

MPHEC
Maritime Provinces
Higher Education
Commission

CESPM
Commission de
l'enseignement supérieur
des Provinces maritimes



**Assessment of the
University of New Brunswick's
Quality Assurance Policies
and Procedures**

November 2006

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

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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 October 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.

The University of New Brunswick, along with Université de Moncton, Mount Allison University 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 University of New Brunswick. The report concludes by answering the two key questions of the monitoring function.

2. DESCRIPTION OF THE MONITORING PROCESS WITH THE UNIVERSITY OF NEW BRUNSWICK

The initial meeting between the Monitoring Committee and the University of New Brunswick occurred on January 14, 2005 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. Henry Cowan and Mr. Bernard Nadeau, AAU representatives and committee members, and Ms. Mireille Duguay and Ms. Julie Coté, MPHEC staff. Representing the University of New Brunswick were:

- Dr. Angelo Belcastro, Vice President Academic
- Dr. John McLaughlin, President
- Dr. Kathryn Hamer, Vice President Saint John
- Dr. Linda Kealey, Coordinator of Women's Studies Program
- Mr. Jérémie LeBlanc, Graduate Student
- Dr. Shelley Rinehart, Dean, Faculty of Business, UNBSJ
- Dr. Gwendolyn Davies, Dean of Graduate Studies
- Dr. Ian Smith, Acting Dean of the Faculty of Forestry and Environmental Management
- Dr. Virendra C. Bhavsar, Dean of the Faculty of Computer Science
- Dr. Jane Fritz, Associate VP Academic (Learning Environment)
- Dr. Gregory Kealey, Vice President Research
- Dr. David Coleman, Dean of Engineering
- Prof. Jim Christie, Faculty of Engineering
- Dr. Kathryn Lewis, Associate Dean - BN/RN Program
- Dr. Gail Storr, Faculty of Nursing

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 submitted by the University of New Brunswick on April 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 the University of New Brunswick and finalized the questions/issues to be explored during the site visit.

The site visit occurred on November 22, 2005. Committee members, Mr. Bernard Nadeau, Dr. Léandre Desjardins, Dr. Ivan Dowling and Dr. Don Wells were present at this meeting as well as one MPHEC staff member. Representing the University of New Brunswick's senior administration were Dr. Angelo Belcastro, Vice President Academic, Dr. Kathryn Hamer, Vice President Saint John. The Monitoring Committee had an opportunity to hear from faculty, senate, and student representatives, as well as heads of recently reviewed

departments and faculties. The agenda for the site visit is included under Appendix 2. The week prior to the site visit, the Monitoring Committee also met by teleconference with Dr. John McLaughlin, President.

On March 28, 2006, the Monitoring Committee submitted to the University of New Brunswick a draft of its Assessment Report of the University of New Brunswick's Quality Assurance Policies and Procedures. The University was asked to validate the factual information contained in the document. A response was received on May 1, 2006. The Commission received, on September 18, 2006, the University of New Brunswick's initial reaction to the report. This letter can be found under Appendix 1.

The Monitoring Committee would like to extend its gratitude to the University of New Brunswick for its commitment to and cooperation throughout the process.

3. OVERVIEW OF THE UNIVERSITY OF NEW BRUNSWICK'S QUALITY ASSURANCE POLICIES AND PROCEDURES

Founded in 1785, the University of New Brunswick is one of Canada's oldest universities, with campuses in both Fredericton and Saint John, New Brunswick. It offers under-graduate and graduate degrees in more than 60 disciplines and continuing education in a variety of fields. Courses and programs are available in arts, business administration, computer science, education, engineering, forestry and environmental management, kinesiology, law, nursing, and science. Its 10,000 students come predominately from Canada, but increasingly from all over the world.

