site visits (2008), NSAC stated that no degrees other than the three joint degrees listed earlier were in place. The scope of applicability of this process is therefore unclear to the Committee. The process, however, mirrors in several ways the process outlined for the joint NSAC-Dalhousie reviews.

The Committee summarizes the components of each review processes as follows, noting where they differ:

- A review committee is established;
- A self-study is prepared;
- An external review is conducted [the NSAC-specific process further specifies that a site visit is conducted by two external reviewers and input is sought from NSAC administration, staff, students (graduate and undergraduate), representatives of external constituencies, etc.].

In the case of joint NSAC-Dalhousie degrees (B.Sc. and M.Sc. in Agriculture and the B.Tech):

- The final report is submitted to Dalhousie's Senate Academic Priorities and Budget Committee (SAPBC) after NSAC and the Dalhousie Faculties of Graduate Studies and Science have had an opportunity to respond in writing to the report. NSAC, Graduate Studies and Science representatives will also be invited to meet with the SAPBC to discuss the report. The SAPBC then forwards any recommendations requiring action to [the Dalhousie] Senate. Any recommendations by SAPBC arising from the review or related to it will be discussed and voted on by [the Dalhousie] Senate; and
- The Vice-President (Academic & Provost) of Dalhousie University will report to SAPBC as to the status of the recommendations in the Review Committee's report, as well as other recommendations agreed to by Senate which come out of the report, approximately one year to 18 months after the consideration of the report by SAPBC.

In the case of NSAC's "other" (unidentified) degrees (process not implemented)²:

- The Review Committee's final report, along with the external reviewers' reports, is submitted to Dalhousie's Senate Academic Priorities and Budget Committee (SAPBC). Once the report has been accepted by SAPBC, the Vice-President Academic informs the unit concerned, and any other units affected, of needed actions and the date by which these actions shall occur.

² This process is based on the documentation reviewed during the assessment process, in addition to the self-study submitted by NSAC. The Committee noted NSAC's disagreement in its initial response with this representation. However, the Committee is basing its summary on the following provision of the *Agreement Between Dalhousie University and Her Majesty the Queen, for the Nova Scotia Agricultural College and Farm*, dated October 30, 2006:

3.01 The curricula for the Bachelor of Science (Agriculture) program and the Bachelor of Technology program have been approved by the Senate of Dalhousie. All changes to the programs approved by Faculty Council of the College will be reported to the Senate of Dalhousie for information and reference and, as appropriate, the Faculty of Science. Major curriculum changes, *new programs*, and changes in admission requirements related to the degrees will be recommended to the Senate and the Board of Governors of Dalhousie, in accordance with prevailing practice at Dalhousie, for approval before implementation by The College (emphasis added).

3.04 The non-degree programs of The College will continue to be the sole responsibility of The College and such diplomas will continue to bear the signature of the authorized administrative officers of The College.

- NSAC's Vice-President Academic submits a report to Dalhousie's SAPBC on the status of the recommendations contained in the report and any motions arising from or related to that report that were adopted by Senate, usually within a year to 18 months after the report has been submitted to Senate.
- SAPBC can make recommendations concerning action recommended in the status report and shall report annually to Senate on the status of Faculty Reviews.

In the case of technology diploma programs (process not implemented):

- The Review Committee's final report, along with the external reviewers' reports, is submitted to the Vice-President Academic. The President, the Vice-President Academic, Department Head(s), and members of the Review Committee meet to discuss the report. Once the report is accepted by the Vice-President Academic and the President, the Vice-President Academic informs the unit concerned, and any other units affected, of actions required and the date by which these actions shall occur.

In 2007, the B.Sc. and M.Sc. programs were the first to undergo reviews under the (modified 2006) joint NSAC-Dalhousie framework. The documentation related to this review was submitted by NSAC in March 2008 upon MPHEC request. The review process appears not to have progressed since that time. Therefore, the Committee was unable to examine its results and follow-ups, and notes that the timelines have not been respected.

