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**Assessment of  
Dalhousie University's  
Quality Assurance Policies  
and Procedures**

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and Procedures**

**Report prepared by the:**

AAU-MPHEC Quality Assurance Monitoring Committee

**Report approved by the:**

Maritime Provinces Higher Education Commission

**September 2003**

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

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## 1. INTRODUCTION

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

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

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

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

1. How well is the institution achieving what it set out to accomplish in its quality assurance policy?
2. Is the institution doing what it should be doing in the area of quality assurance?

The monitoring function is made up of the following steps:

- ' an initial meeting between the university and the Monitoring Committee;
- ' submission by the university of its self-study;
- ' an analysis of all pertinent documentation by the Monitoring Committee;
- ' a site visit;
- ' an assessment report prepared by the Monitoring Committee;
- ' an institutional response;
- ' release of assessment report; and
- ' submission by the university of a follow-up action plan.

The quality assurance monitoring process is currently in its pilot phase. Two universities, Dalhousie University and St. Thomas University, have volunteered to participate in the pilot phase. Once the Monitoring Committee has completed the process with both institutions, it will review and modify, if necessary, the monitoring process based on its own assessment and feedback from both institutions involved in the pilot phase. Throughout the pilot phase, the Monitoring Committee was encouraged by both Dalhousie and St. Thomas Universities' positive response to the process and willingness to receive feedback from the

Monitoring Committee. The remaining institutions on the Commission's schedule are expected to complete the monitoring process over the next few years.

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

## **2. DESCRIPTION OF THE MONITORING PROCESS WITH DALHOUSIE UNIVERSITY**

The initial meeting between the Monitoring Committee and Dalhousie University occurred on May 9, 2001 at which time the Monitoring Committee clarified its expectations regarding the monitoring process, timelines, and self-study. The Monitoring Committee was represented by Ms. Marie T. Mullally, Committee Chair, Dr. Henry Cowan, AAU representative and committee member and Ms. Mireille Duguay, MPHEC staff. Representing Dalhousie were Dr. Tom Traves, President, Dr. Sam Scully, Vice President Academic and Provost and Mr. Brian Christie, Executive Director, Institutional Affairs. At this meeting, the University received a copy of the *Guidelines for the Preparation of the Institutional Self-Study* and the *Assessment Criteria for the MPHEC Monitoring Process*. These two documents can be found under Appendix 3.

Dalhousie submitted to the Monitoring Committee a self-study of its *Quality Assurance Policies and Procedures* in November 2002. The Monitoring Committee held a meeting on December 14, 2002 to review the self-study, after which a letter was sent to Dalhousie that identified the areas for which the Monitoring Committee would like further clarification during the site visit as well as a list of possible participants.

The site visit occurred on February 18, 2003. Committee Chair, Ms. Marie T. Mullally, and Committee members, Dr. Henry Cowan, Prof. Ivan Dowling, Ms. Sue Loucks and Dr. Don Wells were present at this meeting as well as three MPHEC staff members. Representing Dalhousie's senior administration were Dr. Tom Traves, President, Dr. Sam Scully, Vice President Academic and Provost, and Mr. Brian Christie, Executive Director, Institutional Affairs. Dr. Scully and Mr. Christie were present for most of the site visit. The Monitoring Committee had an opportunity to hear from senate officers, faculty representatives, chairs of recent review committees and student representatives. The agenda for the site visit is included under Appendix 2.

After the site visit, the Monitoring Committee requested additional documentation to further guide its assessment. On May 8, 2003, the Monitoring Committee submitted to Dalhousie a draft of its Assessment Report of Dalhousie's Quality Assurance Policies and Procedures. The University was asked to validate the factual information contained in the document and to provide an initial reaction to the report. A response was received on May 26, 2003.

The Monitoring Committee would like to extend its gratitude to Dalhousie for volunteering to be part of the pilot phase and for being responsive and cooperative throughout the entire process.

### 3. OVERVIEW OF DALHOUSIE'S QUALITY ASSURANCE POLICIES AND PROCEDURES

Dalhousie University, located in Halifax, Nova Scotia, provides nearly 13,500 students from Nova Scotia, the rest of Canada and abroad, with a post-secondary education in more than 125 undergraduate, graduate and professional degree programmes. In addition to arts and social sciences, science, management and computer science degree programmes, the University offers professional and specialized training in a variety of health professions, medicine, dentistry, architecture and planning, engineering and law.

The following summary of Dalhousie's quality assurance policies and procedures is based on the information provided in the University's self-study.

In 1985, the University adopted its first governing policy for academic quality assessment and improvement in the document "Guidelines for Unit Reviews". According to these guidelines, the objectives of the review process are the improvement of the University's academic offerings and the provision of information for academic planning and subsequent budgetary activities. The University's current policy focusses on the review of academic activities. Dalhousie intends to introduce regular reviews of support units and services into its quality assurance practices.

Dalhousie's quality review policy is two-tiered where:

- ' Senate reviews faculties and relationships with affiliated institutions and the programmes that are involved in these partnerships.
- ' Faculties review their constituent units: schools, departments, centres and institutes, and non-departmentalized programmes. The Faculty of Graduate Studies reviews all graduate programmes.

This arrangement allows the results of reviews to be primarily considered at the administrative level where unit accountability and budgetary, curriculum, planning and staffing decisions are overseen, and to recognize the differences amongst the disciplines. In addition, many programmes must undergo accreditation reviews by an external body.