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

Although the University of New Brunswick has a long history of departmental and faculty reviews, it is only in 2003 that it established a Quality Assurance Policy which formally recognizes the academic review process. The Quality Assurance Policy includes all aspects of the institution's operations (academic and non-academic) and was designed to integrate the activities of academic and non-academic units into the planning and budgeting cycles of the institution, the selection of senior university officials, and the overall improvement of the postsecondary experience for students. Since 2003, 16 academic and non-academic units have undergone a programme review and another 17 units have been completed or are on-going during 2004-2005.

The coordinating unit is the Office of the Vice President Fredericton (Academic) and the Program Review Committee (PRC), a subcommittee sanctioned by both the Fredericton and Saint John Campuses. The PRC is responsible for coordinating undergraduate and graduate program reviews in conjunction with faculty and departmental reviews as well as coordinating follow-up actions. In addition, a full-time staff member is employed to oversee the planning and coordination of program reviews for both campuses.

The University's policy is made up of three key components: a self-study, an external review, and a follow-up process.

The self-study is conducted by the Department or Faculty under review and includes the following:

- An outline of the Faculty/Department's structure, priorities, and aspirations in the form of a three or five year plan.

- A brief description of various elements related to the program, such as course offerings, academic requirements, pertinent regulations, etc. as well as an assessment of the strengths and weaknesses of the program.
- An assessment of the quality of the programs and the learning experiences they provide to students.

The external review assessment is based on a site visit and the analysis of pertinent information (ie, self-study, documentation provided by the PRC) and focusses on the following:

- The overall academic health of the Faculty/Department with particular emphasis on the graduate and undergraduate programs.
- The performance of the leadership in the Unit.
- In the case of Faculty Reviews prior to the formation of a Selection Committee, the characteristics of the individual best suited to serve as Dean in the coming years.

The external reviewers' written report(s) is/are submitted to the Vice President (for Faculty reviews) or Dean (for Department reviews) and consist of: a non-confidential appraisal of the Faculty/Department, with emphasis on the quality, structure, and effectiveness of the unit. The non-confidential section of the report is made available to the faculties, departments, and schools concerned and the Program Review Committee, if appropriate. In the case of faculty reviews where the selection of a new Dean is pending, a confidential report on the personnel of the faculty is provided, with a particular emphasis on the assessment of the incumbent Dean. The relevant Dean or Chair is given an opportunity to respond to external reviewers' report.

Recommendations brought forward by the external review team are examined and incorporated in the planning process of the institution. Specifically, the Program Review Committee report and recommendations are monitored first, by the Dean, Chair, or Director of the unit under review; second, by the Program Review Committee, the Committee liaison and the PRC coordinator; and third, by the appropriate Senate sub committees on both campuses. Periodic reports are also submitted to the two Senates and the Board of Governors of the institution.

The University has a campus-wide system of student evaluation of courses and teaching and is moving towards electronic evaluations. Aggregate results of student opinion surveys are provided to the external review team.

4. ASSESSMENT OF UNIVERSITY OF NEW BRUNSWICK'S QUALITY ASSURANCE POLICIES AND PROCEDURES

4.1 Is the institution following its own quality assurance policy?

Although the University's policy has only been in place since 2003, the Monitoring Committee can confirm, through this monitoring process, that reviews undertaken since that time have included a self-study, an external evaluation, and student and faculty input, as dictated by the University's policy. The Committee cannot assess at this time if the subsequent follow-up processes to a review (such as links to decision making, programme improvement, monitoring of follow-up actions) occurred as outlined in the policy or the extent to which the review schedule is adhered.

The Committee was pleased to learn that the University intends to undertake an in-depth assessment of its quality assurance policy as it moves towards the end of its seven-year review cycle. The intent of the assessment will be to make revisions, as appropriate, to the scope of documentation required for the self study including more detailed information and closer examination of institutional benchmarks for program reviews, in-depth selection criteria for external reviewers including specific areas of expertise, modifications to the schedule for the on-site visit including length of stay, greater involvement of the university community, more detailed information regarding the final report as well as a more formalized implementation schedule. The Committee believes this review will be an important step to ensuring the long term success of the University's quality assurance policies and procedures.