It is unclear to the Committee whether the NSAC-specific framework, as it pertains to degree programs, has been agreed to by Dalhousie University. It is also unclear how the proposed process will work if the partner institution is not Dalhousie University. Furthermore, none of the documents submitted by NSAC to the MPHEC suggest that any *academic* programs have been reviewed under this framework. The Bachelor of Technology has not been reviewed since its implementation through either process. In April 2009, NSAC stated verbally that it is undertaking a review of the Plant Diploma Programs using these procedures. An external review of technical programs was conducted in 1999, but its focus seemed to be on the management of these programs as opposed to the curriculum. No policy framework underpinning this process was made available.

The Bachelor of Science in Agriculture is also accredited by the Agricultural Institute of Canada/l'Ordre des Agronomes du Québec (AIC/OAQ). The AIC/OAQ accreditation process is conducted every five years. It aims to improve the quality of programs with a focus on learning outcomes, and requires the preparation of a self-study by the unit under review. It requires input from students, faculty, administrators, staff, employers, alumni, members of the Provincial Institute, and other interested parties; it includes a communication strategy to announce and promote the results of a review by issuing press releases, promoting results in campus and local newspapers and copying the results to the Provincial Institutes of Agrologists. NSAC's administration has stated that the Dalhousie program review process was complementary to the accreditation process, with minimal redundancy, with perhaps the exception of having two different teams of external experts conducting site visits. It was also noted that having the two reviews conducted fairly close to one another facilitated the reduction of duplication.

NSAC states in its quality assurance report that the recent series of reviews conducted jointly by Dalhousie and NSAC for the B.Sc. and M.Sc. programs examine all aspects of the institution's operations, both academic and non-academic. However, a cursory examination of the Dalhousie Senate report of the program reviews (2007) demonstrates that while brief observations were made regarding certain aspects of NSAC such as its physical infrastructure, reputation among external community and stakeholders, international linkages, and relationship with Dalhousie University, the review did not appear to extend to non-academic services such as student services, Registrar's Office, IT services, etc.

The Committee notes, however, that the Library has been reviewed, following a process similar to the process outlined in NSAC's Academic Plan for the technology diploma programs. While the policy framework underlying its process was not identified in the documentation submitted by NSAC (other than a specific Terms of Reference), the process appears to have followed the main characteristics of quality assurance reviews: self-study, external review by two experts, reporting, and follow-up.

NSAC recently stated that it is conducting a review of student services (including residence, computers, parking, etc.), through the Enrollment Management Group, that is using Terms of Reference adapted from the Library Review. Neither this review, nor its policy framework, was examined in the context of the monitoring process, however, since the Committee was only informed of this review in April 2009.

NSAC also states in its report that its Academic Planning Committee developed an annual review process in response to the Academic Plan, which was approved by NSAC Senior Management Committee in 2004 (updated in 2006 and 2007). This Plan was established to outline the procedures by which the Academic Planning Committee monitors academic program offerings and to ensure processes were in place for technical program reviews, in addition to the degree program reviews already conducted by Dalhousie. The purpose of the annual reviews is to identify constraints or weaknesses in program implementation so that they may be addressed rapidly, as well as to optimize enrolments. The Academic Plan is intricately linked to recruitment and enrolment management. The NSAC annual review is meant to identify issues to monitor over time or to flag the need for a full review of a specific program, and it applies to all programs. It is used to support and complement NSAC's institutional Strategic Plan. NSAC's first-ever annual review of all its academic programs under this framework was conducted by the Academic Planning Committee in January 2007. The Committee remains uncertain about the contribution this process will make to the ongoing, longer-term quality assurance framework as it could easily focus on management-related issues (limiting very small classes for example), rather than the curriculum or the student, for example.

4. ASSESSMENT OF NOVA SCOTIA AGRICULTURAL COLLEGE'S QUALITY ASSURANCE POLICIES AND PROCEDURES

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

NSAC conducts a myriad of activities related in varying degrees to quality assurance. However, it does not have a quality assurance policy *per se*, and as described in Section 3 of this report, its coverage varies from program to program, from the Bachelor of Technology not having been reviewed to the B.Sc. in Agriculture having been reviewed through both an accreditation process and a complementary joint Dalhousie-NSAC process. The Committee acknowledges the fact that NSAC must review its degree programs in partnership with Dalhousie University, which adds another layer of complexity to its approach to quality assurance. Nonetheless, the Committee believes that NSAC must clarify and document how it ensures the quality of its offerings.

