

MPHEC
Maritime Provinces
Higher Education
Commission

CESPM
Commission de
l'enseignement supérieur
des Provinces maritimes



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

August 2006



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The AAU-MPHEC Quality Assurance Monitoring Committee and the Maritime Provinces Higher Education Commission's staff prepared the assessment report. The Commission approved it in June 2006.

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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(e).

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

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

The monitoring function is made up of the following steps:

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

Mount Allison University, along with Université de Moncton, University of New Brunswick and Université Sainte-Anne, are the first institutions on the Commission's schedule to undergo the monitoring process, since the completion of the pilot phase with St. Thomas University and Dalhousie University in September 2003. The remaining universities on the Commission's schedule are expected to undergo the process over the next three 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 Mount Allison University. The report concludes by answering the two key questions of the monitoring function.

2. DESCRIPTION OF THE MONITORING PROCESS WITH MOUNT ALLISON UNIVERSITY

The initial meeting between the Monitoring Committee and Mount Allison University occurred on December 13, 2004 at which time the Monitoring Committee clarified its expectations regarding the monitoring process, timelines, and quality assurance report to be prepared by the University. The Monitoring Committee was represented by Ms. Marie T. Mullally, Committee Chair, Dr. Ivan Dowling, AAU representative and Committee member and Ms. Mireille Duguay, MPHEC Chief Executive Officer, and Ms. Julie Coté, MPHEC staff. Representing Mount Allison University were Dr. Ken Ozmon, President, Dr. Michael Fox, Vice-President Academic and Research, Dr. Margaret Beattie, Dean of Science, Dr. Carrie MacMillan, Dean of Arts, Dr. Robert Summerby-Murray, Dean of Social Sciences, and Ms. Chris Hunter, Registrar. At this meeting, the University received a copy of the *Assessment Criteria for the MPHEC Monitoring Process* and the *Guidelines for the Preparation of the Institutional Quality Assurance Report*. These two documents can be found under Appendix 3(c) and 3(d).

On July 21, 2005, the Monitoring Committee reviewed the Quality Assurance Report that had been submitted by Mount Allison University on June 28, 2005. At that time, the Committee selected three programme assessments for which it would like to receive a complete dossier. On October 6, 2005, the Committee reviewed the dossiers submitted by Mount Allison University and finalized the questions/issues to be explored during the site visit.

The site visit occurred on November 21, 2005. Committee Chair, Ms. Marie T. Mullally, and Committee members, Mr. Bernard Nadeau, Dr. Léandre Desjardins, Dr. Ivan Dowling and Dr. Don Wells were present at this meeting as well as Ms. Sharleen Bulmer and Ms. Catherine Stewart, MPHEC staff members. Representing Mount Allison's senior administration were Dr. Ken Ozmon, President, Dr. John Read, Vice-President Academic and Research, Dr. Margaret Beattie, Dean of Science, Dr. Carrie MacMillan, Dean of Arts, and Dr. Robert Summerby-Murray, Dean of Social Sciences. The Monitoring Committee had an opportunity to hear from faculty, senate, and student representatives, as well as heads of recently reviewed departments. The agenda for the site visit is included under Appendix 2.

On March 28, 2006, the Monitoring Committee submitted to Mount Allison University a draft of its *Assessment Report of Mount Allison University's Quality Assurance Policies and Procedures*. The University was asked to validate the factual information contained in the document. A response was received on April 19, 2006.

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

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

Mount Allison University, located in Sackville, New Brunswick, is a small (student enrolment of approximately 2,100), primarily undergraduate institution with a mission based on liberal education. Offering Bachelor's degrees in Arts, Commerce, Fine Arts, Music and Science as well as Master's degrees in Biology and Chemistry, the University's curriculum is built from both disciplinary and interdisciplinary perspectives.

The following summary of Mount Allison's quality assurance policies and procedures is based on the information provided in the University's quality assurance report.

"While Mount Allison University does not have a specific Quality Assurance Policy framed in this language, it has a number of academic evaluative methods and related policies that constitute an assessment of programmes and the wider university experience" (Institutional Quality Assurance Report, Mount Allison University, p. 5). These methods and related policies, most of which have existed for at least the past 20 years, include:

- Process in place to modify the University's academic curriculum;
- Formal and informal student evaluations of courses and teaching;
- Formal external and internal reviews of departments and programmes; and,
- Various processes to evaluate academic personnel.

