



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

**REPORT ON THE
QUALITY ASSURANCE AUDIT OF
CARLETON UNIVERSITY**

OCTOBER 2024

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Introduction to the Cyclical Audit for Carleton University

Carleton University was founded in 1942 to help the young people of Ottawa address the pressures of the Depression by providing them with an opportunity to continue their formal education. The institution originally operated as a private, non-denominational evening college. It was chartered as a university by the provincial government in 1952 and given its current name in 1957. Since 2012, Dominican University College has also been an affiliated college of Carleton University. From its beginnings on Ottawa's First Avenue, the University has grown into a mid-sized comprehensive and research-intensive public university. Today, the University, situated on unceded Algonquin territory, has a spacious campus bordered by the Rideau River and the historic Rideau Canal. Carleton University provides education to approximately 26,000 undergraduate students and 4,000 graduate students. Its programs are offered through the Faculties of Arts and Social Sciences, Engineering and Design, Public and global Affairs, Science, and the Sprott School of Business.

The audit of Carleton University described in this report was conducted using the provisions of the 2010 version of the Quality Assurance Framework (QAF) that is overseen by the Ontario Universities Council on Quality Assurance (the Quality Council). The QAF describes procedures for the academic review of proposed new degree programs and the periodic review of existing degree programs in Ontario's university sector. The Framework draws on the long experience of Ontario universities in undertaking quality assurance and brings together best practice at both the undergraduate and graduate levels. All Ontario universities have agreed to abide by this Framework, and each university has developed an Institutional Quality Assurance Process (IQAP) that complies with the QAF and provides each university with an internal policy for the conduct of quality assurance. In 2018, the QAF and the Quality Council underwent an external review. This led to a revised Quality Assurance Framework being approved in 2021, and the Ontario universities revised their IQAPs accordingly.

The QAF provides Ontario universities with autonomy over their quality assurance processes. However, the Quality Council has the authority to audit their quality assurance activities periodically. The purpose of the audit is to determine whether each university's quality assurance practices are in compliance with its IQAP and the QAF, and to guide the university on needed remediation in any areas that are out of compliance. The audit process is part of the universities' accountability to stakeholders (prospective students, students, graduates, parents, employers, the provincial government, taxpayers, and public at large) to provide evidence that each university's degree programs not only meet national and international academic standards, but also strive continuously to improve quality.

The first cycle of audits under the 2010 QAF commenced in 2012, and was completed in 2020, with two to three universities being audited in each year. Carleton University was in the second group of universities undergoing an audit in 2013-14. The second cycle of audits commenced in 2022, and Carleton University is again one of the second group being audited in 2023-24. Because Ontario universities needed to update their IQAPs to comply with the 2021 QAF, universities undergoing audit in the first two years of the second cycle (Carleton University

among them) will be audited in two phases. In Phase 1, the audit will focus on quality assurance activities undertaken under the 2010 QAF and relevant university IQAPs. In Phase 2, the audit will be based on activities undertaken under the 2021 QAF and the universities' subsequently revised IQAPs.

The auditors followed the Audit Process as described in the Quality Assurance Framework (QAF 6.2, please refer to Appendix A of this report). The Quality Assurance Secretariat selected the three auditors from the Audit Committee's membership (see brief biographical information in Appendix B), and along with one of those auditors, provided an orientation to the University's Key Contact and other relevant stakeholders at the outset. Upon receipt and review of the preliminary documentation, the Audit Team selected a sample of quality assurance activities completed under the IQAP's New Program Approval Protocol and the Cyclical Program Reviews Protocol. The process involved a desk audit using the self-studies and records of the sampled programs, together with associated documents, including an Institutional self-study, described further below. The Audit Team then conducted an on-site visit with Carleton University from March 26 – 28, 2024 (see Appendix C for the site visit schedule) during which the Audit Team met with the University's senior leadership, those with important roles in the quality assurance process, and representatives from those programs selected for audit. Following the site visit, the auditors prepared a report, with Recommendations, that was subject to a multi-stage review process and final approval by the Quality Council.

The following comprised the Audit Team for the Carleton University audit:

Dr. Johanne Bénard

Dr. Alan Weedon

Dr. Kirsten Woodend

Dr. Christopher Evans, Quality Council Secretariat support

Ms. Cindy Robinson, Quality Council Secretariat support

The audit process is both complex and time-consuming for all sectors of the University, from faculty and staff to administration. As part of the preparation for the audit, Carleton University submitted a detailed Institutional self-study, outlining some of the University's key accomplishments and challenges with respect to its quality assurance work. The Audit Team was impressed with the degree of open and honest reflection provided in this document, and the identification of some significant challenges that were also observed by the Audit Team during the audit.

In the spring of 2023, the Audit Team selected a sample of six quality assurance activities conducted under the IQAP's New Program Approval Protocol and the Cyclical Program Review Protocol for audit. One of these was a new combined undergraduate and graduate program, one was a new interdisciplinary graduate program, one was a combined Cyclical Program Review of an undergraduate and a graduate program, one was a Cyclical Program Review of a graduate program offered jointly with the University of Ottawa, and two were combined Cyclical

Program Reviews of an undergraduate and a graduate program that also undergo accreditation. In the fall of 2023, well in advance of the site visit, Carleton University submitted copies of records documenting the quality assurance activities for the six programs selected along with the Institutional self-study. Requests for additional information and documentation were handled in a timely manner. The auditors then conducted a desk audit using the University's Institutional self-study and the records of the sampled programs, together with associated documents.

The site visit, an intense series of meetings over a three-day period, was very well planned, and the auditors commend those responsible for organizing the meetings and offer their thanks for the hospitality and assistance they received throughout their stay. After the visit, the University was also diligent in providing additional documentation requested by the Audit Team to complete its report.

The Quality Assurance Context at Carleton University

Carleton University's first IQAP was ratified by the Quality Council in 2012. The IQAP was revised in 2015 and then again in 2019. Because the University is in the early stages of using its new IQAP, ratified in 2022, the Audit Team reviewed the quality assurance processes undertaken under the 2015 and 2019 IQAPs as Phase 1 of the second cycle audit. Quality assurance processes using the 2021 QAF and the 2022 Carleton IQAP will be audited in Phase 2.

The University's primary committee dealing with quality assurance is the Senate Quality Assurance and Planning Committee (SQAPC), which is responsible for the application of the IQAP and for reviewing, recommending, and reporting to Senate on quality assurance activities relating to new programs, and on quality assurance processes relating to the cyclical periodic review of existing programs, as well as major modifications. Following an update to the 2019 IQAP, SQAPC replaced two committees previously involved in the quality assurance process: the Carleton University Committee on Quality Assurance (CUCQA) and the Senate Academic Program Committee (SAPC). The responsibility for the oversight of quality assurance processes of new graduate programs has also recently been moved from the Faculty of Graduate and Postdoctoral Affairs to the Office of the Vice-Provost and Associate Vice-President Academic (OVPAVPA).

The changes made to the quality assurance infrastructure also entail the restructuring of the Office of the Vice-Provost and Associate Vice-President Academic (OVPAVPA) to provide more support to the units with the creation of two teams, each consisting of a Program Officer, a Program Assessment Specialist and a Program Coordinator. The Audit Team heard from several interviewees that this extra support is welcomed and that these services are well utilised and appreciated.

In terms of support to the units, the Audit Team heard that the Office of Institutional Research and Planning and the OVPAVPA had undertaken a review of all tables and data they generate and provide to units during a CPR. The Office was able to better customize these tables

resulting in better preparation for units, which are now asking for data more frequently than just during the CPR. This more frequent interaction with program-related data will support continuous program improvement.

Findings Arising from the Quality Assurance Audit of Carleton University

The findings of this Audit are based on the following:

- The report of the 2013-14 Cyclical Audit and the University's responses.
- The University's 2023 Institutional self-study (ISS).
- Advice from the Appraisal Committee of the Quality Council on areas where it has observed a pattern in the University's application of its IQAP during the development of its past new program proposals.
- A number of institutional-level documents such as the IQAP and its associated templates and guidelines; the Schedule of Reviews; Terms of Reference for SQAPC; etc.
- A scan of quality assurance-related pages on the University's website.
- The desk audit of documentation provided by the University for six programs that have either undergone Cyclical Program Review or were new programs that have undergone appraisal for approval.
- Information gathered at meetings with groups and individuals during a site visit at Carleton University.
- Follow-up documentation provided by the University as part of the site visit.

Overall Quality Assurance Processes

Carleton University demonstrates a deep commitment to quality assurance with strong leadership from the Senate Quality Assurance and Planning Committee (SQAPC) and the Office of the Vice-Provost and Associate Vice-President Academic (OVPAPVA). The University is attuned to the need to streamline processes and, since the last audit, has been taking action to do so. Through significant investment in supporting quality assurance, the University has facilitated buy-in by the programs and has fostered a positive quality assurance culture across the campus. At the faculty level, the Deans are highly engaged and ensure the integrity of the processes. The Audit Team was particularly impressed by the spirit of collegiality that is at the core of all quality assurance processes at Carleton.

The Audit Team recognizes the work of Dwight Deugo, former Vice-Provost and Associate Vice-President (Academic), who led the updates to the IQAP, built a strong quality assurance team in the OVPAPVA, and oversaw the application of the IQAP with a constant eye to process improvement. This pattern of strong leadership appears to be continued by David Hornsby, the current Vice-Provost and Associate Vice-President (Academic), supported by Hashmat Khan, Associate Vice-President (Academic Programs and Strategic Initiatives), as well as the Director

of the OPAVPA, Christina Noja, and her team, who have facilitated the transition and should also be credited for their excellent work.