4.2 *Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?*

As noted above, NSAC does not have a quality assurance policy *per se*. Based on the documentation reviewed by the Committee, the B.Sc. and the M.Sc. programs are subject to reviews by the Dalhousie Senate on a seven-year cycle, and the B.Sc. is also subject to an accreditation review by the Agricultural Institute of Canada. NSAC's Academic Plan describes a process through which other degree programs and technology diploma programs are to be reviewed (not yet implemented), and it also documents other initiatives related to quality assurance, such as: student course evaluations, participation in surveys designed to collect data on a number of student outcomes (such as CUSC), and annual reporting by each program, all of which the Monitoring Committee notes are likely to positively contribute to institutional quality assurance.

The joint NSAC-Dalhousie review of NSAC's degree programs in Agriculture, underpinned by the process defined in the *Dalhousie University Procedures and Terms of Reference for the Senate and Graduate Studies Review Committee of the NSAC*, includes a number of elements deemed essential to a successful quality assurance policy (review committee, self-study, external review, final reports, requirements for follow-up, etc.).

The AIC/OAQ accreditation process, as it applies to NSAC's B.Sc. in Agriculture, also includes many elements of a successful quality assurance policy, and in particular a focus on student outcomes. The process devised, but not yet implemented, by NSAC (in its Academic Plan) for the review of other degree programs and for technology diplomas seems to include most of the elements of a successful quality assurance policy as well (self-study, external review, requirements for follow-up, etc.). NSAC also sees as relevant here the recently implemented annual review of all NSAC programs, although the Committee considers this process to be primarily linked to recruitment and enrollment management rather than quality assurance and improvement.

The above describes several quality assurance activities, which the Committee notes do not seem connected to one another or to other decision-making processes within the institution.

The Monitoring Committee strongly believes that the absence of a formal, comprehensive quality assurance policy, particularly in NSAC's environment, creates confusion within the institution and for external observers. The Committee thus aims to assist NSAC in establishing a quality assurance policy of its own with the suggestions detailed in the recommendation below. The Committee believes these will be particularly useful as NSAC transitions into an autonomous institution.

The Monitoring Committee recommends that NSAC:

1. Create a comprehensive institutional quality assurance policy; and
2. Promptly implement the policy

4.2.1 Create a comprehensive institutional quality assurance policy

A policy, or framework, that clearly documents the means by which the various review processes and other quality assurance measures contribute to quality assurance is essential to ensure effective, reliable and timely program reviews, and other related quality assurance processes. It connects all quality assurance activities, whether devised within the policy itself or embedded in other documents (such as an institution's academic plan or within another institution's quality assurance policy framework), and thereby includes existing policies, so as to reduce redundancy, while at the same time incorporating new procedures as required to ensure that the approach is comprehensive. A well-developed quality assurance policy reduces the need for *ad hoc* procedures/Terms of Reference just as clear and public statements about process and policy are necessary to treat all reviews equally. Such a document would eliminate much of the ambiguity and confusion the Committee witnessed in this area.

The Monitoring Committee therefore recommends that NSAC develop a quality assurance policy to articulate in a *single document* its values, goals, and objectives in the area of quality assurance as well as all the activities that enable it to meet these goals and objectives. Such a policy will help to ensure a common terminology to support quality assurance, and that activities related to quality assurance are carried out consistently and as intended across programs/units and over time.

This **policy should reflect NSAC's mission, values and program offerings**. It should begin by describing the various programs and units at NSAC, **and the process(es) used to review each**, identifying the elements common to all and describing where and why they differ. This would include the specifics of every program offered and/or degree granted jointly, whether through Dalhousie or other institutions. While processes may differ to reflect the differences of programs, the policy should identify the main steps in each review process, including the composition of review committees and external review teams and their Terms of Reference.

The **policy should cover all academic and non-academic units**. A successful quality assurance policy should apply to the full spectrum of a student's university experience. The Committee notes that NSAC has already reviewed the Library, and that, at the time of writing this report, it had indicated that it is in the process of conducting a review of all student services. Both represent very valuable steps towards a comprehensive approach to quality assurance; however, these must be documented and articulated within a larger quality assurance framework.

The policy should describe **NSAC's internal governance structure and procedures**, as well as each player's (Vice-President Academic, Department Heads, Faculty Council, Academic Planning Committee, Senior Management Committee, *etc.*) roles and responsibilities overall, and in the area of quality as further described below.