Reviews, whether conducted by Senate, a faculty, or the Faculty of Graduate Studies, are to be carried out in a five to eight year cycle and consist of the following components:<sup>1</sup>

- ' the solicitation of the views of faculty, staff, students and external stakeholders such as alumni, professional associations and employers;
- ' the preparation of a self-study by the unit;<sup>2</sup>
- ' a review by an internal committee; and
- ' a review by one or two arms length external reviewers who typically make a site visit.

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<sup>1</sup>New graduate programmes are reviewed prior to implementation and as soon as possible after full implementation.

<sup>2</sup>Refers to either a faculty, a department, or a graduate programme.



Roles and responsibilities for reviews conducted under the auspices of Senate are as follows:

- ' The Office of Institutional Affairs coordinates and supports the process, while the Vice-Chair of Senate oversees the review process on behalf of Senate.
- ' The Senate Academic Priorities and Budget Committee (SAPBC) considers the reports by the internal review committee and by the external reviewer(s) as well as the faculty's initial response to the review and then decides whether to accept the report or not and what action, if any, should be recommended to Senate based on the report.
- ' The SAPBC also considers the follow-up reports and determines whether further action is expected.
- ' The Vice-President Academic and Provost reports to the SAPBC on the status of recommendations within a year to eighteen months following the review.

Roles and responsibilities for reviews conducted by faculties, including the Faculty of Graduate Studies, are typically as follows:

- ' The Associate Dean of the faculty in question coordinates reviews of its constituent departments.
- ' The Faculty Council of the faculty in question considers the reports by the internal review committee and by the external reviewer(s) as well as the unit's response to the review.
- ' The Dean of the faculty in question monitors follow-ups to recommendations resulting from a review.

The reports on reviews conducted by Senate are distributed, as appropriate, to the President, Vice-President Academic and Provost, relevant deans, department heads and school directors, faculty members, the SAPBC, and other decision makers. They are also available for examination in the Senate Office. Dissemination of reviews conducted by Faculties follows a similar pattern at the Faculty level. As well, these reports are filed with the Office of Institutional Affairs. The Vice-President Academic and Provost receives copies of departmental and school reviews from a number of faculties.

## **4. ASSESSMENT OF DALHOUSIE UNIVERSITY'S QUALITY ASSURANCE POLICIES AND PROCEDURES**

### **4.1 How well is the institution's policy achieving what it set out to accomplish in the area of quality assurance?**

Based on the documentation provided, Dalhousie's quality assurance policies have generally been implemented according to the procedures outlined in its policies. Specifically, the process whether led by Senate, a faculty or the Faculty of Graduate of Studies, has included, as per the University's policies: a self-study, student, staff and faculty input, an internal review committee, external reviewers, a final report with recommendations, and a follow-up process to the report.

Dalhousie's quality assurance policy is designed to allow each faculty to develop its own terms of reference and assessment criteria as long as these follow the basic criteria outlined in the Guidelines for Unit Reviews which were approved by Senate in 1985. This is a strength of Dalhousie's policy as it recognizes the differences among disciplines and the autonomy of each faculty by allowing each faculty to tailor its review policy to reflect its individual mission and values. Two notable examples include the Faculty of Health Professions' review policy which is student-centred and focussed on quality of learning and the Faculty of Graduate Studies' review policy, which focusses on individual programmes, concentrates on student

outcomes, and schedules the review of graduate programmes to complement the review of the department in which they are housed. In addition, the Monitoring Committee noted that Dalhousie reviews all new graduate programmes externally prior to Senate approval and implementation.

Another strength of Dalhousie's quality assurance policy is that it includes a process to review its relationships with other institutions, such as with the Nova Scotia Agricultural College and the University of King's College. This allows it to monitor the quality of programmes that are offered by two separate institutions but lead to Dalhousie credentials.

Dalhousie clearly conducts a considerable number of reviews each year, and this requires significant effort and resources. The site visit provided valuable insight into how those who are directly involved in unit reviews regard the process, and it appears that the faculty and staff with whom the Monitoring Committee met are committed to the review process.

The Monitoring Committee identified two areas within Dalhousie's policies which it felt could be improved upon in terms of how they are implemented. The first area identified by the Monitoring Committee, as well as by Dalhousie, was timeliness. The first round of Senate-led reviews took close to 15 years to complete, over twice the time set out in the University's quality assurance policies. In its self-study, Dalhousie noted that it has begun to examine ways to ensure the second round of reviews is completed according to schedule.

The second area relates to the extent to which the assessment criteria, outlined in the Guidelines for Unit Reviews, fully inform the two key objectives of Dalhousie's review process:

- (1) the improvement of the University's academic offerings; and
- (2) the provision of information for academic planning and subsequent budgetary activities.

The "Guidelines for Unit Reviews" (page 3) state that:

"In assessing the strengths and weaknesses of a unit, a review committee would probably want to look at the quality and quantity of faculty in the unit, the organizational structure including support services and facilities within and outside the unit; the quantity and quality of teaching equipment and supplies available to the unit; objectives or functions of the unit, and the degree to which those objectives were currently being fulfilled; and what plans the unit had for its future development."