The 2013-14 Audit

As part of the current audit, the Audit Team reviewed the findings from the University's last audit, which occurred in 2013-14. The 2013-14 report resulted in four Recommendations and 14 Suggestions. In this section of the Report, the present Audit Team examined more specifically the University's actions undertaken in relation to the Recommendations and Suggestions of the Cycle 1 Audit Report to cross-reference them with the Commendations, Recommendations, and Suggestions of this report. Further details on these findings can be found in the subsequent sections of this report.

Cycle 1 Audit Report Recommendations

The University has appropriately responded to the four Recommendations of the Cycle 1 Audit Report regarding the appointment of external reviewers, the departmental involvement in the preparation of the self-studies, the schedule of the Cyclical Program Reviews and the listing of programs to be reviewed. More specifically with regards to the appointment of external reviewers, the ISS noted that the issues previously experienced have been addressed by providing units with templates to identify potential external reviewers, as well as a field to indicate any possible conflicts. Other measures have been put in place to improve adherence to the conflict-of-interest guidelines such as the search for conflicts by the OPAVPA and the guidelines sent to selected reviewers at the end of the process.

The University has also been commended in this audit for action taken in relation to Recommendation 3 of the Cycle 1 Audit Report regarding the engagement of the University in tracking the Cyclical Program Reviews. This item appears in this report under the Best Practices section.

Cycle 1 Audit Report Suggestions

While the University is required to address the Cycle 1 Recommendations, the action taken on Suggestions presented in Audit Reports are optional. However, the Audit Team notes that the University has addressed most of the items in relation to the 14 Suggestions of the Cycle 1 Audit Report. One has been echoed in this report as a best practice and five have been reiterated as Suggestions.

- Suggestion 4 of the Cycle 1 Audit Report advises the University to clarify the role of the internal reviewer. The University is now commended for the innovative way it uses its internal reviewers. This item appears in this report under the Best Practices section.
- Suggestions 1, 2 and 3 of the Cycle 1 Audit Report dealt with the review of joint programs with the University of Ottawa. Suggestion 8 of this Cycle 2 Audit Report is also aimed at reconsidering the process for cyclically reviewing these joint programs.

- Suggestions 5 and 6 of the Cycle 1 Audit Report regarding the external reviewers' report and the importance of addressing all aspects of the quality assurance evaluation have been echoed in Suggestion 3 of this report.
- Suggestion 14 of the Cycle 1 Audit Report regarding the involvement of students in Cyclical Review Programs has been reiterated in Suggestion 10 of this report.

Implications of the Institutional Self-study

The 2021 Quality Assurance Framework (QAF) requires that, in advance of an audit site visit, the University provide the Audit Team with an Institutional self-study that presents a reflection on the quality assurance processes at the University. Carleton University's Institutional self-study gave the Audit Team an update on the university's quality assurance practices and generated several questions that were asked during the site visit. Matters arising from the Institutional self-study are addressed throughout this report. However, within the document, the University also asked that the Audit Team pay particular attention to, and offer advice on, the following aspects of its quality assurance related work:

1. Given that delays in Cyclical Program Reviews due to extenuating circumstances are unavoidable, the University would like to have guidance on the scheduling of subsequent reviews, particularly when there has been a delay of several years. Should the review following the late review be delayed by the same number of years?

The Audit Team recognizes the University has taken, or is taking, steps to avoid delays that would put CPRs on a schedule that exceeds the eight-year cycle mandated by the QAF. It has moved to a seven-year CPR schedule so that unavoidable circumstances that lead to one-year delays can be accommodated (e.g., change in departmental leadership, key faculty being on sabbatical leave, health issues, etc.). The University has also introduced a tracking sheet for CPRs that is regularly shared with all levels of academic leadership so that any program falling behind schedule is immediately detected, and the relevant leader can effect remediation (see Commendations and Best Practices below). The multi-year delays that are referred to in the Institution's question above should therefore no longer "slip under the radar" and Final Assessment Reports and Implementation Plans should no longer be appearing on the eve of the next scheduled CPR. It should also be noted the Quality Council has determined that programs with delayed CPRs must start the next CPR no later than eight years from the academic year in which the program was last scheduled to be cyclically reviewed.

In addition, the multi-year delays referred to all appear to be in joint graduate programs offered through Institutes in collaboration with the University of Ottawa. The Universities have replaced the joint IQAP for joint programs, which was clearly not functioning properly, with a new Joint Procedural Document (JPD) that allows a path for CPR to occur independently at each university should the academic units involved find a combined process unmanageable. The Audit Team heard from the Dean of the Faculty of Graduate and Postdoctoral Affairs that the University is conducting a critical assessment of each joint graduate program to determine

whether the joint relationship is functioning well or requires modification, including movement to standalone programs at each institution.

Suggestions contained in two documents prepared by the Secretariat may also provide insight into and be of assistance in dealing with delayed CPRs, [Handout 2: Coping with CPR Delays](#) and [Handout 8: Managing Changes in Leadership](#).

2. Request for engagement on the feedback it has received from the Quality Council over the past several years.

The University's question regarding the follow-up documentation requested by the Quality Council for Cyclical Program Reviews and New Program Proposals is beyond the mandate of the auditors and has been referred to the Quality Council.

Commendations and Best Practices (QAF 6.2.7)

Commendations

The Commendations section is where individuals, programs, or administrative units that have demonstrated characteristics leading to strong quality assurance practices, or a culture of continuous improvement are recognized.

The Audit Team commends the University for the work that has been undertaken to streamline the quality assurance processes since the last audit and following the 2019 update to the IQAP. One important change was the merger of the two Senate committees into the Senate Quality Assurance and Planning Committee (SQAPC). Three other significant changes were the removal of the committee approval step required prior to a Cyclical Program Review moving to the site visit stage, the move of quality assurance oversight for new graduate programs to the OVPAVPA to eliminate the extra approval layer of the Graduate Faculty Board for new graduate programs and to ensure a single point of contact, and the significant work done to rationalize and reduce the amount of information required of units for CPR self-studies and new program proposals. These changes in the governance and the processes had a positive impact on reducing the timeline for CPRs and cutting down on unnecessary workload, which the Audit Team heard repeatedly was much appreciated by many groups across the University.

The addition of a Program Assessment specialist to the OVPAVPA enables further initiatives that benefit the quality assurance activities. The Audit Team commends the University for the addition of an "Update on Learning Outcomes Assessment Activities" to the Monitoring Report following a Cyclical Program Review. The implementation of two reports (one done mid-way and the other prior to the next CPR) places accountability on the unit, which in turn can count on the support of the Program Assessment Specialist.

The Audit Team noted, as a commendable practice, the use of a "discussant" who reviews the program's self study, the external reviewers' report, and the responses of the program and the

Dean, and produces a summary for SQAPC to use when it considers recommending the program for Senate approval. This helps focus the Senate Committee while also informing faculty who take on the discussant's role about the quality assurance process.

Best Practices

Best practices are specific systems, processes, structures and actions that enhance the effectiveness of the application of the University's IQAP or contribute to the University's efforts toward a culture of continuous improvement that could be applied more broadly across the University, or at other institutions.

The Audit Team noted that the active role the internal reviewers play in the site visit for CPRs and New Programs is commendable and that the separate report on the process they are invited to produce is a best practice. The internal reviewers provide the opportunity to make the visit more effective, by acting as a resource for the external reviewers and a liaison between the external reviewers and the OPAVPA to suggest last minute adjustment to the schedule if needed. After the visit, they are invited by OPAVPA to write a summary of the site visit process, as well as to note emerging themes from the meetings. This voluntary report brings valuable information into the process that would otherwise not be available thereby contributing to the University's continuous improvement of their processes. The Audit Team heard positive comments from the internal reviewers we interviewed. They considered it a valuable experience, and noted good support and clear instructions from the OPAVPA regarding their role.

The OPAVPA maintains a spreadsheet detailing and tracking the status of reviews on the CPR schedule and regularly shares it with various levels of University leadership, including the Provost and Deans. This sharing is a best practice, as it keeps stakeholders engaged in and informed of QA processes and activities. This spreadsheet, known as the "rainbow chart" because of colour coding that allows immediate identification of reviews that are falling behind schedule, allows the senior QA team to obtain a regular update on where things are and where interventions are needed. The spreadsheet is regularly presented to the Deans to flag process delays.

The outreach by the OPAVPA to new Chairs is also considered a best practice. Each year, the OPAVPA sends the new Chairs a welcome letter to congratulate them on their new role, with an outline of their upcoming QA responsibilities.

The Audit Team notes that SQAPC has a major and positive role in all quality assurance processes. Its members do excellent work in discussing recommendations and responses, and routinely sending documentation back for revision to ensure the IQAP requirements are met. This includes asking units and Deans to provide a justification if they reject or do not address a recommendation from the external reviewers' report, as well as reflecting on the process itself to improve it. The Audit Team considers these approaches to be a best practice.

Further, the Audit Team noted that for Cyclical Program Reviews where programs are “bundled” (e.g., concurrent review of a department’s graduate and undergraduate programs), the creation of departmental subcommittees with responsibility for each program’s section of the self-study is a best practice. This shared responsibility and effort makes the development of the self-study in the case of bundled programs more efficient and helps to ensure appropriate coverage of the evaluation criteria of each program in the self-study.

Recommendations to the Institution

Recommendations are recorded in the auditors’ report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The University must address these Recommendations, including in its response to the auditors’ report when required.

Carleton University must:

RECOMMENDATION 1: Ensure all steps related to quality assurance processes are documented and stored so that they are readily retrievable for future quality assurance auditors.