Academic curriculum modifications

Like most universities, Mount Allison has a peer-based process in place to modify academic curriculum. And while this process is not directly tied to a quality assurance policy, it does facilitate improvements in academic quality. In terms of individual courses, instructors and/or the department as a whole are encouraged to modify courses to reflect current disciplinary directions or pedagogies. Minor changes are those that do not involve a change to the course outline listed in the Calendar or which do not represent radical departure from existing pedagogy. Substantial modifications include changes to course description, teaching methods, and academic year level. The quality of the modification (whether minor or substantial) is assessed at the departmental level by either a curriculum committee or, in the case of smaller departments, by department members. Interdisciplinary programmes are most often assessed by a steering committee. Following approval at the department level, the proposed modifications are forwarded to the Senate Committee on Academic Matters. Following the Committee's review, if a positive decision is reached, it is carried forward as a recommendation to the University Senate.

Student feedback

The University does not have a campus-wide system of student evaluation of courses and teaching. However, certain measures are in place to obtain student feedback. Student input to changes to academic curriculum occurs both formally through committee membership and informally through discussions with faculty members, heads of departments, academic programme advisors and the academic and career counsellor in Student Life. Student evaluation of teaching and the university experience are obtained through two means: requests for student feedback (through forms or other means) at the discretion of individual instructors and

the Student Life Team's graduating class exit polls. The University, in cooperation with the Student Union, is in the process of implementing a systematic, university-wide, electronic student evaluation process.

Programme reviews (external and internal)

There is no formal schedule of reviews. In more recent years, programme/departmental reviews have been carried out in response to strategic concerns (i.e., staffing change, student request, identification of operational problems or external forces).

The collective agreement with the Faculty Association outlines the processes for departmental or programme reviews. Led by the appropriate dean in consultation with the Vice-President Academic and Research, reviews involve the preparation of a self-study by the department in question, the appointment of external evaluators who carry out a site visit and produce a comprehensive report (which includes an assessment of the current situation, the identification of strengths and weaknesses, and proposed solutions), and a response by the department to the external reviewers' reports. Both the reviewer's reports and the departmental response are submitted to the University Planning Committee (a standing committee of Senate) and to the Senate itself.

Review of academic personnel

Mount Allison has a number of processes in place for the review of academic personnel. And while these processes are not directly tied to a quality assurance policy, they do provide, to some extent, assurances about the quality of the University's programmes. Mount Allison University reviews its faculty members in a number of ways. First, administrative processes for hiring are defined. Second, each full-time faculty member is evaluated annually by the appropriate academic dean (the review is provided for in the collective agreement). Part-time faculty members may also be evaluated in this manner. Third, a faculty member is evaluated upon application for sabbatical leaves and tenure and promotion. The processes rely heavily on peer-review (internal and external). Fourth, a faculty member is assessed with each application for research funds. Finally, the University has in recent years positioned the high quality of its teaching and research more visibly (through web sites, press releases, news stories, and as sources of expertise for local and national media outlets) which provides another level of scrutiny.

Administration of quality assurance processes

The lead unit for the review of academic programming is the Senate Committee on Academic Matters, supported by faculty member, departmental and decanal input. The University Planning Committee has a significant impact on such matters as faculty resources and the overall 'shape' of the institution. Over the past two years, stronger links have been developed with the Academic Affairs Committee of the University's Board of Regents.

Future of quality assurance at Mount Allison University

In 2000-2001, Mount Allison produced, through a consultative process, its Strategic Plan which defines the parameters of the University's quality assurance activities. This plan, however, does not call for an overarching policy. Since that time, three departments have undergone a strategic/quality assurance review. Prior to this time, all departments were formally reviewed between 1994 and 1997.

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

4.1 Is the institution following its own quality assurance policy?

The Monitoring Committee did not explore this question given that Mount Allison does not have a quality assurance policy per se. Instead, the Monitoring Committee focussed its efforts on the second question.

