Assessment of
Nova Scotia College of Art and Design's
Quality Assurance Policies and Procedures

July 2008

Assessment of
Nova Scotia College of Art and Design's
Quality Assurance Policies and Procedures

July 2008

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

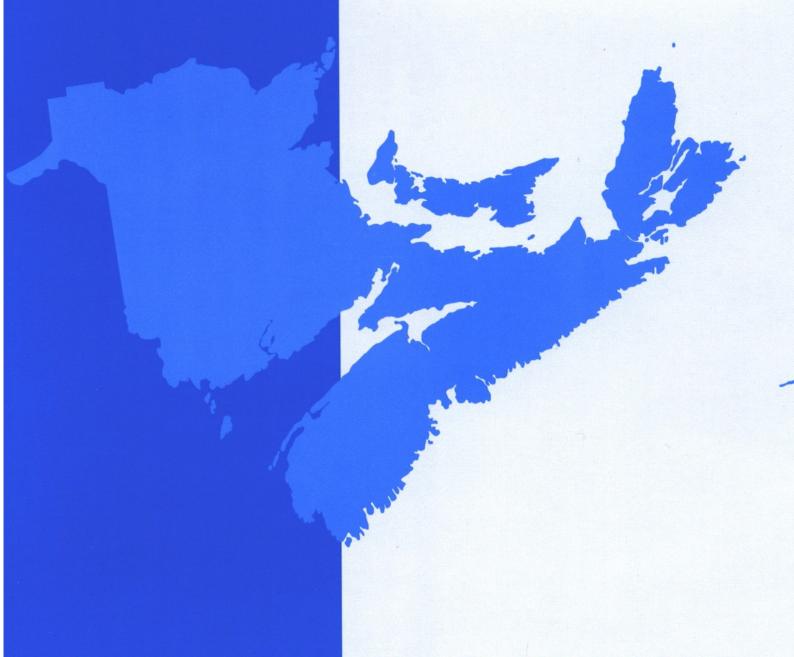# TABLE OF CONTENTS

1. INTRODUCTION

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

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

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

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

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

The monitoring function is made up of the following steps:

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

The monitoring process has been completed at the following universities: Acadia University, Université Sainte-Anne, Université de Moncton, University of New Brunswick, Mount Allison University, St. Thomas University and Dalhousie University. The remaining universities on the Commission's schedule are currently undergoing the process.

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

2. DESCRIPTION OF THE MONITORING PROCESS WITH THE NOVA SCOTIA COLLEGE OF ART AND DESIGN

The initial meeting between the Monitoring Committee and the Nova Scotia College of Art and Design (NSCAD) occurred on May 3, 2006. The Monitoring Committee clarified its expectations regarding the monitoring process, timelines, and quality assurance report to be prepared by the University. The Monitoring Committee was represented by Dr. Léandre Desjardins, Acting CEO of the MPHEC, Ms. Catherine Stewart, Policy and Research Analyst at the MPHEC, and Dr. Henry Cowan, a member of the Committee. Dr. Kenn Honeychurch, Senior Vice-President Academic Affairs and Research represented NSCAD. The institution received a copy of the *Assessment Criteria for the MPHEC Monitoring Process* and the *Guidelines for the Preparation of the Institutional Quality Assurance Report*. These two documents can be found under Appendix 3(c) and 3(d).

On March 28, 2007, the Monitoring Committee reviewed the Quality Assurance Report submitted by NSCAD on February 28, 2007. The Committee identified the program assessments for which it would like to receive a complete dossier. On April 25, 2007, Dr. Sam Scully, Committee Chair, and Ms. Mireille Duguay, Chief Executive Officer of the MPHEC, met with Dr. Kenn Honeychurch to clarify components of NSCAD's Quality Assurance Report. On September 21, 2007, the Committee reviewed the dossiers submitted by NSCAD and finalized the questions/issues to be explored during the site visit.