For the sample of quality assurance activities selected for audited, the Audit Team noted that the University’s documentation of some of the early steps of the quality assurance process described in the IQAP was consistently missing. For example, there was no documentation for meetings at the self-study development stage between the program and the central quality assurance office or other support units, and no documentation for the approvals of the Dean and Vice-Provost of the CPR self-study prior to its submission to the external reviewers. In preparation for the Audit Team’s site visit, the auditors were told by the University’s representatives that their practice is not to document such matters because application of the IQAP has reached a stage of maturity where they have become routine. The Audit Team appreciates the extra work needed to document every step of the quality assurance processes. However, such documentation is the primary means by which an audit verifies that a required step has occurred. While this is a systemic issue at Carleton, it has not been identified as a Cause for Concern in this report solely because the Audit Team heard consistently from all relevant stakeholders during the site visit that the relevant steps had, in fact, occurred.

During the site visit, the Audit Team was also given a demonstration of the University’s document and process management system (JIRA) that it has been using for tracking and managing CPRs and is considering expanding to track the Protocol for New Program Approvals. The Audit Team suggests that the University consider recording all of the IQAP-required steps in this system, thus providing easily accessed records that would demonstrate to all stakeholders that the University is complying with its IQAP. The Audit Team also heard from the Deans that they would like to move away from emails for their approval steps and instead have access to a portal or a hub that would help them track the reviews. Such a route would allow the University to move away from email as a tool for confirming approvals at all levels.

The University must examine all the components of its quality assurance practices and adopt an effective and appropriate storage and retrieval system for documentation, which is key to successful quality assurance.

RECOMMENDATION 2: Ensure that the external reviewers are the final decision makers regarding the potential use of virtual site visits in accordance with the Quality Assurance Framework and the IQAP.

The Audit Team appreciates that a blanket policy regarding the use of virtual site visits as the default option to an in-person, onsite visit is a way to reduce costs and encourage external reviewer participation by eliminating the need for them to commit time to travel to and from Ottawa. However, this policy contradicts the Quality Assurance Framework, which states that, for New Program Approvals (2.2.1) and Cyclical Program Reviews (5.2.1) of PhD programs and many masters programs, the Provost may approve, with a justification, that the review be conducted by desk review, virtual site visit or an equivalent method, but only if the external reviewers are agreed that the off-site option is acceptable. The Audit Team notes that the 2019 and 2022 versions of the IQAP are in accordance with the QAF, but that virtual visits of CPRs have become the required mode of review following the pandemic. During the audit site visit, the University also indicated that units are being offered the choice of in-person or virtual visits for new program reviews, which is acceptable only as long as the final mode of review is established in line with the requirements of the Framework.

The University must address this discrepancy between its policy and the Quality Assurance Framework requirements.

RECOMMENDATION 3: Ensure that the University's governing body (i.e., its Board or equivalent) receives all Executive Summaries of the Final Assessment Reports and the associated Implementation Plans arising from the Cyclical Program Reviews.

The Audit Team noted that, in the case of one program, the documentation provided to the Audit Team indicated that the University's Board only received notification that a CPR process had occurred successfully. The University must ensure that its Board receives the documents specified in the QAF (QAF 5.4.1 b).

RECOMMENDATION 4: Ensure that the Executive Summary and Implementation Plan arising from each program's CPR be posted on the University's website.

The Audit Team noted that in the case of one program selected for audit, the Final Assessment Report and Implementation Plan posted on the University's website was from the previous review conducted eight years earlier. Carleton University must comply with its IQAP and the QAF to ensure that all FARs (or their summaries, as appropriate) and Implementation Plans for Cyclical Program Reviews are posted on the University's website, once approved. These requirements must be met on a go-forward basis.

RECOMMENDATION 5: Ensure in cases where cyclical program reviews and accreditation reviews are combined in some way that all of the Quality Assurance Framework's requirements are appropriately addressed.

The Audit Team noted that, in one of the accredited programs audited, some requirements of the QAF were not fully addressed. For example, not all of the QAF requirements for the self-study, including full coverage of the evaluation criteria, were fully addressed during its development. The University should ensure for each discrete program in the review that all criteria are considered in every step of the cyclical program review process when it is conducted with an accreditation review; i.e., from the gap analysis to the self-study and the external review. If some evaluation criteria from the QAF are addressed in an addendum to the accreditation review, the University needs to find a way to ensure the external reviewers comment on these.

During the site visit, the Audit Team heard that the University continues to improve the work of aligning reviews for accredited programs and does appreciate the effort put in by the units during these onerous processes. The University has a robust procedure, specified in clause 7.6 of the 2019 IQAP, regarding the preparation by the OVPVPA of a detailed gap analysis identifying where the accreditation documents do not meet the needs of the IQAP's CPR self-study. This recommendation aims at highlighting the importance of ensuring that all requirements of the QAF are met when aligning the two review processes.

Suggestions to the Institution

Suggestions, which are forward-looking, are made by auditors when they identify opportunities for the university to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best practices. Universities are under no obligation to implement or otherwise respond to the auditors' Suggestions, though they are encouraged to do so.

Carleton University should:

SUGGESTION 1: Consider how to improve the accuracy of the outcomes decided by SQAPC as part of the Final Assessment Report of a Cyclical Program Review.

The Audit Team noted that, in one program audited, even though external reviewers identified many significant problems, the program was still categorized as "good quality" by SQAPC. The Audit Team was told during the site visit of the past practice of this committee was to only consider a motion of "Good Quality", and there was no precedent for alternative motions such as "Good Quality with report", etc.

Nevertheless, given the importance of the matter, the Audit Team strongly suggests that the categorization of a program be carefully examined by SQAPC. This would be in line with other practices by this committee, notably the capacity to split motions in the case of a bundled CPR (combining an undergraduate and a graduate program).

The University may also wish to consider incorporating additional motion possibilities into the IQAP or Committee Terms of Reference.

SUGGESTION 2: Consider creating a map of the Quality Assurance process steps for the units to improve process clarity.

The Audit Team heard that, at least in one case, the academic unit did not have a sense of the process steps and only became aware of the next step when contacted by the OVPAVPA with a tight timeline. A flowchart, as well as where a unit is in the process, could address such frustration in the future.

SUGGESTION 3: Consider reviewing the process for asking external reviewers to revise their reports when these do not minimally address all evaluation criteria and quality indicators identified in the Quality Assurance Framework (section 4.3).

In reviewing the documentation provided for one of the programs selected for audit, the Audit Team found that the external reviewers' report did not comment on some key elements of the report (e.g., learning outcomes, assessment, mode of delivery and admission requirements), in spite of having a template for the report. During the site visit, the Audit Team was told that external reviewers are advised that, when satisfied with an evaluation criterion, they need not provide extensive commentary and to focus instead on elements they are less happy with. Given that there are occasions when no commentary has been provided at all, the Audit Team suggests that the University asks external reviewers to ensure there is at least some brief commentary on each evaluation criterion so that it is clear whether each and every one has been appropriately considered.

During the site visit, the OVPAVPA confirmed that they have a meeting with the external reviewers at the outset of each Cyclical Program Review to try to make the mandate of the review clear. The external reviewers are also provided with terms of reference around the aspects of the quality assurance process to be undertaken. The finding of the Audit Team for one program nevertheless led to it suggesting that the University emphasize to the external reviewers the requirement to address all aspects of the quality assurance evaluation in their report.

If, in spite of these measures an unsatisfactory and/or incomplete report is still received, the University is encouraged to seek additional ways to try and secure a revised report that will facilitate continuous improvement of the program.

SUGGESTION 4: Consider reviewing how units are guided through the major modification process.

The Audit Team heard from SQAPC that a potential way to improve the major modification process would be to have the OVPAVPA involved in every major modification from the very beginning and to have the responsibility for walking the unit through from the conception of the

proposal to its approval. If not already being done, the University may wish to explore this suggestion to improve process clarity for this assurance quality activity.

SUGGESTION 5: Consider reviewing how cross-faculty programs go through quality assurance processes.

The Audit Team heard that quality assurance processes are very challenging for undergraduate cross-faculty programs, in particular because Faculty Board meetings in a given Faculty are not synchronised with those in the other participating Faculties. Assigning someone from the OVPVPA to help the programs go through the processes, particularly by tracking the different steps, could be helpful.

SUGGESTION 6: Consider more directly involving academic units in the preparation of their Final Assessment Reports.

There seems to be no direct involvement of the academic unit in the finalizing of the Final Assessment Report (FAR), which is drafted by the relevant Program Officer in the OVPVPA, reviewed by the Director and Associate Vice-President Academic (AVPA), and then sent to SQAPC.

While the AVPA emphasized the role of the academic unit's responses to the external reviewers' recommendations in the development of the FAR and IP, the Audit Team suggests that the value of the reviews would be more clearly understood by the academic unit if it were more involved in the determination of next steps. One way of achieving this would be to have the program's Chair (or equivalent) review and comment on a draft of the FAR/IP while it is being prepared. Having this or a similar form of engagement by the unit could facilitate a greater degree of buy-in and awareness of the wider Cyclical Program Review.

SUGGESTION 7: Consider posting the Final Assessment Reports or the Executive Summaries, and the Implementation Plans on the program websites.

The Carleton University IQAP appropriately indicates that the FAR/IP should be posted on the University's Quality Assurance website. If it is not already doing so, the University should consider encouraging its units to also post the FAR/IP on the program/department website(s), so that students, faculty and staff have an increased chance of finding these documents. The Audit Team heard from students that these documents, especially the Executive Summaries, would be of interest to them and easier to find on the program website.

SUGGESTION 8: Continue reviewing the process for the Cyclical Program Review of joint programs and, where appropriate, consider revising the governance structure to enable the creation of a stand-alone program, as well as undertaking an appropriate quality assurance process to confirm viability of the stand-alone program.