While these information items clearly inform the objective, *the provision of information for academic planning and subsequent budgetary activities*, the Committee noted that the link between these items and decisions related to the improvement of the University's academic offerings is less clear. While the Committee did see examples of how the review process has led to the improvement of academic offerings, for some reviews it was less evident. This is discussed with further suggestions below.

In other respects, Dalhousie appears to have achieved what it set out to achieve in its policies. The next section of the report provides suggestions on ways Dalhousie can enhance the overall implementation of its quality assurance programme.

## 4.2 Is the institution doing what it should be doing in the area of quality assurance?

As per the Commission's Guidelines for Institutional Quality Assurance Policies,<sup>3</sup> Dalhousie's current quality review processes include most of the elements which are deemed essential to a successful quality assurance policy. The policy

- ' is comprehensive and reflects Dalhousie's mission and values;
- ' includes defined assessment criteria;
- ' includes a self-study component;
- ' entails an external review component;
- ' incorporates the participation of faculty not directly involved in the reviewed programme;
- ' allows for the participation of the wider network of stakeholders;
- ' includes a follow-up component to the assessment; and
- ' includes a clearly defined review cycle.

In order to better align Dalhousie's policy with the Commission's guidelines and to enhance the overall quality of its review procedures, the Monitoring Committee has a number of suggestions for Dalhousie which are organised as follows:

1. Clarify and redefine the accountability for and the relationship among the different reviews;
2. Balance the policy to make it more student-centred;
3. Improve the timeliness of the process;
4. Include a provision in the policy to evaluate the University's existing quality assurance policy on a regular basis; and
5. Increase community involvement and awareness.

### 4.2.1 *Clarify and redefine the accountability for, and the relationship among, the different types of reviews*

The Monitoring Committee noted that, according to the documentation, Senate monitors the results of its reviews of faculties but not the results of departmental reviews conducted by faculties. The Monitoring Committee suggests that all academic elements of a review, regardless of the administrative unit under which the review is conducted, should be reported to Senate for discussion and decision. Because Senate is the senior body responsible for academic matters, it is accountable for the quality of academic programmes, and it seems to be appropriate that it oversees the overall process.

The Monitoring Committee noted that Dalhousie does not have an overarching policy that outlines the ways in which the various review processes contribute to quality assurance within the University. In essence, its quality assurance policy is the sum of the Senate's Procedures and Terms of Reference for Committees, the Guidelines for Unit Reviews, and each faculty's, including the Faculty of Graduate Studies, respective Terms of Reference. As a result, Dalhousie's two-tiered process appears somewhat disconnected. While the link between a departmental review conducted by a faculty, and the review of graduate programmes housed within the department is clear, the relationship between reviews of individual faculties by Senate and the reviews of departments by the faculty in which they are housed is not.

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<sup>3</sup>These guidelines are included under Appendix 3.

The Monitoring Committee strongly suggests that Dalhousie develop an overarching policy that describes the relationships among the different types of reviews (Senate-led, faculty-led, Faculty of Graduate Studies-led and Accreditation) and the ways in which each contributes to quality improvement within the University. An overarching policy with clearly defined links between reviews would enable the University to more effectively leverage and use the information from one review to complement another, thus minimizing duplication. In addition, this policy should identify common elements to be included in each review to facilitate a comparison of units.

The Monitoring Committee also suggests that an annual report, which highlights the review process, outcomes and follow-up action, be submitted to Senate as one way to strengthen the link and the lines of accountability between reviews done by faculties and reviews done by Senate.

#### **4.2.2 Balance the policy to make it more student-centred**

As noted above, the Monitoring Committee believes that the Guidelines for Unit Reviews are more focussed on collecting data to provide information for academic planning and subsequent budgetary activities within the faculties, which, while forming a basis for the improvement of academic offerings, are not clearly related to the delivery of offerings and the student learning experience. Given that these guidelines are the template faculties must use to develop their respective quality assurance policies, it is not surprising that some faculties have developed review policies that are more focussed on the allocation of resources than on the student experience. The Committee did note, however, that the Faculty of Graduate Studies and the Faculty of Health Professions have developed review policies that meet the requirements set out by the guidelines, that are student-centred and that are designed to collect a number of measures to inform decisions related to the improvement of academic offerings.

The Terms of Reference for a committee reviewing a faculty under the auspices of Senate are focussed on measures related to faculty performance, organizational structure, and relationship with other units and programmes within and outside of Dalhousie and as a result are more in line with the objective, *the provision of information for academic planning and subsequent budgetary activities*, and are more focussed on human resources than on the student experience. Subsequently, and as noted in Dalhousie's self-study and in discussions during the site visit, the results of the reviews of faculties have been used primarily to inform, for example, the reappointment or selection of deans, faculty selection (such as fields within a discipline requiring additional faculty), physical plant planning, new programme development, and academic entrepreneurship. Many faculties seem to have equated the review process with resource allocation and specifically the allocation of faculty positions. While the Committee noted examples of reviews of faculties done under the auspices of Senate that clearly focussed on the student learning experience such as with the Faculty of Computer Science and the Faculty of Architecture and Planning, this was less evident in Senate-led reviews of faculties with multiple departments.

Student evaluations of teaching, conducted on a class by class basis, are used extensively by Dalhousie to inform departmental decision-making and recommendations concerning tenure and promotion. The Monitoring Committee believes that Dalhousie should also consider incorporating the aggregate results of student evaluations into its quality assurance programme as well as integrating measures of academic quality such as teaching and learning, and curriculum into its guidelines.