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?

As noted above, it has only been in the past few years that the University of New Brunswick has committed to a university wide approach to quality assurance, and this process began with the creation of the University's first formal quality assurance policy in 2003. The policy, drafted using the Commission's guidelines for quality assurance, contains the elements deemed essential to a successful quality assurance policy. The policy:

- reflects the institutional mission and values
- is comprehensive and applies to all programmes and units
- is managed at a higher echelon of the institution's administrative structure
- is accountable to the institution's leaders
- includes clearly defined assessment criteria
- includes a provision to assess research and scholarship
- requires the preparation of a self-study by the unit under review
- includes guidelines for the preparation of the self-study which are student centred
- requires input from faculty and students participating in the programme or unit
- incorporates the participation of faculty not directly involved in the reviewed programme or unit
- requires an external review component, usually carried out by two experts external to the institution.
- requires the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.
- includes a mechanism to ensure a proper follow up to the assessment
- is based on a seven year review cycle
- includes a provision to review the policy periodically

Indeed, the Monitoring Committee was impressed by the University's policy as well as the President and Vice President Academic's commitment to quality assurance. The site visit did reveal however that this enthusiasm did not translate down to the faculty level. Several faculty noted that their unit has undergone a number of reviews over the past several years and from their perspective the results of the reviews have not brought about change nor were key recommendations addressed.

The Monitoring Committee was also impressed by the University's process to assess a Faculty or Department's research and scholarship activities, noting that these activities form a central part of a university's responsibilities and have a significant impact on the quality of academic programmes and teaching.

The Monitoring Committee believes that while the University has made great strides in the area of quality assurance with the creation of an overarching policy, its greatest challenge lies ahead in its implementation. It is in this context that the Monitoring Committee has identified a number of suggestions for consideration by the University, and these are organized along the following recommendations:

- Foster institutional wide commitment to quality assurance
- Improve the continuity of the decision making process
- Define the relationship between accreditation reviews and the University's quality assurance reviews
- Define the review process for articulated programmes

4.2.1 Foster institutional wide commitment to quality assurance

The perception, particularly at the faculty level, is that the University of New Brunswick's approach to quality assurance has been piecemeal with little requirement for follow-up. As a result, many faculty are cynical about the review process, and see it as burdensome and of little value. The new policy, implemented in 2003, has not been in place long enough to allow the notions of quality assurance to become ingrained in the University's culture and a lot of cynicism remains.

The Monitoring Committee therefore strongly recommends that over the next few years the University focus its efforts on communicating information pertaining to the University's quality assurance policy and the results of and, follow-up to, reviews to the University's immediate community (students, faculty, etc.), government and the general public. In order to engage the immediate community in the process, the changes brought about by a review (whether done by the university or an accrediting body) must be clearly identified. This is particularly crucial for faculty buy-in.

A good communication strategy informs the University community, government 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 the University of New Brunswick.

The dissemination of information should therefore be proactive and go beyond making the information available online or by request. The Monitoring Committee notes with interest that a standard email sent to all students informing them of the opportunity to sit on committees has resulted in increased student membership.

The Monitoring Committee also suggests that it may be beneficial to add educational activities to a communications strategy. Such activities could take several forms such as workshops for faculty and department heads to educate them on the policy, its objectives, assessment criteria, and follow-up processes, with particular emphasis on the benefits of the policy to faculty, Departments, and the University in general. Such workshops would also provide a good opportunity to work with individual Departments to learn what steps can be put in place to minimize the burden on those who must undergo accreditation reviews.

Finally, the Committee was pleased to learn that the University has recently enhanced its institutional analysis activities with the establishment of the Office of Institutional Planning and Research and through the standardization of definitions. The Committee notes that readily accessible and clearly defined data to prepare self-studies and respond to external reviewers requests is central to reducing faculty resistance to the programme review process.