The site visit occurred on November 14, 2007. Committee Chair, Dr. Sam Scully, and Committee members, Mr. Bernard Nadeau, Professor Ivan Dowling, Dr. Don Wells and Dr. Henry Cowan were present, as well as two members from the MPHEC staff. Representing NSCAD's senior administration were Professor David B. Smith, President, and Dr. Kenn Honeychurch, Senior Vice-President Academic Affairs and Research. The Monitoring Committee also heard from Division Chairs, faculty and student representatives, the Registrar, the Coordinator of Academic Programs and the Director of Visual Resource Collection. The agenda for the site visit is included under Appendix 2.

On March 31, 2008, the Monitoring Committee submitted to NSCAD a draft of its *Assessment Report of NSCAD'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 May 5, 2008. The Commission approved the report at its June 23, 2008 meeting.

The Monitoring Committee would like to extend its gratitude to NSCAD for being responsive and cooperative throughout the entire process.

3.   OVERVIEW OF THE NOVA SCOTIA COLLEGE OF ART AND DESIGN'S QUALITY ASSURANCE POLICIES AND PROCEDURES

Founded in 1887, NSCAD is a university of visual arts, singularly dedicated to the pursuit of excellence in the training of professional practitioners, in the conducting of research and in the production of works of art in all media. It offers a comprehensive range of graduate and undergraduate degrees in fine arts and design. In 2007, it had upwards of 600 full-time students and over 350 part-time students.

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

In 1996, NSCAD adopted a Program Review Process including the establishment of a Program Review Committee which has the responsibility of overseeing the Program Review Process as approved by Academic Council and the Board of Governors. The Office of Academic Affairs and Administration co-ordinates and supports the process.

Program review process

The purpose of the program review process is to ascertain the calibre of programs and to determine whether programs are meeting their own, the University's and the community's objectives. The objectives of NSCAD's review process are to:

•   improve and update academic programs as required; and
•   provide information for future planning including consideration of decision-making processes.

All academic programs are reviewed through the home Division. As for interdisciplinary programs, these can undergo a program-based review rather than an area-based review, as is the case for graduate programs, which may be housed in more than one Division. Any program review with an accreditation requirement typically focuses on program content, resources, and organization while reviews of programs primarily delivered by a specific Division are considerably broader in scope.

The program review process consists of five stages:

Formation of the Program Review Committee: In September of a review year, the Academic Program Committee of the Faculty Council announces the program being reviewed for the year and appoints three faculty members to the Program Review Committee.

Self-study by program/departments: The Program Review Committee sets the guidelines for a self-study by program faculty and/or departments delivering programs. The self-study guidelines draw on the general review criteria adopted by the College, but may also include specific elements relevant to the program being reviewed. The Program Review Committee establishes a Self-Study Committee to prepare the self-study. The self-study is expected to provide a balanced picture of the performance of the program or Division and include an assessment of the current state of the program, an analysis of its strengths and weakness and a consideration of anticipated future programming development.

External study: The external review is based on a site visit, which typically last two days, and the analysis of pertinent information (i.e., self-study report, university calendar and additional program information which may not have been included in the self-study). The external review is to be conducted by at least two external reviewers who are expected to meet faculty, students and staff and to submit to the Program Review Committee their individual reports within one month of the end of the site visit.

Report of Program Review Committee: The Program Review Committee evaluates all documentation (including the self-study, and the report of the external reviewers) and prepares a report indicating conclusions and recommendations for the program(s) under review. Specific recommendations for action are expected to be articulated clearly and must include suggested timelines for implementation. The Program Review Committee forwards a copy of the report to the Chair of Academic Council, the Vice-President Academic Affairs and Research, the President, and the President of the Student Union.

Implementation of the Program Review Committee report: Each September, for three years following the review, (or for longer if required by Academic Program Committee of the Faculty Council), directors or heads of the programs report to the Academic Program Committee of the Faculty Council on the actions they have taken to implement the recommendations of the Program Review Committee.

For the purpose of program reviews, there are three grouping of programs – Fine arts and craft programs, Design programs and other arts programs. The review cycle is every 10 years; new programs have to be reviewed after two years and then are placed in the institutional cycle.