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

The Committee agrees with Mount Allison's assessment that while it does not have an overarching quality assurance policy, the University does engage in a number of activities that support quality assurance. Indeed, the Committee was impressed by the number of activities that contribute to and promote quality assurance across the institution, not only in terms of academic programmes but also in terms of the university experience as a whole. The Committee notes that Mount Allison's approach to quality assurance includes (though not systematically) a number of elements deemed essential to a successful quality assurance policy, including:

- Preparation of a self-study by the department under review;
- Reviews at the programme level;
- An external review, including site visit and preparation of report; and,
- Participation of faculty and students.

The Committee also notes that Mount Allison's commitment to continuous quality improvements is reflected in the University's mission to provide a high quality liberal arts undergraduate education as well as in the University's strategic decision to limit enrolments.

The Committee was pleased to learn that Mount Allison intends to use the monitoring process as a springboard to redefine quality assurance within the institution in order to bring it in line with the Commission's Guidelines for Institutional Quality Assurance Policies.¹ In fact, Mount Allison identified, in its institutional quality assurance report (p.12), five solutions to the key shortcomings of its quality assurance processes, these include:

1. Develop a coherent overarching policy that gathers in the many elements of quality assurance in place already;
2. Articulate student learning outcomes as part of an overall policy on quality assurance;
3. Establish systematic student evaluation, university-wide;
4. Renew earlier commitments to external review of programmes and establish a reasonable time frame (such as seven to eight years); and,
5. Establish a Five-year Academic Plan (supported by curriculum review and the commitment to re-allocate resources).

¹ These guidelines are included under Appendix 3(b).

The Monitoring Committee strongly supports these proposed measures and it is in this context that it has identified a number of suggestions to help Mount Allison operationalize these measures. These suggestions are organised as follows:

- Create an overarching quality assurance policy
- Clearly identify administrative lead, links to decision making and accountability mechanism
- Implement systematic student evaluations
- Provide support to faculties and departments under review

4.2.1 Create an overarching quality assurance policy

An overarching policy that outlines the ways in which the various review processes and other quality measures contribute to quality assurance within a university is key to fostering an institution-wide commitment to quality assurance. The Monitoring Committee therefore recommends that the University create, in collaboration with Senate, a quality assurance policy that is not dependent on other policies or practices within the institution, such as collective agreements. This would allow the University to articulate, in one document, its values, goals and objectives in the area of quality assurance as well as the activities that enable it to meet these goals and objectives. It would also help to ensure that activities related to quality assurance are carried out consistently and as intended across faculties/departments and over time.

An overarching policy should house, at a minimum, the following elements:

- Clearly defined assessment criteria
- Provision to assess research and scholarship
- Guidelines for the preparation of self-study by unit under review
- Terms of reference for external evaluators
- Provision for input from students, faculty, graduates, professional associations, local community, employers
- Review cycle
- Provision to evaluate the policy on a regular basis
- Timeframe for the timely completion of a review (from the submission of the self-study to the follow-up to recommendations)

The policy, including the guidelines for the preparation of the self-study and the terms of reference for the external reviewers, should house clearly defined assessment criteria that provide measures that go beyond the allocation of resources (such as faculty performance, organizational structure, etc.) and inform decisions related to the improvement of academic offerings. These criteria should be student-centred and address teaching practices, intended and delivered curriculum, support provided to students, student outcomes and the contribution of a unit to the institutional mission and the larger community or society in general, etc. In addition, the review process (both internal and external) should include an assessment of a unit's research and scholarship activities as these activities form a central part of a university's responsibilities and have a significant impact on the quality of academic programmes and teaching.

A successful quality assurance policy should promote continuous quality improvements. And, without a clearly defined review cycle, the review process tends to be reactive and issue driven, as is the case at Mount Allison University, rather than proactive. The review cycle should not extend past seven years, and ideally should

be completed within five years. In addition, newly-established programmes or units should be assessed once fully implemented, usually at the three- to five-year mark.