4.2.2 Improve the continuity of the decision making process

Tied to the notion of fostering an institutional commitment of quality assurance is ensuring adequate follow-up to the review process. The continuity of the decision making process flows directly from the previous recommendation. As noted above, the links between the review process and the decision making process were not apparent. The 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. In this context, the Committee suggests that the University integrate the results of programme reviews into its Annual Planning and Budgeting process.

The Monitoring Committee was impressed by the procedures developed by the University to ensure adequate follow-up to reviews, however, these procedures have yet to be fully implemented. And therefore, their impacts are not yet known. The Monitoring Committee strongly advises the University to monitor closely the implementation of this process and to communicate to faculty and students any quality improvements made as a result of a review. 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. The Monitoring Committee also suggests that results and follow-up to a review should be reported to Senate for discussion and decision, and not simply for information.

4.2.3 Define the relationship between accreditation reviews and the University's quality assurance reviews

Several of the faculty, with whom the Monitoring Committee met during the site visit, expressed frustration over the number of reviews their respective Department or Faculty undergoes in a short period of time, noting that between provincial, national, and international accreditation reviews and the university's own quality assurance process, the unit is constantly in a state of review. Their frustrations are further exacerbated by the fact that they perceive little or no follow-up to the various review processes. The Program Review Committee did indicate that they are currently working towards a solution to this problem. The Monitoring Committee recommends that this be made a priority. The University's overarching policy should clearly define the relationship between accreditation reviews and the University's quality assurance reviews in order to more effectively leverage and use the information from one review to complement another. In fact, where appropriate, inputs should be combined and the timing of both review processes should be aligned to reduce redundancy.

4.2.4 Define the review process for articulated programmes

The University does not at present review the college component of articulated programmes but notes this is an issue that needs to be addressed. The Monitoring Committee agrees that this is a complex issue that has proven quite challenging for all institutions, of which the University of New Brunswick is no exception. Nonetheless, the Committee believes it is the responsibility of the degree granting institution to ensure the quality of its articulated programmes as it is the University which is ultimately responsible for the caliber of its graduates. The Committee therefore recommends that the college component of articulated programmes be included in the review process. The joint AAU-MPHEC Academic Advisory Committee, a standing committee of the Commission, began an assessment of the effectiveness and benefits of articulated programmes. However, it concluded that it could not proceed with a complete assessment as these programmes had not been in operation long enough and not enough data were collected by universities. The Academic Advisory

Committee did publish a preliminary assessment of the challenges identified by universities, recommendations on ways to strengthen and sustain this programme structure and recommendations on procedural and data collection improvements to help institutions prepare for a more comprehensive assessment at a later date. Two of the recommendations are that the degree granting institution and its partner(s) should assume shared responsibilities and develop an integrated approach to delivering and evaluating articulated programmes and that an inter-institutional coordinating mechanism should be established which would operate with the authority and autonomy similar to that of a university department. The complete report, Preliminary Assessment of the Effectiveness and Benefits of Articulated Programmes Delivered in the Maritimes (March 2003), includes a complete list of the Academic Advisory Committee's recommendations. The Commission expects to resume a full review of articulated programmes in 2006-2007.

5. Summary of recommendations

RECOMMENDATION 1: Foster institutional wide commitment to quality assurance

Possible ways to achieve this include:

- That over the next few years the University focus its efforts on communicating information pertaining to the University's quality assurance policy and the results of and, follow-up to, reviews to the University's immediate community (students, faculty, etc.), government and the general public.
- That the changes brought about by a review (whether done by the university or an accrediting body) be clearly identified.
- That the dissemination of information be proactive and go beyond making the information available online or by request.
- That educational activities be added to a communications strategy.

RECOMMENDATION 2: Improve the continuity of the decision making process

Possible ways to achieve this include:

- That the results of programme reviews inform decision making, and in particular decisions related to budgeting and the improvement of programmes/services.
- That the results of programme reviews be integrated into the University's Annual Planning and Budgeting process.
- That the University monitor closely the implementation of its process to ensure adequate follow-up to reviews.
- 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 results and follow-up to a review be reported to Senate for discussion and decision, and not simply for information.