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

4.   ASSESSMENT OF THE NOVA SCOTIA COLLEGE OF ART AND DESIGN'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 its review of the institutional report and selected assessment dossiers, the Monitoring Committee notes that NSCAD appears to be following its own quality assurance policy. Specifically, NSCAD, since the implementation of its policy in 1996, has undertaken reviews of its programs, and these reviews have included preparation of a self-study, an external review (with at least two experts external to the institution) and site visit, student and faculty input, final report with recommendations, and a follow-up process to the report.

The Committee identified two areas where there is a shortfall between the policy and its implementation, and this relates to the review of new programs and the timeliness of the process.

While the Monitoring Committee understands that NSCAD has faced a number of challenges in the past few years as it reorganised and expanded its campus, the unfortunate results were considerable delays to the program review process and a decision to place a moratorium on the review of new programs two years after implementation.

Although the Monitoring Committee appreciates the amount of resources required for the expansion, it believes that program review should always remain front and center and is therefore pleased to note that, with the reorganization complete, the moratorium has been lifted and NSCAD is preparing to review, over the next two years, its most recently introduced programs (including Bachelor of Arts in Art History, Bachelor of Fine Art in Intermedia, Master of Design and Bachelor of Design - Interdisciplinary).

In the following section, the Monitoring Committee provides a number of suggestions which it believes will help NSCAD to complete its review process in a more timely way, as well as enhance the overall implementation of its quality assurance policy.

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?*

NSCAD's Policy on Quality Assurance contains many of the elements deemed by the Committee as essential to a successful quality assurance policy. The policy:

- Applies to all academic units.
- Includes a provision to assess 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.
- 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 an external review component, usually carried out by two experts external to the institution.
- Requires the participation of the wider network of stakeholders, such as employers, graduates, professional associations and the local community.
- Includes a mechanism to ensure a proper follow-up to the assessment.

The Monitoring Committee was impressed by the thoughtful questions from faculty about quality assurance and what appeared to be a shared vision that quality assurance should go beyond assessing inputs to examining outcomes. In addition, the Committee commends NSCAD's commitment to students and quality of teaching. Not only was this dedication apparent across all levels of the University (i.e. senior administration, Division heads, faculty, and non-academic staff such as Registrar, librarian), it was enthusiastically acknowledged by the students with whom the Committee met.

The Monitoring Committee identified the following key areas for improvement: (1) documenting of practices, (2) the length of time between reviews, and (3) responsibility for quality assurance. To address these shortcomings, it has identified a number of suggestions for consideration by NSCAD, and these are organized along the following recommendations:

1. Improve the documentation of quality assurance practices.
2. Shorten the review cycle.
3. Strengthen management and accountability of policy and process.
4. Strengthen the program review process.

4.2.1   Improve the documentation of quality assurance practices

An overarching policy that outlines the ways in which the various review processes and other quality assurance measures contribute to quality assurance is key to ensuring effective, reliable and timely program review, and other related quality assurance, processes. In the Committee's view, much of the good practices at NSCAD could be enhanced by simplifying the process. In this context, the Monitoring Committee believes that NSCAD would significantly benefit by documenting (including clarifying and defining) what it currently does in this area, including:

- **Clarifying the relationship between quality assurance and NSCAD's mission:** The Monitoring Committee understands that NSCAD's mission has been redefined to include a focus on research and commercialization; and agrees that its program review process should be modified accordingly to assess (in the self-study and the external reviewers' report) a division/program's impact in these two areas, as both have a significant impact on the quality of academic programs and teaching.
- **Creating a template for the self-study**: As noted during the site visit, the preparation of the self-study can be labour intensive resulting in considerable delays to the process. While a number of universities cite lack of accessible data as a major challenge when preparing the self-study, this was not the case for NSCAD. Indeed, faculty with whom the Committee met noted that their challenge was not in accessing the data but rather in knowing how to present the data, in what format, over how many years, etc. In addition, a lot of time was spent mulling over the content of the self-study. It is in this context, that the Monitoring Committee suggests that the University create a template for the self-study including a checklist of what to include in the body of the report (including possibly a list of questions to be answered) and what to include as appendices. The template should be general enough to be relevant across areas, with a certain amount of flexibility built-in so that it can be adapted to the needs/circumstances of a particular division/program.
- **Creating Generic Terms of Reference for external reviewers:** In order to clarify expectations, standardize the process and to facilitate the work of the external reviewers, the Monitoring Committee strongly recommends that NSCAD prepare generic Terms of Reference for its external reviewers. In addition, generic Terms of Reference would ensure that common elements are reviewed across time and divisions/programs, while being sufficiently flexible to allow for modifications or additions to reflect the needs/circumstances of a particular program/review.
- **Defining the assessment criteria:** Clear assessment criteria, known and understood by faculty, staff, students and senior administration alike, are essential for ensuring an effective program review process. While NSCAD has identified the information that is to be contained in the self-study, the criteria against which a division/program under review will be measured have not been identified. A number of those with whom the Committee met noted that it is not clear on what basis