A provision to evaluate the existing quality assurance policy within the actual policy ensures a systematic process is in place to: (1) determine if the policy is meeting the anticipated objectives and outcomes, (2) identify the policy's strengths and weaknesses, (3) implement improvements and (4) ensure the policy's continued relevancy. The Committee suggests that the most appropriate timeframe to perform this review is at the end of each cycle and that the results of the review be tabled with Senate.

4.2.2 Clearly identify administrative lead, links to decision making and accountability mechanism

A dedicated unit/staff to manage the review process is essential to effectively implementing a policy on quality assurance. In addition, the review process should engage the higher echelons of the administration including Senate, the Vice-President Academic and Research, and the President. Mount Allison referenced a number of committees which are involved in one capacity or another in quality assurance. The Monitoring Committee strongly suggests that Mount Allison define the roles and responsibilities the administrative lead and various committees (such as President's, Senate, Board of Governors, Advisory) play in the process.

The Monitoring Committee strongly believes that results of programme reviews must inform decision making, and in particular decisions related to budgeting and the improvement of programmes/services. During the site visit, a number of faculty expressed frustration with the fact that while most reviews conclude that additional resources are needed, additional faculty in particular, the reality is that additional resources are not available. The Committee cautions that decisions as a result of a review should not be limited to increasing or decreasing faculty positions or resources, but should also encompass changing current practices and procedures. Finally, the links to the decision making process should be clearly identified in the policy and communicated to the university community.

In order to effectively garner support from the university community, the review process must be seen as accountable, particularly in terms of follow-up to recommendations from a review. To strengthen the lines of accountability, the Monitoring Committee suggests that recommendations from a review be monitored by the senior administration and that a report, which highlights the review process, outcomes and follow-up action, be submitted annually to Senate.

4.2.3 Implement systematic student evaluations

Student input is a key measure of the quality of a university's academic programmes, faculty and support services as well as the overall university experience. As noted above, student evaluations have been at the discretion of individual faculty members, in addition, the University does a graduate exit poll every two years. The Monitoring Committee supports Mount Allison's plans to implement a systematic, university-wide student evaluation process and recommends that this be made a priority. In addition, Mount Allison should consider incorporating the aggregate results of student evaluations into its quality assurance policy. Finally, the collection of student input should not be limited to courses, rather it should cover the entire university experience.

The Monitoring Committee was impressed with the various initiatives, offered by the University's recently created Purdy Crawford Teaching Centre, which are aimed at ensuring quality teaching and increased learning. The Monitoring Committee strongly suggests that the Centre continue to be supported and its role strengthened throughout the institution.

4.2.4 Provide support to faculties and departments under review

Without adequate support to units under review, it is difficult to foster faculty buy-in for the review process and quality assurance, in general. During the site visit, the Monitoring Committee met with faculty of recently reviewed departments, all of whom expressed a level of frustration with: (1) the lack of readily accessible and/or clearly defined data and information in order to prepare the self-study and respond to requests from external reviewers and (2) the lack of follow-up to reviews. In response, the Committee suggests that the University establish institutional analysis activities to support programme reviews and identify an administrative officer to manage the process, including the monitoring of follow-up activities. Institutional analysis can be provided either through establishing a new office or by coordinating the present reporting activities of the Registrar, Financial Office, and other offices.

5. Summary of Recommendations

Recommendation 1: Create an overarching quality assurance policy

Possible ways to achieve this include:

- That the University create, in collaboration with Senate, a quality assurance policy that is not dependent on other policies or practices within the institution, such as collective agreements.
- That an overarching policy house, at a minimum, the following elements:
 - Clearly defined assessment criteria
 - Provision to assess research and scholarship
 - Guidelines for the preparation of self-study by unit under review
 - Terms of reference for external evaluators
 - Provision for input from students, faculty, graduates, professional associations, local community, employers
 - Review cycle
 - Provision to evaluate the policy on a regular basis
 - Timeframe for the timely completion of a review (from the submission of the self-study to the follow-up to recommendations)

RECOMMENDATION 2: Clearly identify administrative lead, links to decision making and accountability mechanism

Possible ways to achieve this include:

- That a dedicated unit/staff manage the review process.
- That the review process engage the higher echelons of the administration.
- That the University define the roles and responsibilities of the administrative lead.
- That the University define the roles and responsibilities of its existing committees related to quality assurance.