The policy should include **a description of the relationship between Dalhousie and NSAC in general, and more specifically as it pertains to quality assurance, along with the lines of accountability, responsibility, and communication defined for each of the major components.** This should be followed by a description of the various existing review processes (*e.g.* joint program reviews carried out by Dalhousie Senate). The intention is not to duplicate information already housed elsewhere (*e.g.* Dalhousie policies). The relevant Dalhousie policies and procedures under which specific NSAC programs are reviewed should be appended, as would be other relevant policies (*e.g.* accreditation review policies), guidelines, and Terms of Reference, and the body of the policy should clearly reference where relevant information can be found within the appendices (*i.e.* exact sections of policies). The Committee understands that the process devised in 2006, and used for the first time in the 2007 Dalhousie-NSAC review of the Master's and the Bachelor's programs in Agriculture, was deemed by NSAC to be less than successful given that it has not yet been completed. While the Committee is not aware of the details of the process in its later stages, it concurs that long, protracted reviews rarely lead to significant quality improvements and that delays in concluding the process too often lead to disengagement and cynicism on the part of those undergoing the process.

As a result, over the course of the monitoring process, NSAC has proposed two different options for changes to this process. NSAC first proposed, in a draft document submitted to Dalhousie, that it could conduct the review of the undergraduate programs much as a Faculty within Dalhousie would. Then in a conversation held at the time of writing this report, NSAC suggested an alternative whereby its undergraduate programs could be reviewed by a Faculty at Dalhousie. The Committee, respectful of the autonomy of both institutions, offers no comment on either of these mechanisms. The Committee stresses, however, that a process must be documented and implemented, with a view to ensuring a timely completion to any review, in addition to ensuring the ongoing quality improvements of the programs.

The Committee highlights that **clear lines of communication** are essential to the successful implementation of a policy on quality assurance. This is particularly true in the case of NSAC where there are multiple players across two institutions. A clear institutional policy will certainly enhance communications and clarify expectations. The Committee also recommends that, in collaboration with Dalhousie, NSAC identify or establish, as required, formal mechanisms to improve the flow of information and communication between the two institutions. These will help to ensure that timelines are adhered to and any gaps in program reviews are quickly identified and addressed.

The Committee stresses the importance of **the timeliness of quality assurance processes.** It notes that the reviews at NSAC have at times been *ad hoc*, or on a cycle that extends beyond eight years. In the most recent instance, the review process, which is still underway, has now extended well beyond two years, which, in the Committee's view, is too long. The Committee strongly believes that regular (that is, ideally every five years, and not exceeding seven years) and timely (that is, ideally completed in a twelve-month timeframe and not exceeding sixteen months) reviews constitute the only possible approach to credible and viable quality improvements. The Committee also stresses that the identification of (and adherence to) a review schedule of all units/programs/services will also address the gaps whereby certain programs have never been reviewed (*i.e.* the Bachelor of Technology).

The Committee stresses that ongoing monitoring of programs or course enrolments do not constitute substitutes for a comprehensive review process. The Committee further notes that *ad hoc* reviews tend to be reactive and issue-driven rather than proactive. The academic integrity of a program is dependent on cyclical reviews in order to understand the 'big picture'. NSAC's diploma programs have not undergone such systematic program reviews.

The policy must also:

- **Define the assessment criteria against which a unit/program/service under review will be measured.** Criteria that are known and understood by faculty, staff, students, and senior administration alike, provide for an effective review process.
- **Delineate the roles and responsibilities of each player,** from individual positions to any committee involved in the process. A successful quality assurance process requires that it be supported at all levels within the institution (from the President, to the Vice-President Academic, to faculty, to students) and at each stage in the process (from overall promotion of quality assurance to the selection of external reviewers, to the preparation of the self-study, to follow-up), while maintaining the key role played by the Vice-President Academic in terms of overseeing quality assurance at the institution.
- **Include student membership on the Academic Planning Committee,** NSAC's main academic oversight body. As noted earlier, a successful quality assurance policy should apply to the full spectrum of a student's university experience; ensuring students' full participation in the review process is an important step in that direction. In addition to providing valuable input, their presence reminds faculty and administration that students are central to their mission.
- **Identify the links between the various review processes and the decision-making process.** The results from reviews should inform decision-making, in particular that related to budgeting and the improvement of programs and services.
- **Articulate how accreditation processes complement NSAC's quality assurance framework.** The Committee stresses strongly that no accreditation process can replace an institution's quality assurance mechanism, nor should it be duplicated. The Committee notes that NSAC did indicate that the two most recent accreditation and review processes of the B.Sc. were complementary, with minimal redundancy.
- **Document the follow-up process,** including clearly defined timelines and a requirement for regular reporting and follow-up on progress made in meeting the recommendations in the two years following a review.
- **Incorporate a provision to evaluate the policy itself** at the end of each cycle, the results of which should be tabled with the Vice-President Academic and other relevant partners as appropriate. This will help to ensure the policy's continued relevancy.
- **Define a communication strategy that informs the NSAC community, government, and the general public that NSAC is committed to continuous quality improvements and providing quality in all its programs and services to its students,** thus increasing the credibility of the quality of programs at NSAC. Significant changes brought about by any review should be clearly identified, documented and publicised.

The Committee stresses the importance and the urgency for NSAC to create and implement the policy described in the preceding pages, and notes that the transition context at NSAC is ideal in terms of developing and implementing such a policy. The Committee understands that the transition NSAC is undergoing requires the institution to review large components of its policy framework. In addition to these unique circumstances, NSAC has many quality assurance-related activities already implemented upon which to build the policy. The Committee would expect that the formalization of a comprehensive policy in the area of quality assurance will lead to a more streamlined approach than is currently the case, with greater benefit.

4.2.2 Promptly implement the policy

As mentioned earlier, NSAC's Bachelor of Technology degree program has not been subject to a program review since its inception, nor have the diploma programs been reviewed on a cyclical schedule with an academic focus. The Committee considers that a prompt implementation of NSAC's quality assurance policy is an essential element for the institution to maintain its credibility within the university community and the community at large in this context of significant transition.

To support a swift implementation, the Committee recommends that NSAC focus on activities that foster the development of a culture supportive of continuous quality improvements, a responsibility that could be viewed as an opportunity to express the mission and values of NSAC while it undergoes its transformation to an autonomous institution. This can be achieved by establishing a firm schedule for the academic reviews of the Bachelor of Technology and the diploma programs, followed by reviews of all other programs and services, as detailed earlier. It is essential that the schedule be adhered to, and that any changes brought about by a review (whether done by the University or an accrediting body) be clearly identified, documented, and publicised.

An effective way to foster the development of a culture supportive of quality while building faculty/staff support is to ensure that the process remains transparent and accountable. Another way is to document very clearly the links between quality reviews and decision-making at NSAC. Much of the Committee's specific recommendations in the previous section will support this development.

5. SUMMARY OF RECOMMENDATIONS

Recommendation 1: Create a comprehensive institutional quality assurance policy

This policy should:

- Clearly document and articulate the means by which the various review processes and other quality assurance measures contribute to quality assurance.
- Reflect NSAC's mission, values, and program offerings by describing the various programs and units at NSAC and the process(es) used to review each.
- Cover all academic and non-academic units, and apply to the whole spectrum of a student's university experience and ensure student representation on the Academic Planning Committee, NSAC's main academic oversight body.
- Describe NSAC's internal governance structure and procedures, as well as each player's roles and responsibilities in the area of quality.
- Describe the relationship between Dalhousie and NSAC in general, and more specifically as it pertains to quality assurance, along with the lines of accountability, responsibility, and communication defined for each of the major components.
- Ensure regular (that is, ideally every five years, and not exceeding seven years) and timely (that is, ideally completed in a twelve-month timeframe and not exceeding sixteen months) reviews.
- Clearly define the assessment criteria against which a unit/program/service under review is measured.
- Identify the links between the various review processes and the decision-making process.
- Document the follow-up process, including clearly defined timelines and a requirement for regular reporting and follow-up on progress made in meeting the recommendations in the two years following a review.
- Incorporate a provision to evaluate the policy itself at the end of each cycle.
- Enhance communications and clarify expectations by identifying and establishing, as required, formal mechanisms to improve the flow of information and communication between the two institutions.
- Define a communication strategy that informs the NSAC community, government, and the general public that NSAC is committed to continuous quality improvements and providing quality in all its programs and services to its students. Significant changes brought about by any review should be clearly identified, documented, and publicized.