The Audit Team appreciates the effort made by the University for the review of joint programs with the University of Ottawa, particularly the replacement in 2020 of the joint IQAP document by the Joint Procedural Document. While this document provides clear guidelines for all quality assurance activities related to the joint programs, the Audit Team found that there are still significant issues related to timing and delays in the Cyclical Program Reviews of these programs.

In the joint program selected for audit, the Audit Team noted that the collaboration between the two institutions was not ideal and that, through the process, the governance structure of the program has caused some issues in the Cyclical Program Review, mainly related to the internal response and the reporting requirement.

Carleton University is aware of these governance issues and has been recently initiating an assessment of individual Joint Institutes and joint programs through its Faculty of Graduate and Postdoctoral Affairs, which also oversees the Joint Institutes. Recognizing the effort the University is putting into resolving these governance issues, the Audit Team decided not to categorize this item as a recommendation or Cause for Concern. The University is nonetheless strongly encouraged to continue to pursue this review to improve processes and, more generally, to assess the extent and value of the program's "jointness" and, when necessary, either revise the governance arrangements or initiate separation of the programs as appropriate. This will be considered again as part of the University's Phase 2 audit.

SUGGESTION 9: Consider involving the library earlier in the new program process so that they can produce timely preparation of the most relevant reports.

The Audit Team heard, during the site visit, that having the library involved in earlier conversations about the proposal of a new program would help provide more context to the needs of this potential program and help inform their report. The University should consider amending its processes and/or prompts in the templates and guidelines for developing new programs so that the library becomes involved earlier in a new program's development. This would allow the library to have the appropriate time to engage with proponents and prepare appropriate reports and data accordingly.

SUGGESTION 10: Consider reviewing the process for engaging with students to ensure involvement in CPRs and to ensure they understand the intent and nature of the quality assurance processes, their roles in it, and how they can contribute.

The involvement of students in the quality assurance activities is very important. While the Audit Team has seen, in the documentation provided, comments about the involvement of the students in the development of the Cyclical Program Reviews, most students that the Audit Team met with did not have a clear understanding of the processes more globally and wanted to know more.

The Audit Team suggests that the University create guidance for students to explain the purpose of CPRs, how they can become involved in providing input into a self-study, what to expect when meeting with external reviewers, and more generally what the purposes of these activities are in the context of a broader Quality Assurance scheme. For student members of SQPAC, the Audit Team suggests creating an orientation meeting.

The University should take great care in helping the student voices to emerge as fully as possible. Carleton could consult the QAF guide for some more ideas on how to involve students in their QA processes ([Involving Students in Quality Assurance Processes — Ontario Universities Council on Quality Assurance \(oucqa.ca\)](https://www.oucqa.ca)).

Conclusion and Next Steps for Carleton University

Carleton University has a mature quality assurance process involving strong collegial governance through the Senate Committee, and implemented by individuals who are supportive of quality assurance and serve in academic leadership positions at all levels. Reviews have been undertaken with rigour and attention to detail. Commitment, support, and resources from the senior administration, from the OVPAVPA and SQAPC have provided strong and helpful leadership for the campus community – support that is widely acknowledged and appreciated. The result is that there is a culture of understanding of and concern for quality across the institution.

As detailed in this report, the Audit has revealed evidence that the University has fully complied with the Recommendations of the 2013/14 Audit and has acted upon most Suggestions. The University has also been commended on many areas of its quality assurance activities. As no Causes for Concern were identified in this Report, no follow-up reporting is required. The Audit Team recommends that progress on addressing this Report's Recommendations, particularly regarding the documentation and the joint programs, be examined as part of the Phase 2 Audit.

Addendum: Findings Specific to Audited Programs

This section of the report provides details of the audit results for each of the sampled program reviews. In each case, the report identifies any gaps in compliance with Carleton University's IQAPs, as well as examples of notably effective policies and practices. The report on each review contains references to act on the suggestions and recommendations, as appropriate. Unless commented on below, the processes were compliant.

New Program Approvals

1. Masters and PhD in Data Science and Analytics

A summary of the proposed program, including a business plan, was submitted to the Vice-Presidents' Academic and Research Committee (VPARC) in May 2018. The role of VPARC includes providing institutional approval for the development of a full proposal for a new program. This occurred in June 2018. The full proposal, in the form of Volume 1 of the self-study brief, was submitted to the Graduate Faculty Board in January 2020. The subsequent steps of external review and Senate and Quality Council approval went smoothly and rapidly. The External Reviewers conducted a virtual site visit in November 2020 and their report was received in January 2021. The Senate process for approval of the proposed program occurred during the period March to June of 2021. Immediately following Senate approval, the proposal was submitted to the Quality Council for consideration by the Appraisal Committee. In August 2021, the Quality Council approved the new program to commence and the first cohort of students were admitted into the program in the Fall of 2022. The program is scheduled for cyclical program review in 2029-30 and a monitoring report is due in the Fall of 2024.

The new program is interdisciplinary in nature and draws its faculty from departments in the Faculty of Science and the Faculty of Engineering. During the site visit to Carleton the Audit Team met with the faculty and staff members who were responsible for developing the new program. The Audit Team members were struck by their enthusiasm and commitment. The Audit Team noted that the program is not housed in a single academic unit and that sustaining such programs can be challenging. The Audit Team was told by the program's proposers that it has a program committee that meets monthly and ensures that the program runs "rigorously and smoothly".

The Audit Team noted for the new program in Data Science and Analytics that the University's documentation of some of the early steps of the review process was lacking. For example, in the Data Science and Analytics program, the IQAP requirements for meetings between the program proposers and the central quality assurance office or other support units were not documented, nor was the process for central review of the program's self study prior to its submission to the External Reviewers. This made it impossible for the Auditors to determine whether the University was complying with all the provisions of its IQAP.

a) Initial Institutional Process:

The process was not compliant.

The first steps in the development of this new program occurred under the provisions of the 2015 IQAP. That IQAP requires that any group contemplating a new program proposal must first get approval from VPARC before they can proceed to develop an Executive Summary of the prospective proposal (clause 3.3.1.1 and 3.3.1.3) for VPARC's consideration. The documentation provided to the Audit Team in advance of its visit to Carleton was silent on whether this step occurred, and no evidence was provided during the Auditors' site visit.

The Executive Summary is a relatively brief document that must be approved by VPARC before the program proposers can proceed to develop Volume I of the self study brief. Once the VPARC has given the green light for preparation of the Executive Summary, the 2015 IQAP states (clause 3.3.2.1) that the program proposers must seek advice and support on Learning Outcomes from the office of the Vice-Provost and the latter will conduct a workshop on learning outcomes and their assessment for the program proposers. There is nothing in the documentation provided to the Audit Team to show if any of these events occurred.

As required by the 2015 IQAP (clauses 3.3.2.4 and 3.3.2.5), VPARC considered the Executive Summary in June 2018 and gave approval for the program proposers to proceed to development of Volume I of a self study brief (pages 15 and 16 of the documentation). The documentation shows that the self study appeared for approval at the Graduate Faculty Board in February 2020 (page 69). Since the 2019 IQAP was approved by the QC in November 2019, preparation of Volume I of the self study was initiated under the 2015 IQAP and completed under the 2019 IQAP. The provisions of the two IQAPs for preparation of Volume I of the self study are slightly different:

The 2015 IQAP (clause 3.3.4.2) states that the program proposers will meet with the office of the Vice-Provost to go over the process for self study preparation and to go over the approval process. The 2019 IQAP (clause 3.3.4.2) states that the program proposers are encouraged to attend the meeting with the office of the Vice-Provost. In both IQAPs, the same clause states that the office of the Vice-Provost will provide a customized template for the preparation of Volume I of the self study that is based on the Executive Summary. The documentation contains no evidence that any of these processes occurred apart from a statement in the memo notifying the proposers of the VPARC's decision to allow them to proceed with preparation of Volume I of the self study (pages 15 and 16). That memo was dated June 28, 2018, when the 2015 IQAP was still in force; the relevant statement is: "Should you have any questions about the process or the preparation of Volume I, please contact Sandra Bauer, Program Officer (FGPA). Please direct any questions regarding learning outcomes and assessment to Dr Andrea

Thompson, Learning Assessment Specialist (OVPAVPA).” This is not compliant with the 2015 IQAP.

See Recommendation 1.

b) Program Proposal:

The process was not compliant.

Volume I of the self study was prepared sometime between June 2018 (VPAARC approval of Executive Summary) and January 2020 (submission to Graduate Faculty Board) and so would have been completed in accord with either the 2015 IQAP or the 2019 IQAP). Clause 3.3.4.6 of the 2015 IQAP states that the office of the Vice-Provost ensures that the self study is complete and compliant with the IQAP, and states that the Vice-Provost will write a memo to this effect and that it will accompany the self study when it goes to the Senate Committee. Clause 3.3.4.5 of the 2019 IQAP states that the office of the Vice-Provost will ensure that the self study is complete and compliant. There is nothing in the documentation to show that any of these events occurred.

See Recommendation 1.

c) External Evaluation:

i. External Perspective

The process was not compliant.

Volume III of the self study (the list of possible external reviewers along with their CVs) was compliant with the IQAP. However, the process of selection of the External Reviewers used, and the process for establishing their arm’s length status was not well documented in the materials received by the Audit Team. For example, pages 109-113 of the documentation for this new program contains a prioritized list of external reviewers, but it is not dated and there is no indication of how, or by whom it was prepared, nor how their arm’s length status was interrogated. The Audit Team noted that the Institutional Self Study addresses the assessment of arm’s length status in some detail but is not specific to this new program. During the Audit Team’s site visit, the Auditors were told by the University representatives that the quality assurance office does indeed undertake the IQAP required steps, and this was corroborated by the program’s proposers when the Audit Team met with them.