- That results of programme reviews inform decision making, and in particular decisions related to budgeting and the improvement of programmes/services.
- That decisions as a result of a review not be limited to increasing or decreasing faculty positions or resources, but also encompass changing current practices and procedures.
- That the links to the decision making process be clearly identified in the policy and communicated to the university community.
- That recommendations from a review be monitored by the senior administration.
- That a report, which highlights the review process, outcomes and follow-up action, be submitted annually to Senate.

RECOMMENDATION 3: Implement systematic student evaluations

Possible ways to achieve this include:

- That the University incorporate the aggregate results of student evaluations into its quality assurance policy.
- That the collection of student input cover the entire university experience.
- That the role of the University's recently created Purdy Crawford Teaching Centre be strengthened throughout the institution.

RECOMMENDATION 4: Provide support to faculties and departments under review

Possible ways to achieve this include:

- That the University establish institutional analysis activities to support programme reviews
- That the University identify an administrative officer to manage the process, including the monitoring of follow-up activities.

6. CONCLUSION

Mount Allison has a strong history of quality assurance, however, its approach to date has been ad hoc and highly reliant on its long-standing reputation. The Monitoring Committee believes that this is an opportune time for Mount Allison to solidify its quality assurance activities through the creation of an overarching policy, and hopes that this report serves as a useful guide as Mount Allison moves toward an institutional and coordinated approach to quality assurance. The Committee looks forward to learning about the evolution of Mount Allison's quality assurance policy and assessing, once Mount Allison's policy has been implemented, the first question, "Is the institution following its own quality assurance policy?". Until that time, the Monitoring Committee commends Mount Allison for its commitment to enhancing its quality assurance activities.

APPENDIX 1 INSTITUTIONAL RESPONSE

June 13, 2006

Ms. Mireille Duguay
Executive Director
Maritime Provinces Higher Education Commission
P.O. Box 6000
Fredericton NB E3B 5H1

Dear Ms. Duguay:

Thank you for the report prepared by the AAU-MPHEC Quality Assurance Monitoring Committee. We are pleased with the results.

You will not be surprised that we had some misgivings at the start of this process but it was handled positively, carefully and professionally, and we found it a very helpful exercise.

Basically, we agree with the four suggestions that are identified at the top of page 6 and we will implement all of these. The only caveat that we have to add is that we do not have the resources to establish new positions, but we will carry out the functions within the present structure.

For information, I have attached the Report on the Student Ratings of Instruction Pilot Project which gives a number of recommendations and endorses the use of the SEEQ (Student Evaluation of Educational Quality) Form. This project is (finally) moving forward!

Again, thank you and the committee for this constructive exercise

Sincerely,

Dr. John Read
Vice President, Academic and Research
Mount Allison University

JFR/mls

(A COPY OF THE REPORT ON THE STUDENT RATINGS OF INSTRUCTION PILOT PROJECT IS AVAILABLE UPON REQUEST - please see inside of cover page on how to reach the MPHEC.)

APPENDIX 2

SITE VISIT AGENDA AND PARTICIPANTS

**Mount Allison University
Room G-19 - Centennial Hall
November 21, 2005**

Agenda

- 9:45 a.m. Introductory session with President, Dr. Ken Ozmon
- 10:15 a.m. Policies and Practices
- 11:15 a.m. Departmental and programme review processes
- 12:30 p.m. Working lunch for Committee Members (University Club)
- 1:00 p.m. Meeting with Dr. John Read, Vice-President Academic and Research
- 1:30 p.m. Evaluating quality learning: teachers, students, "learners"
- 2:45 p.m. Next steps: implementing comprehensive quality assurance monitoring
- 4:00 p.m. Wrap-up with Dr. John Read, Vice-President Academic and Research
- 4:30 p.m. Site visit concludes

PARTICIPANTS

AAU-MPHEC Quality Assurance Monitoring Committee Representatives:

- Professor Ivan Dowling
- Dr. Léandre Desjardins
- Ms. Marie Mullally (Chair)
- Dr. Bernard Nadeau
- Dr. Don Wells

Mount Allison University Representatives:

- Dr. Kenneth Ozmon, President
- Dr. John Read (Vice-President Academic and Research)
- Dr. Margaret Beattie (Dean of Science and Chair, Senate Committee on Academic Matters)
- Dr. Carrie MacMillan (Dean of Arts)
- Dr. Robert Summerby-Murray (Dean of Social Sciences)
- Professor Berkeley Fleming (Professor of Sociology and Secretary of Senate)
- Dr. Hans vanderLeest (Associate Professor of Classics and President, Mount Allison University Faculty Association)
- Dr. Rosemary Pelegato (Professor and Head of Commerce)
- Dr. Peter Edwards (Professor and Head of Modern Languages and Literatures)
- Dr. Gary Tucker (Associate Professor and Head of Music)
- Dr. William Godfrey (Professor of History and member of the University Planning Committee)
- Mrs. Eileen Herteis (Director, Purdy Crawford Teaching Centre)
- Mr. Ankit Kapur (Vice-President Academic, Students' Administrative Council)
- Dr. Mark Blgrave (Professor of English and representative, First Year Experience project)
- Professor Alex Fancy (McCain Teaching Professor and 3M Fellow)

APPENDIX 3(a)

MONITORING INSTITUTIONAL QUALITY ASSURANCE POLICIES AND PROCEDURES

1. Objective

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

The specific objective of the MPHEC monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing 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, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programmes and services or is it satisfactory as is?".

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

2. Focus

The monitoring function focuses on three elements:

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

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

3. Scope

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

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

4. Cycle

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

5. A Quality Assurance Monitoring Committee

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

6. Process and Outcomes

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

The quality assurance monitoring process includes the following steps:

Step 1 Initial meeting

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

Step 2 Institutional Quality Assurance Report

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

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

Step 3 Analysis of all pertinent documentation

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

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

1. The institutional quality assurance policy. The Monitoring Committee uses the policy components and assessment criteria outlined elsewhere in the MPHEC Quality Assurance Policy as the backdrop to review each institutional policy;
2. The institutional quality assurance report;
3. The list of all 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 institutional quality assurance report, as well as to verify elements contained in the assessments reviewed by the Committee.

Step 5 Report

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

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

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

Step 6 Institutional response

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

7. Review of the MPHEC Monitoring Process

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

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

APPENDIX 3(b)

GUIDELINES FOR INSTITUTIONAL QUALITY ASSURANCE POLICIES

I PURPOSE OF THE GUIDELINES

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

II FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

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

A quality assurance policy should focus on units (academic and other) and/or on 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.).

III 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, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programmes and services or is it satisfactory as is?".

IV COMPONENTS OF AN INSTITUTIONAL QUALITY ASSURANCE POLICY

In addition to reflecting institutional mission and values, the institutional quality assurance policy should be comprehensive and apply to all 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 V).
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 overseeing quality assurance.

V 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 3(c)

ASSESSMENT CRITERIA FOR THE MPHEC MONITORING PROCESS

I INTRODUCTION

The specific objective of the monitoring function is to review the policy, processes and procedures used by institutions to assess the quality of existing 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, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programmes and services or is it satisfactory as is?". The Committee will be assessing the institution's quality assurance policy and related processes, but will not be assessing the quality of specific 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
 - 1.1 The policy is consistent with the institution's mission and values.
2. General
 - 2.1 Scope of the policy is appropriate, i.e., the policy is comprehensive in terms of assessing all programmes and units.
 - 2.2 The policy follows the Commission's guidelines. Any discrepancy is explained/justified.
 - 2.3 The policy promotes *continuous* quality improvement.
3. Policy objectives
 - 3.1 Scope of the objectives is appropriate.
 - 3.2 Objectives linked to programme quality improvement.
 - 3.3 Objectives linked to decision-making process.
 - 3.4 Objectives linked to realization of stated student outcomes.
 - 3.5 Objectives linked to the economic, cultural and social development of the university's communities.
4. Policy components
 - 4.1 Assessment criteria are defined and are appropriate (to include the adequacy of financial, human and physical resources).
 - 4.2 General guidelines for the programme/unit self-study are established and are appropriate.