Recommendation 2: Promptly implement the policy

Possible ways to achieve this include:

- Focusing on activities that foster the development of a culture supportive of continuous quality improvements.

- Ensuring that the process remains transparent and accountable.
- Establishing, and adhering to, a firm schedule for the academic reviews of the Bachelor of Technology and the diploma programs, followed by the review of all other programs and services.

6. CONCLUSION

The Nova Scotia Agricultural College is undergoing a significant transition in governance structure, which presents the institution with a context rich in opportunities for change and improvement. While NSAC has devised quality assurance-related processes and has undertaken or participated in various reviews, the fact is that these activities appear disconnected from one another, with no clear link to decision-making processes, and without documentation to provide a backdrop and a frame of reference. Furthermore, the coverage of its current practices is uneven, with some programs having been both reviewed and accredited through distinct processes and others having not been reviewed at all. Other reviews are conducted through *ad hoc* processes. This context is at best ambiguous, and the transition in governance presents the potential to compound this. A comprehensive and distinct policy would eliminate these gaps in coverage while providing for standardization in approach. The Committee did note that NSAC has a community that supports the concept of quality assurance and of regular reviews, a foundation upon which to build its Quality Assurance program. The Committee urges NSAC to use this transition period to articulate both its vision and activities to foster a greater sense of clarity and purpose in the area of quality assurance. The Committee formulated its recommendations and suggestions to help the College address this need.

APPENDIX 1 INSTITUTIONAL RESPONSE



**Nova Scotia
Agricultural
College**

President's Office

P.O. Box 550
Truro, Nova Scotia
Canada B2N 5E3
Ph: 902-893-6720
Fx: 902-897-9399
nsac.ca

June 12, 2009

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

Dear Sam:

Thank you for the draft document "Assessment of Nova Scotia Agricultural College's Quality Assurance Policies and Procedures", May 2009. We extend our thanks to the Monitoring Committee for their visits to our campus, and for the opportunity to present our quality assurance approaches. As a small university focused in a disciplinary sense much like a faculty at a larger institution, NSAC presents both challenges and opportunities that larger institutions do not have. We appreciate the willingness of the committee to work with us to define our next steps in the improvement of program quality assurance.

The following are some comments on parts of the report where clarification is needed:

P. 7: End of Paragraph 3: Joint NSAC-Dalhousie Degrees

The terms of reference for review of the joint NSAC-Dalhousie B.Sc.(Agr.) and M.Sc. degrees were modified in 2006 jointly by the NSAC VP Academic and Dalhousie Associate VP Academic, with the approval of Dalhousie Senate. The NSAC 2007 Academic Plan did not indicate the change. The revised Terms were appended to the Dalhousie University Senate Review document as Appendix E.

We apologize for the confusion caused by not outlining this change clearly in our self-study submission to MPHEC.

P. 8: Paragraph 2: "...the Bachelor of Technology has never been reviewed...."

This is correct, as the program officially started only in 2003-4. The five-year review would normally be scheduled for 2008-9. The review was delayed in recognition that the number of graduates (total since program established is 9) were insufficient to effectively evaluate the academic quality of the program. An accreditation assessment was performed in 2008-9 as part of the process of integrating the Canadian Nursery and Landscape Association Certified Horticultural Technician designation into the program.

P. 8: Section beginning: "In the case of NSAC's "other" (unidentified) degrees"

This section of 3 points should be removed. Dalhousie would not be involved in these reviews.

P.9: top: "In the case of technology diploma programs (Process not implemented):"

This section should be re-headed: "In the case of technology diploma programs, and other degree programs developed by NSAC that are not joint with Dalhousie University". This change would more accurately describe the process as intended, although as the Committee notes, there are no other degree programs to which it would apply at the current time. The reference to other degrees was added to ensure that if NSAC embarked in offering a degree on its own, or with another partner, there would be a default process in place for review.

Similarly, since Dalhousie would not be involved in these reviews, it appears that paragraph 3 on page 9, beginning with "It is unclear to the Committee...." may need to be changed to reflect that Dalhousie agreement is not needed.