Ideally, a quality assurance policy should focus on both research and scholarship and the student experience. While Dalhousie's Guidelines and Terms of Reference for Senate led reviews do focus on the former, the

Monitoring Committee suggests that the University strengthen the student experience focus by increasing the emphasis on student-centred criteria, as some Faculties are already doing. This could be achieved by extending the scope of its Guidelines to consider students' entire university experience, from support services to teaching and learning.

The Monitoring Committee noted that Dalhousie intends to introduce regular reviews of support units and services into its quality assurance practices. The Committee urges the University to implement this innovation as soon as possible in order to ensure that the review process at Dalhousie covers the full spectrum of the student experience.

Dalhousie's Guidelines for Unit Reviews suggest that a student member be included on the review committee and further states that, "a student member would be useful in drawing out student concerns which might otherwise remain hidden" (p. 3). In practice, however, only the Faculty of Science and the Faculty of Engineering have included a provision for a student member on the review committee in its Terms of Reference for Unit Review Committees. The Monitoring Committee understands that the Faculty of Science has, in most cases, successfully found students to sit on Unit Review Committees. While appreciating some of the challenges in ensuring student participation, the Monitoring Committee strongly urges Dalhousie to incorporate the practice of having students sit on review committees within all faculties and the University should make every effort to facilitate student participation on such committees.

Student representatives with whom the Committee met indicated that the general student body's knowledge of the University's quality assurance policies is limited. Generally, the only visible activities in this regard are student evaluations of individual courses performed at the end of each course. Students often perceive the course evaluations as being ineffective because they see no tangible changes as a result of their input. Despite these challenges, the Monitoring Committee believes that Dalhousie should take additional steps to ensure full student participation in the quality assurance process, including as members of review committees. The Monitoring Committee suggests that Dalhousie enhance its communications with students and the broader university community about its quality assurance policies and the follow-up decisions.

#### **4.2.3 *Improve the timeliness of the process***

The Monitoring Committee noted that discussions have already begun among senior administrators on ways to ensure that the second round of Senate-led reviews is completed within the five- to eight-year timeframe, as per its policy. The Monitoring Committee believes that the review cycle should not extend past seven years, and ideally should be completed within five years.

The timing of the different types of reviews could be more effectively managed in order to minimise duplication and maximise resources. This would facilitate information and resource sharing among the different types of reviews. For example, accreditation reviews would inform reviews by faculty, reviews by faculty would inform reviews by the Faculty of Graduate Studies, and reviews by faculties would inform reviews by Senate. Dalhousie suggested that it would like to modify the timing of its reviews to precede a decanal search. In this case, a review would ideally begin in September and end in April. The Monitoring Committee supports this approach, although it cautions that the purposes of decanal reviews and unit reviews are different and decanal searches must not overshadow the primary objective of the process, that is, continuous quality improvement.

Dalhousie identified the scope of reviews led by Senate, which mandates that each faculty under review address a total of 19 multi-faceted items, as one factor that likely contributed to delays in the past. The Monitoring Committee agrees with Dalhousie's assessment that there may be more effective means to address some of the items covered in the reviews and suggests certain items currently reviewed at the Senate level may be more appropriately reviewed at the faculty level.

#### **4.2.4 Include a provision in the policy to evaluate the University's existing quality assurance policy on a regular basis**

The Monitoring Committee recommends that Dalhousie integrate into its overarching quality assurance policy a provision to evaluate the University's existing quality assurance policy on a regular basis, including a process to ensure that the results of the review are tabled with Senate. The Monitoring Committee recognizes that the Office of Institutional Affairs undertook an impressive review of Dalhousie's quality assurance policies and procedures in 1991, however, a similar review has not been done since that time. Having an actual provision in the policy to evaluate the quality assurance process would allow the University to determine if the process is meeting the anticipated objectives and outcomes, identify its strengths and weaknesses, implement improvements and ensure its continued relevancy.

The Monitoring Committee believes that the following recommendations/suggestions identified in the 1991 review are still applicable today:

- C That a time frame for the completion of a review be established, including a deadline for submission of a follow-up report to the recommendations.
- C That the review process identify unit goals and activities and then assess if the activities meet the needs of the goals.
- C That the impact of review reports on decision-making throughout the University be increased.
- C That review procedures must make clear "who" is the audience.
- C That the methodology of the data collection and the structure of the reports should be clear to the reader and consistent among faculties.
- C That the Terms of Reference for all faculties be revised to include the requirement of a progress or follow-up report.
- C That a central station at Dalhousie be responsible for monitoring the process of Unit reviews.

#### **4.2.5 Increase community involvement and awareness**

Community involvement and awareness are important components of a university's quality assurance policy. This includes the participation of the greater community during the review process as well as the proactive dissemination of information about a university's quality assurance policies to the university's immediate community (students, faculty, etc.) and the general public.

Dalhousie's policy does require that the Senate Review Committee meet with staff, students and representatives of external constituencies such as alumni, employers, professional associations, and provincial government officials. However, in practice and as noted in Dalhousie's self-study, community participation has varied and has frequently focussed on single issues, newspaper advertising of some reviews such as Medicine has produced few responses, and professional associations for the most part show little interest in reviews. Also, some Senate Review Committees have included a member from an external

representative of a relevant profession. Nonetheless, the Monitoring Committee believes that Dalhousie must increase its efforts to attract participation from the broader community.