RECOMMENDATION 3: Define the relationship between accreditation reviews and the University's quality assurance reviews

Possible ways to achieve this include:

- That the University's overarching policy clearly define the relationship between accreditation reviews and the University's quality assurance reviews
- That, where appropriate, inputs from accreditation reviews and the University's reviews be combined.
- That the timing of both review processes be aligned to reduce redundancy.

RECOMMENDATION 4: Define the review process for articulated programmes

Possible ways to achieve this include:

- That the college component of articulated programmes be included in the review process.
- That the University and its partner(s) assume shared responsibilities and develop an integrated approach to delivering and evaluating articulated programmes.
- That an inter-institutional coordinating mechanism be established that operates with the authority and autonomy similar to that of a university department.

6. CONCLUSION

The Monitoring Committee agrees with the University of New Brunswick that the adoption of a comprehensive, structured quality assurance program will have ongoing benefits for the University and its multiple stakeholders.

The Monitoring Committee was impressed by the types of issues (e.g. service delivery, teaching excellence, curriculum's relevance to students' future roles in society, the interconnectedness of administrative units to academic activities on campus, etc) that are now being discussed by the University, noting that these discussions highlight the University's understanding that quality assurance goes beyond simply assessing human and physical resources.

The Monitoring Committee commends the University for its renewed commitment to quality assurance, teaching excellence and the overall student experience.

APPENDIX 1 INSTITUTIONAL RESPONSE

UNIVERSITY OF NEW BRUNSWICK FREDERICTON/SAINT JOHN	PO Box 4400 FREDERICTON, NB CANADA E3B 5A3	PO Box 5050 SAINT JOHN, NB CANADA E2L 4L5	TEL 506 453-4567 FAX 506 453-5158 JDM@UNB.CA	OFFICE OF THE PRESIDENT AND VICE-CHANCELLOR
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September 14, 2006



Ms. Mireille Duguay
AAU-MPHEC Quality Assurance Monitoring Committee
Maritime Provinces Higher Education Commission
82 Westmorland Street, Suite 401
P. O. Box 6000
Fredericton, NB E3B 5H1

RECEIVED
SEP 18 2006
M.P.H.E.C.
CC/MD, CS, SF

Dear Ms. Duguay:

In response to your letter of June 7, 2006 where you have requested an initial response to the second draft of the AAU-MPHEC Quality Assurance Monitoring Committee's Assessment Report of the University of New Brunswick's Quality Assurance Policies and Procedures, we offer the following comments to the report.

The Quality Assurance Program Review Committee (PRC) at the University of New Brunswick has reviewed the Assessment Report prepared by AAU-MPHEC Quality Assurance Monitoring Committee and feels that the report is generally positive and provides an accurate and fair description and assessment of our quality assurance policies and procedures and was pleased with the overall assessment.

This initial response will focus on Sections 4 and 5 of the report with an "agree or disagree" format of the recommendations and/or statements prepared by the Monitoring Committee.

Section 4

- 4.2.1 - We are in general agreement with the recommendations in this section of the report pertaining to communication strategies and feel that there is value in adding educational activities at the administrative level (ie. Small workshops once a year to remind administrators of the review process and what is involved in a quality assurance review).
- 4.2.2 – We are in agreement with the recommendations in this section which flows directly from the previous section. It is our intention to specifically have responsibility for this follow up process and incorporate all levels of the institution, not just administration.
- 4.2.3 – We are in general agreement with this section as well and agree that more work has to be done in scheduling quality assurance reviews in cooperation with accreditation reviews. There have been 5 accreditation reviews scheduled and completed in the last 3 years. Much of the information prepared for these accreditation reviews was used for the quality assurance reviews of the respective unit undergoing such reviews. As well, just this year, the Faculty of Business Administration is scheduled to undergo a quality assurance review as well as applying for accreditation with the Association of to Advance Collegiate Schools of Business. The Program Review Committee agreed to exempt the Faculty from the Quality Assurance review based on the comprehensive review of all aspects of a business school's operations required for the accreditation review.