The Internal Reviewer’s report on the process of the External Reviewers’ site visit revealed that the External Reviewers were surprised they did not meet with the Dean of Engineering. Since this new program is hosted by both the Faculty of Science and the Faculty of Engineering, the IQAP requires that such a meeting should occur. This was raised with the program’s proposers during the Audit

Team's site visit; they suggested this omission may have been because there was a change of Dean in Engineering occurring at that time.

See Recommendation 1.

ii. External Review Report

The process was compliant.

d) Internal Perspective:

i. Internal Response

The process was not compliant at the time of the review of this New Program

The response of the program's proposers to the External Reviewers' report was compliant with the IQAP and used a template to address appropriately each of the recommendations of the External Reviewers. The Deans' responses were not compliant; the response from the Dean of Science was very brief and did not address each recommendation, while there was no response from the Dean of Engineering (note the comment above that the absence of the Dean of Engineering from the process may have been because of a change of leadership that was occurring at the time). During the Audit Team's site visit, the University's representatives indicated that the template has been changed so that the Dean now responds to each recommendation of the External Reviewers in parallel with the Department. The University practice is now compliant with the IQAP and the QAF, which require that the Dean respond to each recommendation of the External Reviewers. Accordingly, no Recommendation is being made to the University to resolve this issue of non-compliance observed by the Audit Team.

See Suggestion 8.

e) Institutional Approval:

The process was compliant.

f) Initial Appraisal Process:

The process was compliant.

g) Subsequent Appraisal Process:

Not applicable.

h) Subsequent Institutional Process:

i. First Cyclical Review

The process was compliant.

ii. Implementation Window

The process was compliant.

iii. Monitoring

The process was compliant.

2. Linguistics (MA, PhD)

In a memo dated September 2017, the Dean of Graduate and Postdoctoral Affairs and the Dean of the Faculty of Arts and Social sciences notified the Vice-President Academic of the proposal to begin a new Master of Arts in Linguistics. The three-volume brief was developed in the fall of 2017. The external review committee was confirmed in May of 2018 and the site visit was held in September 2018. The programs were approved by Senate in the fall of 2018. Quality Council approval was received in December 2018 (approval with report). The first cohort of students joined the program in the fall of 2020.

A monitoring report was due March 19, 2023 and it was submitted and reviewed by SQAPC on March 9, 2023. The SQAPC were satisfied with the report and informed the Director of the program that it would be required to provide a report to Quality Council in the fall of 2023. The Quality Council report had not been submitted at the time of the desk audit. The Audit Team was informed that it would be reviewed by SQAPC on March 14, 2024.

a) Initial Institutional Process:

The process was not compliant.

Based on the site visit, it appears that clear guidance was given to the unit completing the Proposal Brief and on program learning outcomes (PLOs) and other support in an early meeting but there is no confirmation of this in the documents provided.

See Recommendation 1.

b) Program Proposal:

The process was compliant.

c) External Evaluation:

i. External Perspective

The process was compliant.

ii. External Review Report

This process was compliant.

d) Internal Perspective:

i. Internal Response

The process was compliant.

e) Institutional Approval:

The process was compliant.

f) Initial Appraisal Process:

The process was compliant.

g) Subsequent Appraisal Process:

The process was compliant.

h) Subsequent Institutional Process:

i. First Cyclical Review

The process was compliant.

ii. Implementation Window

The process was compliant.

iii. Monitoring

The process was compliant.

Cyclical Program Reviews

1. Business Undergraduate/Graduate programs (Sprott School of Business)

The School of Commerce was founded in 1966 within the Faculty of Social Sciences of Carleton University, was named the Sprott School of Business in 2001 and obtained independent Faculty status in 2006. The nine accredited programs of the Sprott School of Business were one of the two instances of programs chosen for audit of their Cyclical Review Program that also undergo professional accreditation. At the undergraduate level, there were two programs: Bachelor of Commerce and Bachelor of International Business. At

the graduate level, there were seven programs: Master of Business Administration, Master of Accounting, Master of Applied Science in Technology Innovation Management, Master of Engineering in Technology Innovation Management, Master of Entrepreneurship in Technology Innovation Management, PhD in Management and MSc in Management.

The Cyclical Program Review process for the nine programs of the Sprott School Business was undertaken in 2018-2019 to align with the accreditation review process of the Association to Advance Collegiate Schools of Business (AACSB). Based on an agreement between the Office of the Vice-Provost and Associate Vice-President (Academic) and the Sprott School of Business, programs falling under the scope of AACSB accreditation undergo the cyclical review process every five years. The previous CPR, also aligned with the accreditation review, took place in 2012-2013.

The 2018-2019 Cyclical Program Review was conducted under the Institutional Quality Assurance Process ratified in 2015. A detailed comparison of the cyclical program review process and the AACSB accreditation process was conducted in April of 2018. A series of customized steps were developed by the Office of the Vice-Provost and Associate Vice-President in consultation with the Sprott School of Business. These steps outlined in detail the documentation required and process to be followed regarding the cyclical review. In place of the standard documents produced for the cyclical program review, the Sprott School of Business was requested to supply the accreditation documents. No additional documents were requested.

While much of the AACSB summary report (Continuous Improvement Report) meets the requirement of the CPR self-study, the auditors noticed several gaps that would have justified the development of supplementary materials to complete the IQAP requirements. At the time of the site visit, the representatives of Sprott School of Business noted that they were currently undertaking their 2023-2024 review. They also indicated that the Sprott School of Business had done extensive mapping for this more recent review that had led to the creation of supplementary materials.

a) Initial Institutional Process

i. Schedule of Reviews

The process was compliant.

ii. Initiation of the Self-Study Process

The process was compliant.

iii. The Program or programs

The process was compliant.

b) Self-study

The process was not compliant.

The Continuous Improvement Report, used instead of creating a self-study, did not contain information relative to the participation of faculty, staff, students, and other stakeholders in its development, which is one of the requirements for a Cyclical Program Review (QAF 4.2.3 b) 9). Even if the student-oriented culture of the Sprott School of Business was praised by the external reviewers, there was no information on the way the students were involved in the development of the self-study in the report. Similarly, the input of others deemed to be useful, e.g., industry representatives, employers, etc., could be found in the Report (QAF 4.2.3 b).

Similarly, the documentation did not indicate how the Assurances of Learning, which is AACSB terminology that closely aligns with program-level learning outcomes (PLOs), aligned with the Degree Level Expectations for each program (QAF 4.3.1 b). In terms of addressing QAF 4.3.4 a) with regards to methods for assessing student achievement of the defined PLOs, while a process was described and some concrete examples were provided, much of the discourse around outcomes and changes made was at a Sprott School of Business level rather than program-specific.

Finally, for the School's graduate programs, data tables could not be found (QAF 4.3.6 c) and a clear indication of there being a sufficient level of graduate courses to meet the two-thirds requirement described in QAF 4.3.8 c) also appeared to be absent.

See Recommendation 5.

i. Evaluation Criteria

The process was not compliant.

Comparison of criteria in the IQAP versus AACSB criteria revealed the following inconsistencies: the consistency of program-level learning outcomes (PLO's) with degree level expectations (DLEs) was not mapped; the modes of delivery to achieve PLO's/DLEs mapping was not addressed; the University's DLEs were not addressed; and, at the graduate level, the requirement of a minimum of two-thirds of the courses being at the graduate level and the students' professional skills were not addressed. More generally, detailed information by program was limited.

The section on the assessment of the learning outcomes (Assurance of Learning) in the accreditation report was also not an entirely satisfactory means of addressing the QAF requirements. The external reviewers recommended that the link between the learning outcomes, their assessment and the curricular changes should be better explained in the next report. The Sprott School of Business addressed this issue appropriately by a monitoring report that includes "Update on Learning Outcomes Assessment Activities".

See Recommendation 5.

c) External Evaluation

i. External Perspective

The process was not compliant.

The auditors noticed that the external reviewers' report focused more on the overall School rather than on the individual programs within the School, as required by the QAF.

See Recommendation 5.

d) Internal Perspective

i. Internal Response

The process was compliant.

ii. Final Assessment Report and Implementation Plan

The process was compliant.

e) Reporting Requirements

The process was compliant.

The monitoring report includes an "Update on Learning Outcomes Assessment Activities" that is produced yearly. The auditors considered this report (implemented across the University) an efficient tool for the programs to assess their learning outcomes. The auditors commend the unit and the University for this practice.

f) Use of accreditation and other external reviews in the Institutional Quality Assurance Process

The process was not compliant.

As noted in Section 1. b) above, not all of the QAF requirements for the self-study, including full coverage of the evaluation criteria for each discrete program in the review, were fully addressed by the external reviewers. Similarly, as noted in section c) i. above, the focus of the AACSB reviewers was at the level of the School, not the individual programs offered by the School, which is the level of review required by the Quality Assurance Framework. Given these misalignments, the attempt to use the accreditation review to meet the requirements of the Framework was deemed to not be successful in this instance.

See Recommendation 5.

2. MSc/PhD Earth Sciences

Established in 1982, the Ottawa-Carleton Geoscience Centre (OCGC) is a Joint Institute of Carleton University and University of Ottawa. It offers four programs that are subject to the current cyclical review program: M.Sc. Earth Sciences, M.Sc. Earth Sciences with Specialization in Chemical and Environmental Toxicology, Ph.D. Earth Sciences, Ph.D. Earth Sciences with Specialization in Chemical and Environmental Toxicology. The structure of the MSc and PhD Earth Science programs are common to the two institutions and serve as academic platforms in the earth and environmental sciences.

The 2019-2020 Cyclical Program Review was conducted under the Institutional Quality Assurance Process ratified in 2019. There were several delays between key steps from the approval by the Dean of Carleton University on June 24, 2020, to the submission to the Quality Council on June 8, 2022.