In terms of dissemination of information about quality assurance, the Monitoring Committee noted that it is not enough that review reports are made available to the public upon request. The Monitoring Committee suggests that Dalhousie communicate information pertaining to the University's quality assurance policy and the results of reviews to the University's immediate community (students, faculty, etc.) and the general public. The dissemination of this information communicates to the University community and the general public that the University is focussing on providing quality programmes and services to its students and gives increased confidence in the quality of the programmes at Dalhousie.

## **5. SUMMARY OF RECOMMENDATIONS**

### **RECOMMENDATION 1: Clarify and redefine the accountability for, and the relationship among, the different types of reviews**

Possible ways to achieve this include:

- ' That all academic elements of a review, regardless of the administrative unit under which the review is being conducted, be reported to Senate, the senior academic body, for discussion and decision.
- ' That an annual report on the review process, outcomes and resulting follow-up action be submitted to Senate.
- ' That an overarching policy be developed to clarify the relationship among the different types of reviews, and to identify the contribution of each to quality improvement.
- ' That common elements to be included in each review be identified to facilitate a comparison of units.

### **RECOMMENDATION 2: Balance the policy to make it more student-centred**

Possible ways to achieve this include:

- ' That Dalhousie adjust the balance of the quality assurance policy to make it more student-centred.
- ' That the scope of reviews be extended to include students' entire university experience from support services to teaching and learning.
- ' That the aggregate results of student evaluations be integrated into the review process.
- ' That measures of teaching quality and curriculum be integrated into the review process.
- ' That Dalhousie take additional steps to ensure full student participation in the quality assurance process, including as members of review committees.
- ' That Dalhousie improve its communications with students and the broader university community about its quality assurance policies and the follow-up decisions.

### **RECOMMENDATION 3: Improve the timeliness of the process**

Possible ways to achieve this include:

- ' That the review cycle not extend past seven years, and ideally be completed within five years.
- ' That the timing of the different types of reviews be more effectively managed in order to minimise duplication and maximise resources.
- ' That the Senate review guidelines be modified to identify any item that may be more appropriately reviewed at the Faculty level.
- ' That a time frame for the completion of each review be established, including a deadline for submission of a follow-up report to the recommendations.

### **RECOMMENDATION 4: Include a provision in the policy to evaluate the University's existing quality assurance policy on a regular basis**

### **RECOMMENDATION 5: Increase community involvement and awareness**

Possible ways to achieve this include:

- ' That greater effort be made to include members of the community including students, professional groups and the general public in the review process; and
- ' That information about the university's quality assurance policy and the results of reviews be communicated to the university's immediate community (students, faculty, etc.) and to the general public.

## **6. CONCLUSION**

The Monitoring Committee compliments Dalhousie for recognizing early on that a quality assurance policy is key to ensuring quality academic programmes. Almost two decades have passed since Dalhousie first implemented its Guidelines for Unit Reviews in 1985, allowing sufficient time for the notions of quality assurance to become ingrained into the University's culture. Those who are most directly involved in the process (senior administration, faculty and staff) appear to support the process and its outcomes. The Monitoring Committee believes that this is an opportune time for Dalhousie to review and update its policies, particularly as the University moves to integrate the review of support services into its quality assurance programme, and hopes that this report serves as a useful guide to facilitate a review of Dalhousie's quality assurance policies and procedures.





## APPENDIX 1

### DALHOUSIE UNIVERSITY'S RESPONSE TO THE ASSESSMENT OF ITS QUALITY ASSURANCE POLICIES AND PROCEDURES, SEPTEMBER 2003

Dalhousie University was grateful for the opportunity to participate in the pilot phase of the MPHEC's quality assurance monitoring process. The self-reflection required for the preparation of the self-study document and our consideration of the report of the AAU-MPHEC Quality Assurance Monitoring Committee will result in improvements to the already rigorous academic quality assurance program at Dalhousie. The final report of the Monitoring Committee will be carefully considered and presented to the Senate Academic Priorities and Budget Committee (SAPBC) which has overall responsibility for the academic unit and program review process at Dalhousie.

The Monitoring Committee's report provides a generally accurate description and assessment of the quality assurance policies and procedures at Dalhousie. Nevertheless, there are several issues raised in the report that deserve immediate response. As well, there are recommendations in the report that will require thoughtful consideration before appropriate responses to the recommended changes to policies and procedures can be determined.

Dalhousie's major concern with the report relates to recommendation 2: "Balance the policy to make it more student-centred." We believe that the report understates the degree to which academic reviews at Dalhousie have dealt with student related issues. Certainly, there is variability in the extent to which individual reviews address issues that are directly student related and those that involve other matters such as faculty relations, administration, scholarship and research, and external relations. In a complex university such as Dalhousie, with multiple missions, there is a range of responsibilities that academic units must fulfill and that unit reviews must examine. The degree to which a review committee's report is student-centred, therefore, depends on what the review finds in terms of problems, issues, concerns, and opportunities. Nevertheless, where there has been the potential or the need to improve academic offerings or the student experience, review committees have addressed them. For example, the most recent Senate review of a Faculty, that of the Faculty of Architecture and Planning, contained 42 recommendations. Of these, 29 (almost 70%) dealt with "student-centred" matters. Likewise, in the recent Senate review of the Faculty of Computer Science more than half of the recommendations (14 of 28) were student-centred. These results do not, we believe, provide evidence of an imbalance. Nevertheless, the other individual suggestions provided in the report under the heading of Recommendation 2 (page 10) will be carefully considered.