.../2

- 2 -

The statement in this section "*Senior administrators did indicate that they are currently working towards a solution....*" - **should read** "*The Program Review Committee did indicate....*".

- 4.2.4 – We agree with the recommendation that the college component of articulated programmes be included in the review process and that this needs to be done in consultation with colleges. We suggest a system-wide approach given many programmes of this type exist, or are planned.

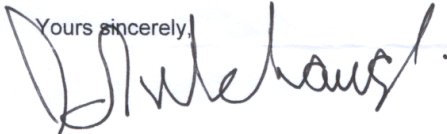
Section 5

- Recommendation 2 – last bullet point recommends that results and follow-up to a review be reported to Senate for discussion and decision, and not simply for information – we agree partly with this recommendation in that Senate should be informed of results and follow up but at UNB, Senate is not responsible for decision-making issues related to budgets and resources.
- Recommendation 4 – We would like more clarification/elaboration on what is implied in the last bullet point regarding an inter-institutional coordinating mechanism being established that operates with the authority and autonomy to that of a university department.

General comments on the review process itself which should be considered for future reviews are as follows:

- Students should be represented more randomly as opposed to just representatives from the Student Union Executive – would like to get a better perception from students regarding the review process and if they see improvements as a result.
- How do we compare to other universities?
- What is the role of MPHEC with respect to Community Colleges?

In conclusion, we feel that the quality assurance monitoring process was very informative and helpful in helping us to identify strengths and weaknesses in our current policies and procedures. We would like to thank the members of the Monitoring Committee and the staff at MPHEC for their time, openness and support during the review process. The Program Review Committee will consider the recommendations put forward by the Monitoring Committee and how they can improve our current quality assurance processes.

Yours sincerely,


John D. McLaughlin
 President & Vice-Chancellor

cc. Dr. Angelo Belcastro, Chair, Program Review Committee

APPENDIX 2

SITE VISIT AGENDA AND PARTICIPANTS

November 22, 2005
Biomedical Room - 25 Dineen Drive

- | | |
|--------------------|---|
| 9:00 - 9:45 a.m. | - Dr. Angelo Belcastro, Vice-President Fredericton (Academic)
- Dr. Kathryn Hamer, Vice-President Saint John (by conference call) |
| 10:00 - 10:45 a.m. | Deans of Faculty Reviews
- Dr. Gwen Davies, Dean of Graduate Studies (F)
- Dr. Pierre Zundel, Dean of Renaissance College (F)
- Dr. Kathy Lewis, Assistant Dean, Faculty of Nursing (F)
- Dr. Robert MacKinnon, Dean, Faculty of Arts (SJ) |
| 11:00 - 11:45 a.m. | Chairs of Department Reviews
- Dr. Eugene Lewis, Chair, Department of Electrical and Computer Engineering(F)
- Dr. Merzik Tawfik Kamel, Chair, Department of Mathematics Sciences (SJ) |
| 12:00 - 1:45 | Working lunch with Program Review Committee |
| 2:00 - 2:45 | Student Representatives and Senate Representative
- Ciana Chiasson, Student Union President (F)
- Nick Ouellette, Student Senator (F)
- Dr. Tom Beckley, Senate Representative (F)
- Mike Dobbelstyn, Student Representative Council (SJ) |
| 3:00 - 3:45 p.m. | Quality Assurance Assistant - Bev Black |
| 4:00 - 4:30 p.m. | Wrap Up - Dr. Angelo Belcastro |

Also participating from the AAU-MPHEC Quality Assurance Monitoring Committee:

- Prof. Ivan Dowling
- Dr. Léandre Desjardins
- Dr. Bernard Nadeau
- Dr. Don Wells

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 of 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.