The collaboration between the two institutions was not satisfactory. Through the process, the governance structure of the Institute has caused some compliance issues, mainly related to the internal response step and the reporting requirements (see e) ii. below).

The Audit Team heard during the visit that Carleton University is aware of these governance issues and has been recently initiating a broader review of joint institutes and joint programs through the Faculty of Graduate Studies. In this specific case, possible changes of the Ottawa-Carleton Geoscience Centre would have an impact on the programs and their next review.

See Suggestion 8.

a) Initial Institutional Process

i. Schedule of Reviews

The process was compliant.

ii. Initiation of the Self-Study Process

The process was not compliant.

Given that the university does not document this part of the process, its compliance could not be fully assessed.

See Recommendation 1.

b) The Program or programs

The process was compliant.

c) Self-study

The process was not compliant as there was no documentation on the approval by the Vice-Provost of the self-study.

See Recommendation 1.

i. Evaluation Criteria

The process was compliant.

d) External Evaluation

i. External Perspective

The process was not compliant.

The Audit Team heard about the detailed orientation discussions that occur between OPAVPA and external reviewers prior to the site visit and therefore no recommendation has been identified.

Despite the information that was provided to them (e.g. terms of reference for their report), the external reviewers noted that they were not well informed of the process and the expectations of the university for their report.

The report itself did not comment on some key, required elements: learning outcomes, assessment, mode of delivery and admission requirements.

See Suggestion 3.

e) Internal Perspective

i. Internal Response

The process was compliant. However, while there was a unit response from Carleton University and a (minimal) response from the relevant Dean at Carleton, the response from the Dean at the University of Ottawa indicated that there was no collaboration with the Vice-Dean or Dean from that University in the program review, nor in drafting the unit responses. This suggests the joint governance of the program is not working as cohesively as intended.

See Suggestion 8.

ii. Final Assessment Report and Implementation Plan

The process was compliant, however, the Implementation Plan was not created in consultation with the University of Ottawa Dean, as would be expected for a joint program.

In addition, following the University's submission of the FAR/IP to the Quality Council, the Quality Council noted in response that it was surprised by SQAPC's classification of the program as being "Good Quality" given the long list of weaknesses and concerns expressed by the external reviewers. However, the Audit Team was told during the Audit site visit that SQAPC now has the capacity to differentiate between motions and outcomes, including now having the option to classify a program as being conditionally approved to continue, or not approved to continue.

See Suggestions 1 and 8.

f) Reporting Requirements

The process was not compliant.

The monitoring report, which was to be submitted by June 30, 2023 was still pending at the time of the audit site visit. As this was the only example of a late monitoring report, the auditors saw this as an exception and have not provided a Recommendation.

The Final Assessment Report and the Implementation Plan have also not been posted on the website, as required by the QAF.

See Recommendation 4.

g) Use of accreditation and other external reviews in the Institutional Quality Assurance Process:

Not applicable.

3. English (BA, MA, PhD)

The department of English Language and Literature has been a part of Carleton University since its founding as a college in 1942. The undergraduate degree program has evolved numerous times since then, and there have been two major curriculum revisions within the past two decades (2008 and 2019). The master's degree was established in 1960 as a one-year degree covering the general fields within the discipline. The PhD program was established in 2006 at which time it admitted its first cohort of students.

The last cyclical review of this program occurred over 2021 and 2022; the self-study process was initiated in January 2021, the site visit held February 2022 with approval of the FAR and IP by senate in October 2022. Their previous cyclical review occurred in 2013.

The department was praised by the external reviewers for its high-quality program, innovative and unique courses, as well as "highly productive faculty, collegiality, student's satisfaction and dedication to continual assessment and improvement". A monitoring report is due in June 2025.

a) Initial Institutional Process

i. Schedule of Reviews

The process was compliant.

ii. Initiation of the Self-Study Process

The process was compliant.

b) The Program or programs

The process was compliant.

c) Self-study

The process was compliant.

The self-study document was included and meets the broad expectations, and all pertinent information was included. The process of developing the self-study involved shared responsibility and the creation of sub-committees responsible for developing content for each of the three programs. This was identified by the Audit Team as a possible best practice.

iii. Evaluation Criteria

The process was compliant

d) External Evaluation

iv. External Perspective

The process was compliant.

e) Internal Perspective

v. Internal Response

The process was compliant

vi. Final Assessment Report and Implementation Plan

The process was compliant

f) Reporting Requirements

The process was compliant

g) Use of accreditation and other external reviews in the Institutional Quality Assurance Process

Not applicable.

4. Bachelor of Social Work (BSW)

The School of Social Work at Carleton University offers a BSW, an MSW, and a PhD in Social Work. All three degrees fall within the scope of the University's IQAP and therefore undergo Cyclical Program Review (CPR). In addition, the BSW and MSW are both subject to an accreditation process conducted by the Canadian Association for Social Work Education (CASWE). The University's IQAP envisages undergraduate and graduate programs in the same discipline undergoing CPR together but recognizes that program-specific factors – such as accreditation – may lead to their CPRs proceeding independently. In this instance, the School of Social Work decided to conduct the BSW CPR separately from the MSW and PhD, and to combine it with the BSW accreditation review. Documentation of this decision, and its rationale, was not available to the Audit Team prior to the Audit site visit but was provided subsequently in the form of e-mails dating from September 2018. For a variety of reasons that are detailed in the emails, it was decided to proceed with the BSW CPR and accreditation in 2019-20, conduct the MSW and PhD CPR in 2021-22 along with the MSW accreditation, and then bundle all three programs for combined CPR and accreditation in 2024-25.

In accord with this plan, the accreditation documents were submitted to CASWE in October 2019. Unfortunately, the pandemic lockdown that commenced in March 2020 caused the accreditation agency to suspend the process until such time as an in-person site visit of external reviewers could occur. In February 2021, the accreditation process had still not commenced, and the University decided to proceed with a stand-alone CPR using a virtual site visit, with the accreditation materials serving as the self study but supplemented by documents filling any gaps between the accreditation materials and the CPR self study requirements prescribed in the University's IQAP.

The CPR site visit occurred in June 2021 and the external reviewers' report was received in July 2021. The Senate Quality Assurance and Planning Committee (SQAPC) considered the self-study materials, the external reviewers' report and the program and Dean's response to the report at meetings in November 2021 and January 2022. The Committee recommended the program be categorized as Good Quality and this recommendation was subsequently approved by Senate.

The Audit Team noted for the BSW CPR that the University's documentation of some of the early steps of the review process was lacking. For example, in the BSW CPR, the numerous IQAP requirements for meetings at the self study development stage between the program and the central quality assurance office or other support units were not documented, the Dean's approval of the supplementary materials to be used in the joint CPR and accreditation review was not documented, and nor were the approvals of the Dean and

Vice-Provost of the CPR self study prior to its submission to the External Reviewers. This made it impossible for the Auditors to determine whether the University was complying with all the provisions of its IQAP because the documentation they had requested in accord with 6.25 of the QAF was not provided.

a) Initial Institutional Process

i. Schedule of Reviews

The process was compliant.

The BSW underwent a CPR in 2012-13 and so the program's decision to proceed with a combined CPR and accreditation in 2019-2020 was well within the 8-year window required by the Quality Assurance Framework (QAF) and the University's IQAP. It was beyond the University's control that the accreditation review was suspended because of the pandemic and the University is to be commended for taking the decision to proceed with a stand-alone CPR site visit in 2021. This is when the site visit would likely have occurred if the University had decided to conduct the CPR in 2020-21 and therefore is compliant with the maximum timeline for CPR stipulated in the QAF.

ii. Initiation of the Self-Study Process

The process was not compliant.

The self study process commenced in the Fall of 2018 at which time the 2015 IQAP was the guiding quality assurance policy document. Clauses 7.2.2.1 through 7.2.2.7 of that IQAP specify a series of meetings of the program with the Quality Assurance office that would prepare the program for the CPR process. Nothing in the documentation provided to the Audit Team confirmed that procedures described in these clauses had been followed.

In addition, clause 7.6.1 deals briefly with procedure to be followed if a CPR is to be combined with an accreditation review. From the documentation provided to the Audit Team before its site visit, it was clear to the Audit Team that the University has a robust procedure in which the central quality assurance office prepares a detailed gap analysis identifying where the accreditation documents do not meet the needs of the IQAP's CPR self study. This analysis is then used by the program to develop supplementary materials to complete the IQAP requirements. The timing was sometimes hard to follow from the documentation. For example, the gap analysis described above was approved by SQAPC in October 2019 so that the program could proceed with development of the supplementary materials. However, the program's supplementary materials in the documentation provided to the Audit Team are dated May 2019.

See Recommendation 1.

b) The Program or programs

The process was compliant.

c) Self-study

i. Evaluation Criteria

The process was not compliant.

Based upon the documentation provided to the Audit Team, the gap analysis between the accreditation materials and the IQAP self-study requirements was complete, and the supplementary materials prepared by the program filled the gaps.

At the time the self study materials were sent to the External Reviewers, the 2019 IQAP was in effect. The latter requires that the self study be approved by the Dean and the Vice-Provost before it is sent to the External Reviewers. The documentation provided to the Audit Team did not provide evidence that these approvals occurred, although the fact that the Vice-Provost sent the self study to the Reviewers implies approval. The program's self study contained a signature line for the Dean but the copy provided was unsigned. The Audit Team learned from both the program representatives and the University's quality assurance office that the Dean's office was engaged and that the Audit Team simply received electronic copies of the unsigned document.

See Recommendation 1.

d) External Evaluation

i. External Perspective

The process was not compliant.