Recommendations 1 and 3 are helpful. Action is already underway, in the form of amendments to the terms of reference for Senate reviews, that will address Recommendation 3.

Recommendation 4, on the other hand, is puzzling. It calls for a review of the university's quality assurance policies on a regular basis. As the report states, an "impressive" review was conducted in 1991. We consider the MPHEC's assessment, which began in 2001, as a second review of the university's policies and practices with respect to academic quality assurance. It includes a self-study and an external review with recommendations; it has already resulted in proposed changes that aim to improve the university's processes. It is our expectation that the MPHEC process will continue on a regular basis, forming a fundamental element of a systematic, periodic review of Dalhousie's quality assurance regime. In this way, Recommendation 4 has been, and will be, fulfilled.

Recommendation 5 and its components are, in our opinion, neither helpful nor practical. Efforts to involve professional groups and the general public in unit reviews have been substantial, varied and largely unproductive in the past. We look to the MPHEC and the outcomes of this audit process to inform the general public about the extent and rigour of the QA practices of the universities; we understood public accountability to be one of the objectives of the Commission's audit activities.

In conclusion, Dalhousie's experience in the pilot phase of the quality assurance monitoring process has been useful. We thank the members of the Monitoring Committee and the MPHEC's support staff for the time, openness and thoughtfulness that they contributed to the Dalhousie review. The university will carefully consider how the suggestions in the report can lead to improvements in its already well-developed academic quality assurance processes.

## APPENDIX 2

## SITE VISIT AGENDA AND PARTICIPANTS

**Tuesday, February 18, 2003**  
**University Hall**

- 9:45 am Dr. Tom Traves, President  
 Dr. Sam Scully, Vice-President Academic and Provost\*  
 Mr. Brian Christie, Executive Director, Institutional Affairs\*
- 11:15 am **Senate Officers:**  
 Dr. Mohamed El-Hawary, Chair  
 Dr. Colin Stuttard, former Chair
- 12:15 pm Working Lunch
- 1:15 pm **Faculty Representatives:**  
 Dr. Jan Kwak, Dean of Graduate Studies  
 Dr. Noni MacDonald, Dean of Medicine  
 Dr. Lynn McIntyre, Dean of Health Professions  
 Dr. Chris Moore, Acting Dean, Faculty of Science  
 Dr. David Schroder, Associate Dean, Faculty of Arts and Social Sciences
- 2:15 pm **Chairs of recent review committees:**  
 Dr. Jane Curran, Department of Classics Review  
 Dr. Keith Johnson, Department of Chemistry Review  
 Dr. Barrie Clarke, Faculty of Medicine Review  
 Dr. Richard Nowakowski, Faculty of Computer Science Review  
 Dr. Fred Wien, Faculty of Architecture and Planning Review
- 3:15 pm **Student Representatives:**  
 Johanne Galarneau, Student Union President  
 Curtis McGrath, Student Senator
- 4:00 pm Wrap-up:  
 Dr. Sam Scully  
 Mr. Brian Christie
- 4:30 pm Site visit concludes

\* present throughout the day, as available.

**APPENDIX 3****MPHEC POLICY ON QUALITY ASSURANCE:  
MONITORING INSTITUTIONAL QUALITY ASSURANCE POLICIES AND PROCEDURES****1. Objective**

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

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

The purpose of the monitoring process is to answer the following two questions: first, "How well is the institution achieving what it set out to accomplish in its quality assurance policy?", and second, "Is the institution doing what it should be doing in the area of quality assurance?".

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

**2. Focus**

The monitoring function focuses on three elements:

- C the institutional quality assessment policy;
- C quality assessment practices; and
- C follow-up mechanisms.

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

**3. Scope**

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

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

**4. Cycle**

The monitoring function will be performed once at each institution in a seven-year cycle. Over the course of the seven-year cycle, two reviews per year will be conducted for the first five years, while three reviews will be conducted in each of the remaining two years of the cycle. The particular order will be established by the MPHEC Quality Assurance Monitoring Committee, in consultation with the institutions. The first review will begin in early 1999.

**5. Establishing a Baseline**

Given that it will take seven years to complete the first cycle of the monitoring process, the first step in the overall monitoring process will focus on establishing a baseline defining institutional activities and priorities in the area of quality assurance. In early 1998, each institution will be asked to provide a statement describing how compatible their current activities in the area of quality assurance are with the MPHEC quality assurance policy in general, and with the Guidelines for Institutional Quality Assurance Policies in particular. In addition, the statement should identify future priorities in the area of quality assurance. The statement will be submitted by January 1999.

## 6. A Quality Assurance Monitoring Committee

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

## 7. Process and Outcomes

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

The quality assurance monitoring process includes the following steps:

### *Step 1 Initial meeting*

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

### *Step 2 Self-study*

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

The self-study provides answers to the two key questions guiding the monitoring process: first, "How well is the institution achieving what it set out to accomplish in its quality assurance policy?", and second, "Is the institution doing what it should be doing in the area of quality assurance?".