a program/division is deemed of quality and added that any assessment criteria should reflect unique features of an "arts" program. For example, many of NSCAD's graduates have gone on to create great works of art, which attests to the quality of NSCAD. The Monitoring Committee therefore urges NSCAD to define and document the criteria to be used to measure progress of a division/program under review and the links to the University's decision-making process.

- **Defining a process to review interdisciplinary and graduate programs:** The Monitoring Committee agrees with NSCAD that it needs to define a program review process for both its interdisciplinary and graduate programs. In the case of interdisciplinary programs, the Committee agrees that the process needs to be particularly mindful of the quality of the program from a student perspective. Given the nature of interdisciplinary programs which are housed across several divisions, students are not always clear as to which division/discipline they belong, from both a physical/practical and philosophical perspective. With regard to graduate programs, the Committee agrees that graduate programs are best reviewed on their own rather than as part of a division review, and therefore the process should be revised to allow for graduate programs to be reviewed separately.
- **Defining how the annual review process contributes to quality assurance:** The Monitoring Committee was impressed by NSCAD's annual review process and its strong ties to quality of teaching and student evaluations. To make visible the ways in which the outcomes of quality assurance processes influence NSCAD's decision-making process, the Committee recommends that NSCAD include within its policy on quality assurance a section that clearly defines the annual review process and its links to on-going quality assurance.
- **Documenting other initiatives related to quality assurance:** The Monitoring Committee heard on more than one occasion that faculty needs to better document the other quality assurance activities which are undertaken. For example, photography did an environmental scan of similar programs elsewhere which led to improvements to the NSCAD program. It was noted that similar types of activities happen fairly consistently (albeit on ad hoc basis); however the results of these are often not documented (mostly due to lack of time and administrative support). The Monitoring Committee therefore recommends that these types of reviews be documented and formally folded into NSCAD program review policy. It is these types of activities which are essential to making on-going quality improvements. It is also hoped that documenting these activities will alleviate some of the burden in preparing self-studies and other documentation required for program reviews.
- **Defining, within the policy, NSCAD's links to the local arts scene and other organizations** as this involvement contributes to the quality of a student's university experience.

4.2.2   Strengthen management and accountability of policy and process

A dedicated unit/staff to manage the review process is essential to effectively implementing a policy on quality assurance. In addition, the review process should engage the higher echelons of the administration including Academic Council, the Vice-President Academic Affairs and Research, and the President. While the Monitoring Committee notes that the Vice-President Academic Affairs and Research is responsible for coordinating and supporting the program review process, the responsibility appears to lie with the Program Review Committee which is made up of three faculty members appointed by Academic Council. At a minimum, the Monitoring Committee recommends that the Vice-President Academic Affairs and Research be a standing member of this Committee, in order to ensure continuity, objectivity, consistency and accountability.

In order to garner support from the university community, the review process must be seen as accountable, particularly in terms of follow-up to recommendations from a review. To strengthen the lines of accountability, the Monitoring Committee suggests that the Vice-President Academic Affairs and Research monitor the results of reviews and communicate these to the university community.

In addition to strengthening accountability for the process, the Monitoring Committee suggest that NSCAD provide central support to the review process - including administrative support for typing, editing and proofreading, and collecting data and information to prepare the descriptive part of the self-study; this would free up a Division Head's time to allow him/her to focus on writing about its division's strengths and weaknesses.