Although there are several diploma programs, they change so significantly before a five-year period elapses that formal quality assurance reviews have not been carried out since the process was established in 2004. The only programs in existence for more than five years since prior review and the policy was established are the Plant Science Technology and Environmental Horticulture Technology programs, both of which are currently under review as part of the plant programs review referred to on page 9.

The following is our response to the recommendations of the Committee:

- Recommendation 1: Create a comprehensive institutional quality assurance policy
 - NSAC agrees with the recommendation that the Quality Assurance framework be separated from the Academic Plan. The items as listed on pages 13 and 14 will be used to guide the policy.
 - Diploma programs change more frequently than degree programs, and it is clear that we need to re-think our diploma review process in light of this. While the resulting process will necessarily consider academic quality and require external input, it may be restructured to also include considerations of currency and industry needs.

- o NSAC agrees that confusion is evident in terms of where NSAC fits into the Dalhousie system of review, with the Senate reviewing Faculties and Faculties being responsible for program review. A proposal to reconcile the needs for program review has been drafted, and the NSAC Vice President Academic is in regular contact with Vice-President (Academic and Provost) of Dalhousie University to reconcile the process.
- o We agree that student involvement in the quality assurance process is critical. A student representative was added to Academic Planning Committee in 2008. Students have always been represented on the Curriculum Committee, Honours and Awards Committee (administers scholarships) and Graduate Program Committees of Faculty Council, as well as on Faculty Council itself.
- Recommendation 2: Promptly implement the policy
 - o A schedule of reviews will be developed and implemented, including the Bachelor of Technology program and diploma programs.
 - o As identified in the report, NSAC has a culture that supports continuous improvement of academic issues, with a student centred view. There has been a history of transparency, given that NSAC is a small institution with faculty and staff very involved in all aspects of the academic process (Faculty Council is a Committee of the Whole). These aspects will continue to be emphasized.

NSAC takes academic quality assurance very seriously, as indicated in our Strategic Plan 2008-2013: Renewing our Commitment, where we identify “Fostering Academic and Research Excellence” as a priority. As a small and collegial institution, we have understood within the institution our processes for both review and follow-up responsibilities, and I believe have been reasonably diligent in monitoring our programs to ensure our students experience the best programs possible. However the comments made during this review process and in the draft assessment document make it evident that NSAC needs to more clearly document and articulate our quality assurance review mechanisms for our stakeholders.

Thank you for the opportunity to respond to the Committee’s draft document.

Sincerely,



Leslie A. MacLaren
Co-President, Vice President Academic

CC. M. Duguay, CEO, MPHEC
B. MacDonald, Co-President, VP Administration, NSAC

Appendix 2

SITE VISIT AGENDA AND PARTICIPANTS

MPHEC

Site Visit Itinerary

Thursday, March 27, 2008

NSAC Campus, 62 Cumming Drive
Cumming Hall, President's Boardroom

- 8:00 am Wayne Paquet, Registrar
 - 8:30 am Breakfast meeting with student union/grad students (NAGS) - Jenkins Lounge
 - 9:30 am Dr. Leslie MacLaren, Dr. Larry Maloney, Dalhousie and Leanne French-Munn meet with MPHEC Site Visit Team- Cumming Hall PBR
 - 10:00 am Jill Rogers, Manager, Graduate Research Office
 - 10:15 am Meet with Department Chairs (4 academic departments)- Cumming Hall
 - 11:00 am Dr. Kirsti Rouvinen-Watt, Professor in Plant & Animal Sciences, Prof. Kevin Sibley, Professor in the Engineering Dept. and Debbie Mellish, Technician, Environmental Sciences
 - 11:30 am Judy Smith; Dean, Student Services and Brian Crouse, Enrollment Management
 - 12 noon Lunch break (bring in lunch to PBR)
 - 1:00 pm Library Tour
 - 1:30 pm Meet with NSAC students- Cobequid Boardroom
- Remainder of meetings in Cumming Hall, President's Boardroom
- 2:15 pm Prof. Lauranne Sanderson, Business & Soc. Sc. faculty member and Prof. John Stackhouse, Business & Soc. Sc, faculty member,
 - 2:45 pm Dr. Bruce Gray, Environmental Sciences faculty member and representative of Curriculum Committee and Dr. Raj Lada, Plant & Animal Sciences faculty member and Faculty Council President.
 - 3: 15 pm Meet with Dr. Leslie MacLaren

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.