The institution has a three- to four-month period after the initial meeting to produce the self-study and forward it to the MPHEC.

### *Step 3 Analysis of all pertinent documentation*

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

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

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

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

5. The complete dossier of these assessments.

### *Step 4 On-site visit*

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

### *Step 5 Report*

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

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

### *Step 6 Institutional response*

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

## **8. Review of the MPHEC Monitoring Process**

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

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



**APPENDIX A**  
**QUALITY ASSURANCE MONITORING COMMITTEE**

**TERMS OF REFERENCE**

**Purpose**

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

**Function**

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

**Objective of the monitoring function**

3. The specific objective of the monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing programmes, and other functions as appropriate, are performing adequately as quality control and quality improvement mechanisms.
4. The purpose of the Committee in carrying out the monitoring process is to provide answers to the following two questions: first, "How well is the institution achieving what it set out to accomplish in its quality assurance policy?", and second, "Is it doing what it should be doing in the area of quality assurance?".
5. The process is intended to be formative; institutional policies and practices will be reviewed with a view to provide assistance and advice to institutions.

**Membership**

6. The Committee will be composed of seven members including the Chair.
7. At least two Committee members are also Commission members.
8. At least two, but ideally three Committee members will be selected from a list of nominees suggested by the AAU.
9. At least one, but ideally two Committee members are students.
10. One Committee member is also a member of the AAU-MPHEC Academic Advisory Committee.
11. Members are appointed for a three-year mandate. *(Note: to ensure continuity, three members of the initial membership will be appointed for a four-year mandate.)*

**Chair**

12. The Chair of the Committee is one of the Commission members appointed to the Committee and is designated by the Chair of the Commission.
13. The Chair of the Committee chairs meetings.



**Reporting Structure**

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

**Staffing**

16. The Director of Academic Planning and Research and staff as assigned, is responsible for monitoring institutional quality assurance policies and procedures and reports to the Commission the Committee's findings and recommendations.
17. The Committee is allowed to engage outside consultants, as required, to assist in the monitoring functions.

## **APPENDIX B**

### **GUIDELINES FOR INSTITUTIONAL QUALITY ASSURANCE POLICIES**

#### **1. Purpose of the Guidelines**

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

#### **2. Focus of the Institutional Quality Assurance Policy**

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

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

#### **3. Objective of the Institutional Quality Assurance Policy**

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

The purpose of the assessment itself should be to answer the following two questions: first, "How well is the unit or the programme achieving what it set out to accomplish?", and second, "Is it doing what it should be doing?".

#### **4. Components of an Institutional Quality Assessment Policy**

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

1. Identify the coordinating or administrative unit responsible for the overall management of the quality assurance process. This unit should be located at a higher echelon of the institution's administrative structure, and be accountable to the institution's leaders.
2. Define the assessment criteria (see section 5).
3. Require a self-study component, usually involving faculty and students participating in the programme or unit. The self-study should be student-centred as it would aim, in most cases to assess the quality of learning. The self-study should be structured according to the defined assessment procedures criteria. When and where appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.
4. Entail an external review component, usually carried out by two experts external to the institution. As appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.
5. Incorporate the participation of faculty not directly involved in the reviewed programme (or discipline or unit).
6. Enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.
7. Include appropriate mechanisms, that is at a minimum the procedures and areas of responsibility, to ensure a proper follow up to the assessment.
8. Establish the assessment cycle, which should not exceed seven years. Newly established programmes or units should be assessed once fully implemented, usually at the three- to five-year mark.
9. Include provisions to review the policy periodically.

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

**5. Key Assessment Criteria**

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

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

## APPENDIX C ASSESSMENT CRITERIA FOR THE MPHEC MONITORING PROCESS

### I Introduction

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

The purpose of the Committee in carrying out the monitoring process is to provide answers to the following two questions: first, "How well is the institution achieving what it set out to accomplish in its quality assurance policy?", and second, "Is it doing what it should be doing in the area of quality assurance?". The Committee will be assessing the institution's quality assurance policy and related processes, but will not be assessing the quality of specific programmes or units.

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

### II. Assessment criteria

1. Institutional context of the policy
  - a. The policy is consistent with the institution's mission and values.
2. General
  - a. Appropriate scope of the policy, i.e. the policy is comprehensive in terms of reviewing all programmes and units.
  - b. The policy follows the Commission's guidelines. Any discrepancy is explained/ justified
  - c. The policy promotes *continuous* quality improvement.
3. Policy objectives
  - a. Appropriate scope of objectives.
  - b. Links to programme quality improvement.
  - c. Links to decision-making process. (Use to be 3e)
  - d. Links to realization of stated student outcomes.
  - e. Links to the economic, cultural and social development of the university's communities.
4. Policy components
  - a. Defined assessment criteria and their appropriateness, to include the adequacy of financial, human and physical resources.
  - b. General guidelines for the programme/unit self-study are established and are appropriate.
  - c. Objective external review process: clearly defined generic terms of reference for, and selection process for, experts.
  - d. Procedures allowing for the participation of students, faculty members, staff and the community-at-large are established.
  - e. (If the policy focuses on units) Mechanism(s) to review interdisciplinary programmes, typically not examined when a policy focuses on units.
  - f. Identified linkages between programme review and accreditation requirements.
  - g. Appropriate schedule of programme/unit reviews.
  - h. Procedures to review the policy itself are identified.
5. Policy implementation (quality assessment practices)
  - a. Programme/unit self-studies address the institution's assessment criteria.
  - b. Programme/unit self-studies should include a component that is student-centered, as they aim, among other things, to assess the quality of learning.
  - c. Students, faculty members, staff and the community-at-large participate in the review process.