4.2.3   Strengthen NSCAD's program review policy

As NSCAD moves forward with reviewing its program review policy, which, as noted by NSCAD, is overdue, the Monitoring Committee suggests that NSCAD consider making the following enhancements to its existing policy:

- **Make the policy more student-centred:** The Monitoring Committee was impressed by the enthusiasm of the students with whom it met; they clearly have a large admiration for the school, its staff and faculty and feel they have a strong voice within the institution. Similarly, faculty were enthusiastic about their students and ensuring a quality learning experience for them. However, NSCAD's dedication to its students and learning is not reflected in NSCAD's program review policy. The current language of the policy process has tended to focus on the assessment of resources/inputs (e.g. faculty performance, organizational structure, etc.), rather than on student and learning outcomes. The Committee therefore recommends that NSCAD make its policy more student-centered by adding criteria related to teaching practices, intended and delivered curriculum, support provided to students, and student outcomes, etc.
- **Expand the scope of the policy to include non-academic units**: While NSCAD acknowledges that it needs to extend its program review process to include non-academic units (such as student services, the Office of the Registrar, physical plant, and IT services), it has not yet defined a timeline to do so. The Monitoring Committee therefore recommends that NSCAD move quickly on this. This is particularly important with the recent and comprehensive reorganization on NSCAD's campuses in order to ascertain the impact, if any, on a student's university experience.
- **Expand the search for external reviewers** to the United States - the Monitoring Committee heard from several faculty members that finding external reviewers can be a challenge resulting in significant delays to the process. At present, NSCAD is bound by its policy that limits the search for external reviewers to Canada. The problem is further exacerbated by the reality that the number of experts in design and arts is relatively smaller compared to other disciplines and a number of the experts in Canada are past students or employees (leading to possible conflict of interest).
- **Disseminate information more widely and consistently:** A good communication strategy informs the university community, government and the general public that a university is focussing on providing quality programs and services to its students and gives increased confidence in the quality of a university's programs. The Monitoring Committee therefore recommends that NSCAD disseminate more widely and consistently information about quality assurance practices to the university community (students, faculty, etc.) and the general public. In this context, changes brought about by a review should be clearly identified, documented and publicised.

- **Use the results of program review to inform decision-making** and in particular decisions related to budgeting and the improvement of programmes/services. The Monitoring Committee adds that decisions/recommendations culminating from a review should not be limited to increasing or decreasing faculty positions or resources, but should also encompass changing current practices and procedures.
- **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 relevancy. The evaluation should seek the input of faculty, students, administrators and external reviewers. The Committee suggests that the most appropriate timeframe to perform this review is at the end of each cycle and that the results of the review be tabled with Academic Council.

4.2.4   Shorten the review cycle

A successful quality assurance policy should promote continuous quality improvements; this is hard to achieve if a review cycle extends past seven years, as is the case at NSCAD. The Monitoring Committee recommends that NSCAD shorten the review cycle from every 10 years to every five years ideally (seven at most); and hopes that the recommendations and suggestions herein will enable NSCAD to achieve a five year review cycle.

5.   SUMMARY OF RECOMMENDATIONS

Recommendation 1:   Improve the documentation of quality assurance practices

Possible ways to achieve this include:

- Clarify the relationship between quality assurance and NSCAD's mission.
- Create Generic Terms of Reference for external reviewers.
- Define the assessment criteria against which a division/program under review will be measured.
- Define a process to review interdisciplinary and graduate programs.
- Define how the annual review process contributes to quality assurance.
- Document other initiatives related to quality assurance.
- Define, within the policy, NSCAD's links to the local arts scene and other organizations.

Recommendation 2:   Strengthen management and accountability of policy and process

Possible ways to achieve this include:

- Make the Vice-President Academic Affairs and Research a standing member of Program Review Committee.
- Have the Vice-President Academic Affairs and Research be responsible for monitoring the results of reviews and communicating these to the university community.
- Provide central support to the review process.