There was no evidence of a meeting between the External Reviewers and individuals from the profession, which is required by the IQAP. This issue was raised in the Audit Team's meeting with representatives of the BSW who were very surprised that the External Reviewers' schedule did not record such a meeting. It appears this was an oversight, perhaps arising from the unusual circumstances of the External Review (i.e., conducted virtually during a pandemic).

The IQAP (7.2.10.4) states that the Vice-Provost will review the External Reviewers' report for completeness. The documentation provided to the Audit Team contained no evidence that this occurred. The IQAP (7.2.10.5) states that the Vice-Provost will forward the report to the Dean and dept with a cover memo listing all issues, concerns, recommendations raised in the report that require a

decal or departmental response. Again, there is no documentation to indicate that this occurred.

See Recommendation 1.

e) Internal Perspective

i. Internal Response

The process was compliant.

ii. Final Assessment Report and Implementation Plan

The process was compliant.

f) Reporting Requirements

The process was not compliant.

The University's 2019 IQAP requires that the University's Board receive the Final Assessment Report and the Implementation Plan, and that the FAR and Executive Summary produced from a program CPR be posted on the University's website. The documentation provided to the Audit Team indicated that the Board only received notification that a CPR process had occurred successfully for the BSW program, while the University's website only has the outcome of the previous CPR (2012-13) posted.

See Recommendation 3 and 4.

Appendix A: Overview of the Quality Assurance Audit Process for Carleton University

Every publicly assisted university in Ontario will be audited at least once every eight years (QAF 6.1).

Purpose

Quality assurance is a shared responsibility between the Quality Council and Carleton University. Its aim is to ensure a culture of continuous improvement and support for a vision of a student-centered education based on clearly articulated program learning outcomes.

Quality assurance processes result in an educational system that is open, accountable, and transparent. The Cyclical Audit process allows the University to evaluate its quality assurance policies and practices, together with an assessment of performance by the Quality Council.

Objectives

The objectives of the Cyclical Audit are to ensure transparency and accountability in the development and review of academic programs, to assure students, citizens, and the government of the international standards of quality assurance processes, and to monitor the degree to which the university has:

- a) Improved/enhanced its quality assurance processes and practices;
- b) Created a culture of continuous improvement; and
- c) Developed processes that support program-level learning outcomes and student-centered learning.

Scope

The Cyclical Audit:

- a) Reviews institutional changes made in policy, process, and practice in response to the recommendations from the previous audit;
- b) Confirms the University's practice is compliant with its IQAP as ratified by the Quality Council and notes any misalignment of its IQAP with the QAF; and
- c) Reviews institutional quality assurance practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews.

AUDIT PROCESS (QAF 6.2)

A. Pre-orientation and briefing

To initiate the audit process, a briefing occurred on March 6, 2023. The Quality Assurance Secretariat and a member of the Audit Team provided an orientation on what to expect from the Cyclical Audit to the Key Contact and other relevant stakeholder(s).

B. Assignment of auditors

C. Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, are assigned to conduct the Cyclical Audit. The auditors are senior academics with experience in the development, delivery and quality assessment of graduate and undergraduate programs, and are at arm's length from the university. They are accompanied on the audit visit by member(s) of the Quality Assurance Secretariat.

Institutional self-study

The University prepared a written self-study report that presented and assessed its institutional quality assurance processes, including challenges and opportunities, and with particular attention to any issues flagged in the previous audit. The report was submitted to the Quality Assurance Secretariat in advance of the desk audit and formed the foundation of the Cyclical Audit.

D. Selection of the sample of quality assurance activities for audit

The audit team independently selected a sample of programs for audit, normally two programs developed under the New Program Approval Protocol and three or four programs that have undergone a Cyclical Program Review. Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications are not normally subject to audit.

A small sample of new programs still in development and/or cyclical program reviews that are still in progress may additionally be selected, in consultation with the University. In these instances, documentation for these in-progress programs is not required for submission. Instead, the auditors ask to meet with program representatives to gain an understanding of current quality assurance practices.

Specific areas of focus may also be added to the audit when an immediately previous audit has documented causes for concern, or when the Quality Council so requests. The University may also request specific programs and/or quality assurance elements be included in the audit. The auditors may consider, in addition to the required documentation, any additional elements and related documentation stipulated by the university in its IQAP.

The auditors selected the following Carleton University programs for audit:

New Programs:

- Linguistics, MA/PhD, Faculty of Arts & Science, approved by the Quality Council in 2019

- Data Science and Analytics, MEng/MCS/MIT/MSc/PhD, Interdisciplinary between the Faculty of Science and Faculty of Engineering, approved by the Quality Council in 2021

Cyclical Program Reviews:

- Earth Sciences, MSc, Faculty of Science (Joint with University of Ottawa), 2020-21
- Social Work, BSW, Faculty of Public Affairs, 2022-22
- English, BA/MA/PhD, Faculty of Arts & Social Sciences, 2021-22
- Business, Undergraduate and Graduate programs, Sprott School of Business, 2019-20

Findings in Areas of focus Requested by the University (if Applicable):

The University may request review of an area about which it has particular concerns (see Implications of the Institutional Self-study section above).

E. Desk audit of the university's quality assurance practices

In preparation for the site visit, the auditors undertook a desk audit of the University's quality assurance practices. Using the university's self-study and records of the sampled programs, together with associated documents, this audit tests whether the university's practice is compliant with its IQAP¹, as ratified by the Quality Council, as well as any misalignments of the IQAP with the QAF.

It is essential that auditors have access to all relevant documents and information to ensure a clear understanding of the university's practices. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate an effective and efficient audit. The documentation submitted for audit includes:

- a) Relevant documents and other information related to the programs selected for audit, as requested by the Audit Team;
- b) The record of any revisions of the university's IQAP, as ratified by the Quality Council; and
- c) The annual report of any minor revisions of the university's IQAP that did not require Quality Council re-ratification.

Universities may provide additional documents at their discretion (QAF 6.2.5).

¹ Changes to the institution's process and practices within the eight-year cycle are to be expected. The test of the conformity of practice with process will always be made against the ratified Institutional Quality Assurance Process applying at the time of the conduct of the review.

The auditors undertook to preserve the confidentiality required for all documentation and communications and to meet all applicable requirements of the Freedom of Information and Protection Privacy Act (FIPPA).

F. Site visit

The principal purpose of the site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of its IQAP in its pursuit of continuous improvement of its programs. Further, the site visit serves to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality assurance practices contribute to continuous improvement of its programs.

During the site visit, auditors spoke with the University's senior academic leadership including those who the IQAP identifies as having important roles in the QA process, as well as representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. (QAF 6.2.6)

G. Audit Report

Following the conduct of the audit, the auditors prepared a report that is considered "draft" until it is approved by the Quality Council. The report, which is to be suitable for subsequent publication, comments on the institution's commitment to the culture of engagement with quality assurance and continuous improvement, and:

- a) Describes the audit methodology and the verification steps used;
- b) Comments on the institutional self-study submitted for audit;
- c) Describes whether the university's practice is in compliance with its IQAP as ratified by the Quality Council, on the basis of the programs selected for audit;
- d) Notes any misalignment of its IQAP with the QAF;
- e) Responds to any areas the auditors were asked to pay particular attention to;
- f) Identifies and records any notably effective policies or practices revealed in the course of the audit of the sampled programs; and
- g) Comments on the approach that the University has taken to ensuring continuous improvement in quality assurance through the implementation of the outcomes of cyclical program reviews and the monitoring of new programs.

The report shall not contain any confidential information. A separate addendum, not subject to publication, provides the University with detailed findings related to the audited programs.

Where appropriate, the report may include:

- **Suggestions**, which are forward-looking, are made by auditors when they identify opportunities for the university to strengthen its quality assurance practices. Suggestions

do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best, practices. Universities are under no obligation to implement or otherwise respond to the auditors' suggestions, though they are encouraged to do so.

- **Recommendations**, which are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these recommendations in its response to the auditors' report.
- **Causes for concern**, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as required per QAF 5.4.1d) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as required per QAF 5.4.2). Causes for concern require the university to take the steps specified in the report and/or by the Quality Council to remedy the situation.

The Audit Report includes recommendations that the Quality Council take one or more of the following steps, as appropriate:

- i. Direct specific attention by the auditors to the issue(s) with in the subsequent audit, as describe in QAF 6.2.4;
- ii. Schedule a larger selection of programs for the university's next audit;
- iii. Require a Focused Audit;
- iv. Adjust the degree of oversight and any associated requirements for more or less oversight;
- v. Require a Follow-up Response Report, with a recommended timeframe for submission; and/or
- vi. Any other action that is deemed appropriate.

H. Disposition of the Audit Report

The Quality Assurance Secretariat submits the Audit Report to the Audit Committee for consideration. Once the Audit Committee is satisfied with the Report, it makes a conditional recommendation to the Quality Council for approval of the Report, subject only to minor revisions resulting from the fact checking stage described below:

- The Quality Assurance Secretariat provides a copy to the University's "authoritative contact" (QAF 1.3), for fact checking to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report.
- That authority submits its report on the factual accuracy of the draft report within 30 days. If needed, the authority can request an extension of this deadline by contacting the Quality Assurance Secretariat and providing a rationale for the request. This response becomes part of the official record, and the audit team may use it to revise their report.

The University's fact checking response will not be published on the Quality Council's website. When substantive changes are required, the draft report will be taken back to the Audit Committee.

The Chair of the Audit Committee takes the Audit Committee's recommendation for approval of the report to the Quality Council. The Council either accepts the report or refers it back to the Audit Committee for modification.

I. Transmittal of the Audit Report

Upon approval by the Quality Council, the Quality Assurance Secretariat sends the approved report to the University with an indication of the timing for any required follow-up.