- 4.3 The external review process is objective including clearly defined generic terms of reference for, and selection process for, experts.
 - 4.4 Procedures allowing for the participation of students, faculty members, staff and the community-at-large are established.
 - 4.5 (If the policy focuses on units) Mechanism(s) to assess interdisciplinary programmes, typically not examined when a policy focuses on units, exist and are appropriate.
 - 4.6 Linkages between programme assessment and accreditation requirements are identified.
 - 4.7 Schedule of programme/unit assessment is appropriate.
 - 4.8 Procedures to review the policy itself are identified, including procedures to seek/include stakeholder input.
5. Policy implementation (assessment practices)
- 5.1 Programme/unit self-studies address the institution's assessment criteria.
 - 5.2 Programme/unit self-studies include a component that is student-centered, as they aim, among other things, to assess the quality of learning.
 - 5.3 Students, faculty members, staff and the community-at-large participate in the assessment process.
 - 5.4 External review process is objective; experts selected during the peer review process have the appropriate expertise.
 - 5.5 Policy and procedures monitor the continuing relevance of the programme.
 - 5.6 Schedule of reviews is adhered to, or modifications to schedules can be reasonably explained or justified.
 - 5.7 Required follow-up action is undertaken.
 - 5.8 Policy is subject to regular review (and the review process includes procedures to seek stakeholder input).
6. Policy administration
- 6.1 Coordinating or administrative unit identified as the lead is appropriate.
 - 6.2 Effective support has been offered to programmes and units under review.
 - 6.3 Appropriate follow-up mechanisms are in place and are functioning appropriately.
 - 6.4 Assessment results have been appropriately disseminated.
 - 6.5 The process informs decision-making.

APPENDIX 3(d)

GUIDELINES FOR THE PREPARATION OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

I PURPOSE AND FOCUS OF THE MONITORING PROCESS

The specific objective of the monitoring function is to review the policy, processes and procedures used by institutions to assess the quality of existing 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:

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

The monitoring function focuses on three elements:

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

II FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

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

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

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

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

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

III SUGGESTED STRUCTURE AND CONTENT OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

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

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

2.3 Policy Administration

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

3. Conclusion

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

Appendices (to institutional report)

- I. Institutional policy
- II. List of all 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

APPENDIX 3(e)

AAU-MPHEC QUALITY ASSURANCE MONITORING COMMITTEE - TERMS OF REFERENCE

PURPOSE

1. To advise and assist the Maritime Provinces Higher Education Commission, an agency of the Council of Maritime Premiers, in ensuring continuous improvement in the quality of academic 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:
 - 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's Quality Assurance Policy.
 - Suggest relevant research/publications to the Commission and assist in their preparation, as they relate to quality assurance.
 - Examine issues or carry out projects as the Commission may deem necessary and appropriate, as they relate to quality assurance.

OBJECTIVE OF THE MONITORING FUNCTION

3. The specific objective of the monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing 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, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programmes and services or is satisfactory as is?"
5. The process is intended to be formative; institutional policies and practices will be reviewed with a view to provide assistance and advice to institutions.

MEMBERSHIP

6. The Committee will be composed of eight members including the Chair.
7. At least two Committee members are also Commission members.
8. At least three, but ideally four Committee members will be selected from a list of nominees suggested by the AAU, and at least one of the three/four members selected from the list of nominees suggested by the AAU must be a francophone.

9. Ideally, two Committee members are students.
10. Members are appointed for a three-year mandate.
11. Preferred profile of members
 - Appreciation for, and expertise in, quality assurance and periodic programme and unit reviews.
 - Respected by the post-secondary education community.
 - Not a current member of an institution's senior administration.
 - Preferably not a current public servant within a department of education.
 - Preferably not currently in the employ of an institution on the Commission's schedule.

CHAIR

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

REPORTING STRUCTURE

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

QUORUM

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

COMMITTEE'S SCOPE OF AUTHORITY

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

LINK TO THE ASSOCIATION OF ATLANTIC UNIVERSITIES

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

STAFFING

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

POLICY ON CONFLICT OF INTEREST

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

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

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

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

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

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

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

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

Principles for managing conflicts of interests

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

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

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

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

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

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

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