Recommendation 3:   Strengthen NSCAD's program review policy

Possible ways to achieve this include:

• Make the policy more student-centred by adding criteria related to teaching practices, intended and delivered curriculum, support provided to students, and student outcomes, etc.
• Expand the scope of the policy to include non-academic units (such as student services, the Office of the Registrar, physical plant, and IT services).
• Expand the search for external reviewers to the United States.
• Disseminate information, more widely and consistently, about quality assurance practices to the university community (students, faculty, etc.) and the general public.
• Use the results of program review to inform decision-making and in particular decisions related to budgeting and the improvement of programmes/services.
• Include a provision to evaluate the existing quality assurance policy within the actual policy.

Recommendation 4:   Shorten the review cycle

Possible ways to achieve this include:

• Shorten the review cycle from every 10 years to every five years ideally (seven at most).
• Implement the above-noted recommendations.

6.   CONCLUSION

It has been 15 years since NSCAD developed its policy on program reviews, at that time all programs were reviewed at once, a task that took a significant toll on resources - financial and human. As a result, NSCAD moved to a ten-year review cycle and shifted its effort on expanding its campus. With the expansion complete, NSCAD must now turn its attention to assuring a more robust and timely program review process. As noted by senior management, the addition of a new building (located not within close proximity to administration) will present new challenges. A strong quality assurance policy will enable NSCAD to flag and address any issues as they might arise. The Monitoring Committee hopes that this report will assist NSCAD in enhancing its quality assurance activities.

APPENDIX 1
INSTITUTIONAL RESPONSE

May 5, 2008

Dr. Sam Scully
Maritime Provinces Higher Education Commission
82 Westmorland Street, Suite 401
P.O. Box 6000
Fredericton, N.B.
E3B 5H1

Dear Dr. Scully:

I am very pleased to have had the opportunity to review the document *Assessment of Nova Scotia College of Art and Design's Quality Assurance Policies and Procedures*. The members of the University's Quality Assurance Monitoring Committee have also reviewed the document.

In furthering the next steps, I would note that the report is accurate and there are no factual errors identified.

On behalf of the University, I would like to commend you, the Committee and the Commission for the careful attention to our submitted documents and also for the care and attention during the site visit as well as during every other aspect of the monitoring process. The University sincerely appreciates the interest of the Commission in ensuring that Maritime universities fulfill their quality assurance obligations. Once the final report is received, I can assure you that NSCAD will move to incorporate the changes recommended including the scheduled reviews of four programs during the next academic year.

Thank you again for your interest in NSCAD.

Yours sincerely,

Kenn Gardner Honeychurch, Ph.D.
Senior Vice-President (Academic Affairs and Research

KGH/em

cc.   David B. Smith, President, Fran Cameron, Governance

APPENDIX 2
SITE VISIT AGENDA AND PARTICIPANTS

Maritime Provinces Higher Education Commission (MPHEC)
Quality Assurance Monitoring Committee
Wednesday, November 14, 2007
Site Visit – Schedule
Please meet at 9:00 a.m. at 5163 Duke Street, 3rd Floor

_____

9:00 am – 9:30 am	Professor David B. Smith, President Dr. Kenn Gardner Honeychurch, Senior Vice-President Academic Affairs and Research
9:30 am – 10:00 am	Meet with Dr. Kenn Gardner Honeychurch (D225)
10:30 am – 12:00 pm	Meeting with Division Chairs, Registrar, Co-ordinator of Academic Programs, Director of Visual Resource Collection (C100)
12:15 pm – 1:30 pm	Lunch with Quality Assurance Committee (Salty's) Dr. Bruce Barber Professor Alex Livingston Dr. Kenn Gardner Honeychurch
1:30 pm – 2:30 pm	Tour of Port Campus
2:30 pm – 3:30 pm	Past Program Review Participants Dr. Rudi Meyer, Chair, Division of Design Michael LeBlanc, Division of Design Hanno Ehses, Director, MDes Program (C100)
3:30 pm – 4:00 pm	Meeting with Students (C100)
4:00 pm – 4:30 pm	Next Program Review Participants Fine Arts Faculty, Mathew Reichertz Fine Arts Faculty, Alex Livingston Media Arts Faculty (TBA) Media Arts Faculty (TBA) (C100)
4:00 pm – 5:00 pm	Quality Assurance wrap-up with Dr. Kenn Gardner Honeychurch (D225)

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.