J. Publication of main audit findings

The Quality Assurance Secretariat publishes the approved report of the overall findings, absent the addendum that details the findings related to the audited programs, together with a record of the recommendations on the Quality Council's website. The University will also publish the report (absent the previously specified addendum) on its website.

K. Institutional Follow-up Response Report

When a Follow-up Response Report is required (QAF 6.2.7v), the University will submit the report within the specified timeframe, detailing the steps it has taken to address the recommendations and/or Cause(s) for Concern. If the Audit Team is satisfied with the University's Follow-up Response Report, it drafts a report on the sufficiency of the response. The auditors' report, suitable for publication, is then submitted to the Audit Committee for consideration. If the Audit Team is not satisfied with the institutional response, the Audit Team will consult with the institution, through the Quality Assurance Secretariat, to ensure the follow-up response is modified to satisfy the requirements of the Audit Report. The Institution will be asked to make any necessary changes to the follow-up response within a specified timeframe. The Audit Committee submits a recommendation to the Quality Council to accept the University's follow-up response and associated auditors' report.

L. Web publication of Follow-up Report

When a Follow-up Report is required, the Quality Assurance Secretariat publishes this Report and the auditors' report on the scope and adequacy of the University's response on the Quality Council website and sends a copy to the University for publication on its website.

M. Additional reporting requirements

A report on all audit-related activity is provided to the Ontario Council of Academic Vice-Presidents, the Council of Ontario Universities and the Ministry of Colleges and Universities through the Quality Council's Annual Report.

Appendix B: Auditor Bios

Dr. Johanne B nard, *Professor, French Studies, Queen’s University*

Dr. B nard is a bilingual Professor in Queen’s University’s Department of French Studies and has held the position of Associate Dean (Studies) in the Faculty of Arts and Science from 2013 to 2018. As a member of the senior leadership team, she was responsible for academic consideration and accommodation, academic integrity, advising and appeals. Dr. B nard worked on the New Protocol on Academic Consideration (2016-2018). As Undergraduate Chair and Head of the French Studies Department, Dr. B nard played a significant role in many curriculum changes and reviews of the French Studies Department over a period of 25 years. Additionally, she has held Chair positions on the Academic Orientation Committee, Board of Studies, and Curriculum Committee in the Faculty of Arts and Science.,

Dr. Alan Weedon, *Professor Emeritus, Department of Chemistry, Western University*

Alan Weedon received his undergraduate BSc and PhD degrees from Imperial College in London, and was appointed as an assistant professor at in the chemistry department at Western in 1980, becoming an associate professor in 1986 and full professor in 1991. He retired from Western in 2018. From 1992 until 2016, he was variously an elected and ex-officio member of Western’s Senate and served on its sub-committees responsible for academic program planning, approval and monitoring. Dr. Weedon served as Western’s Dean of Graduate Studies from 1996 until 2002, and was thereby a member of the Ontario Council on Graduate Studies (including a term as its chair) at a time when it was still responsible for quality assurance of graduate programs in Ontario.

From 2002 until 2016, Dr. Weedon was Western’s Vice-Provost (Academic Planning, Policy and Faculty). This portfolio is responsible for all matters relating to faculty, including faculty complement planning, and approval of decisions relating to individual faculty appointments, promotion, tenure, sabbatical and other leaves, and dismissal. As Vice-Provost, he met with all external reviewers of undergraduate and graduate programs at Western, as well as external reviewers of Departments and Faculties, and received their reports, which informed annual planning and budgeting discussions with Faculty Deans. While Vice-Provost, he was a regular attendee and contributor at meetings of the Ontario Council of Academic Vice-Presidents, including the period when it was participating in the development of the Quality Assurance Framework. Dr. Weedon was also a participant in the development of Western’s Institutional Quality Assurance Process.

Dr. Kirsten Woodend, *Associate Professor, Fleming School of Nursing, Trent University*

Kirsten Woodend is an Associate Professor in the Trent/Fleming School of Nursing program. She was Dean of the Trent/Fleming School of Nursing at Trent University from 2011-2021. She was the Director and Associate Dean, School of Nursing, Faculty of Health Sciences, at the University of Ottawa (2007-10) and Assistant Director of that School in 2006. Professor Woodend was chair of Trent's Cyclical Program Review Committee from 2015 to 2017 and then again from 2018 to 2020. She has also led program reviews and accreditation reviews for the schools of nursing at both Ottawa and Trent Universities.

With respect to new program development, Professor Woodend has experience with processes for developing a new program from its initial stages to completion. She has led and been a member of new program working groups at Trent University including the PhD in Interdisciplinary Social Research, BSc Honours Kinesiology, MScN Nursing Professional Practice (joint degree with Ontario Tech), and Graduate Diplomas (Type 3) Dementia Studies for Registered Nurses and Mental Health and Addictions Nursing. She has been a member of several committees involved with Quality Assurance Processes including Trent's Provost's Planning Group (first stage in program development), Faculty Board (reviews curriculum changes including major modifications), Senate Executive, and Senate.

Appendix C: Site Visit Schedule

Carleton University Schedule of Meetings with Quality Council Auditors March 26-28, 2024

Day 1

Time	Participants
08:30 - 9:30 a.m.	Audit Team Planning Meeting
9:30 – 11:30 p.m.	Meeting with senior QA team Dr. David Hornsby, Vice-Provost and Associate Vice-President (Academic) Dr. Hashmat Khan, Associate Vice-President (Academic Programs and Strategic Initiatives) Dr. Dwight Deugo, former Vice-Provost and Associate Vice-President (Academic) Christina Noja, Director Dr. Eileen Harris, Program Assessment Specialist Trecia James, Program Coordinator
11:30-12:00	Jira Demonstration Same team as above
12:00 - 12:30 p.m.	Lunch
12:30 – 1:30 p.m.	Meeting with Dr. David Hornsby, Edward Bilodeau, Associate University Librarian (Technical & Content Services) Alana Skwarok, Acting Head of Collections and Assessment, Library Nathasha MacDonald, Associate Vice-President (Institutional Research and Planning) Patrick Lyons, Director, Teaching and Learning
1:30 – 2:30 p.m.	Audit Team meets with representatives of the new program in Linguistics (MA/PhD) Dr. Michael Rodgers, Director Dr. Dan Siddiqi Dr. Beth MacLeod
2:30 – 3:00 p.m.	Break
3:00 - 4:00 p.m.	Audit Team meets with representatives of Social Work (BSW) CPR Dr. Sarah Todd, Director Dr. Dennis Kao

Day 2

Time	Participants
09:00 - 10:00 a.m.	Audit Team meets with representatives of Earth Sciences (MSc) CPR Dr. Richard Amos Ms. Sheila Thayer, Departmental Administrator
10:00 -11:00 p.m.	Audit Team meets with representatives from the Senate Quality Assurance and Planning Committee/Discussants Dr. Dan Siddiqi Dr. Julia Wallace Dr. Julie Garlen Dr. David Mendeloff Dr. Pamela Wolff Ms. Natalie Phelan
11:00 - 12:00 p.m.	Audit Team meets with representatives of English (BA/MA/PhD) CPR Dr. Grant Williams, Chair Dr. Adam Barrows Dr. Sara Jamieson Dr. Julie Murray
12:15 - 1:00 p.m.	Lunch with Students Farzam Sepanta Nir Hagigi Keisha Cuffie Elsa Piersig Jonathan Ojangole Shanorah Brown-Vilma Harsh Thakkar
1:00 - 1:15 p.m.	Break
1:15 - 2:30 p.m.	Audit Team meets with Deans Dr. Howard Nemiroff (Business) Dr. Anne Bowker (Arts & Social Sciences) Dr. Maria DeRosa (Science) Dr. Larry Kostiuik (Engineering) Dr. David Mendeloff (Associate Dean, Public Affairs) Dr. Patrice Smith (Graduate & Postdoctoral Affairs)
2:30 - 3:30 p.m.	Audit Team meets with representatives of the new program in Data Science and Analytics (Meng/MCS/MIT/MSc/PhD) Dr. Shirley Mills Dr. James Green

	<p>Dr. Michel Barbeau, Director, School of Computer Science</p> <p>Dr. Omair Shafiq, Director, School of Information Technology</p> <p>Dr. Jie Gao,</p> <p>Ms. Katherine Waitschat-Drew, Graduate Advisor</p>
3:30 - 4:30 p.m.	<p>Audit Team meets with representatives of Business (UG & GR) CPR</p> <p>Dr. Robin Ritchie, Associate Dean, Professional Graduate Programs</p> <p>Dr. Shaobo Ji, Associate Dean, Research & International</p> <p>Emily Mantha, Manager, Strategy and Quality</p> <p>Dr. Linda Schweitzer (zoom)</p>

Day 3

Time	Participants
08:30 - 09:30 a.m.	Audit Team Meeting
09:30 - 11:00 a.m.	<p>Meeting with senior QA team</p> <p>Dr. Pauline Rankin, Provost & Vice-President (Academic)</p> <p>Dr. David Hornsby</p> <p>Dr. Hashmat Khan</p> <p>Dr. Dwight Deugo</p> <p>Christina Noja</p>
11:00 - 11:15 a.m.	Break
11:15 a.m. - 12:00 p.m.	<p>Audit Team meets with Internal Reviewers</p> <p>Dr. Janet Mantler</p> <p>Dr. Veronic Bezaire</p> <p>Dr. Peter Hodgins</p>
12:00 - 1:00 p.m.	Lunch
1:00 - 2:00 p.m.	Audit Team Planning Meeting
2:00 - 3:00 p.m.	<p>Audit Team de-brief with</p> <p>Dr. David Hornsby</p> <p>Dr. Hashmat Khan</p>