- d. External review process is objective; experts selected during the peer review process have the appropriate expertise.
  - e. Policy and procedures monitor the continuing relevance of the programme.
  - f. Schedule of reviews is adhered to, or modifications to schedules can be reasonably explained or justified.
  - g. Required follow-up action is undertaken.
6. Policy administration
- a. Coordinating or administrative unit identified as the lead is appropriate.
  - b. Effective support has been offered to programmes and units under review.
  - c. Appropriate follow-up mechanisms are in place and are functioning appropriately.
  - d. Assessment results have been appropriately disseminated.
  - e. The process informs decision-making.

(Approved - April 23, 2001)

**APPENDIX D**  
**GUIDELINES FOR THE PREPARATION OF THE INSTITUTIONAL SELF-STUDY**

**I. Purpose and focus of the monitoring process**

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

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

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

- a. How well is the institution's policy achieving what it set out to accomplish in the area of quality assurance?
- b. Is the institution doing what it should be doing in the area of quality assurance?

The monitoring function focuses on three elements:

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

**II. Focus of the institutional self-study**

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

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

In answering the above, the institution's self-study should provide the following:

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

The institutional self-study should only rarely exceed 30 pages, excluding appendices.

**III. AAU-MPHEC Quality Assurance Monitoring Committee's criteria for the review of the self-study**

The AAU-MPHEC Quality Assurance Monitoring Committee will review the institution's self-study by answering the following questions:

- a. Is the self-study comprehensive? Sufficiently critical and analytical?
- b. Does the self-study provide the reader with a clear sense of the policy's objectives?
- c. How have the policy's objectives been translated in practice?
- d. Are the issues clearly articulated?
- e. Are solutions to issues formulated?

**IV. Suggested structure and content of the report on the self-study**

**1. Introduction**

- a. General history of the policy; date of initial implementation; evolution.

- b. Number and types of programmes and/or units reviewed to date, etc. (list of assessments completed in the last seven years to be appended with date of review).
- c. Description of future plans in this area.

## 2. Institutional context

- a. How consistent is the policy with the institution's mission and values?
- b. Any other element the institution believes the Committee must be aware of to proceed with the assessment of the policy.

## 3. Description of the policy

- a. What is the scope of the policy? To what extent is the scope appropriate?
- b. To what extent does the policy follow the Commission's guidelines? If there are any discrepancies, why?
- c. How does the policy promote *continuous* quality improvement?

## 4. Policy objectives

- a. What are the objectives of the policy? Is their scope appropriate?
- b. How are the policy's objectives linked to programme quality improvement?
- c. How are the policy's objectives linked to the decision-making process within the institution?
- d. How are the policy's objectives linked to the realization of stated student outcomes?
- e. How are the policy's objectives linked to the economic, cultural and social development of the institution's communities?

## 5. Policy components

- a. What are the assessment criteria? Are they sufficiently defined? Are they appropriate? How is the adequacy of financial, human and physical resources assessed?
- b. Are there established general guidelines for the programme/unit self-study? How are the general guidelines adapted to the varying needs and contexts of individual programmes?"
- c. Are there established guidelines to ensure the external review process remains objective? For example, are there clearly defined terms of reference for, and selection process for, experts?
- d. Are there established procedures allowing for the participation of students, faculty members, staff, graduates, and the community-at-large? What are they? How effective have they been?
- e. (If the policy focuses on units) What are the mechanism(s) to review interdisciplinary programmes?
- f. Are the guidelines regarding links between the programme/unit review process and accreditation requirements clearly identified? Are they appropriate? Useful?
- g. Is there a schedule of programme/unit reviews? Is it reasonable?
- h. Are there identified procedures/timelines to review the policy itself? Are they appropriate?

## 6. Policy implementation (quality assessment practices)

- a. To what extent have the programme/unit self-studies addressed the institution's assessment criteria?
- b. To what extent have the programme/unit self-studies been student-centered? To what extent have they aimed to assess the quality of learning?
- c. To what extent have students, graduates, faculty members, staff and the community-at-large participated in the review process?
- d. To what extent has the external review process been carried out in an objective fashion? Did experts selected during the peer review process have the appropriate expertise?
- e. To what extent do the policy and procedures monitor the continuing relevance of the programme/unit?
- f. To what extent has the schedule of reviews been adhered to? If it has not been adhered to, why?

- g. To what extent has the required follow-up action generally been undertaken?

**7. Policy administration**

- a. Is the identified coordinating or administrative unit identified as the lead appropriate? Effective?
- b. Has effective support been offered to programmes and units under review?
- c. Are there appropriate follow-up mechanisms in place? Are they effective?
- d. Have the assessment results been appropriately disseminated?
- e. How has the process informed the decision-making process within the institution?

**8. Conclusion**

- a. How well is the policy achieving what it set out to accomplish?
- b. Is the policy doing what it should be doing?
- c. Solutions to address any shortcomings

**Appendices** (to institutional report)

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

(Approved - April 23, 2001)