MPHEC
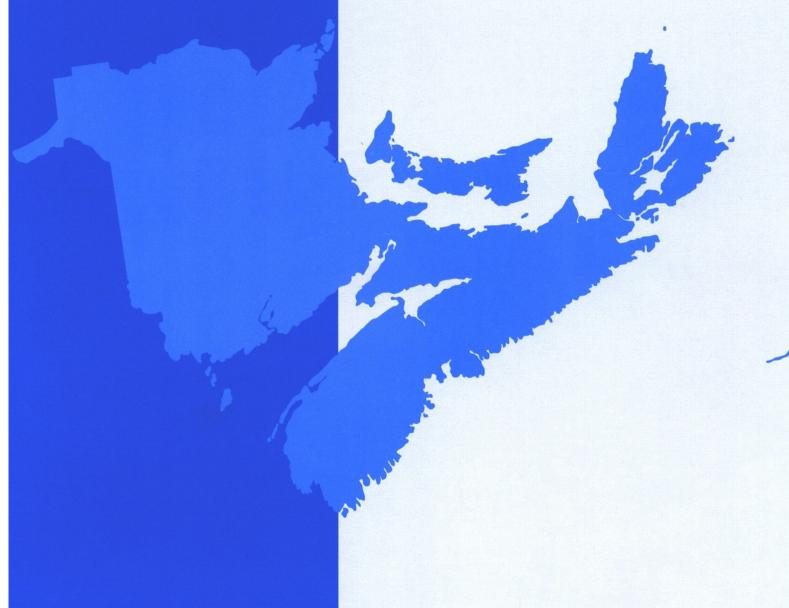Maritime Provinces
Higher Education
Commission

CESPM
Commission de
l'enseignement supérieur
des Provinces maritimes

Assessment of
Saint Mary's University's
Quality Assurance Policies and
Procedures

October 2008

The Council of Maritime Premiers   Le Conseil des premiers ministres des Maritimes

**Assessment of
Saint Mary's University's
Quality Assurance Policies and
Procedures**

October 2008

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

TABLE OF CONTENTS

1. INTRODUCTION

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

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

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

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

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

The monitoring function is made up of the following steps:

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

The first phase of the monitoring process is expected to be completed in March 2009.

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 Saint Mary's University. The report concludes by answering the two key questions of the monitoring function.

2.   DESCRIPTION OF THE MONITORING PROCESS WITH SAINT MARY'S UNIVERSITY

The initial meeting between the Monitoring Committee and Saint Mary's University (SMU) occurred on April 10, 2007. 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. Mireille Duguay, Chief Executive Officer of the MPHEC, Ms. Catherine Stewart, Policy and Research Analyst at MPHEC, and Dr. Henry Cowan. Representing SMU were:

- Colin Dodds, President
- Terry Murphy, Vice-President (Academic and Research)
- Esther Enns, Dean of Arts
- David Wicks, Dean, Sobey School of Business
- Malcolm Butler, Dean of Science
- Kevin Vessey, Dean of Graduate Studies and Research
- Don Naulls, Associate Dean of Arts and Chair of Senate
- Linda Van Esch, Associate Dean, Sobey School of Business
- Paul Dixon, Vice-President (Associate) Enrollment Management and Registrar
- Madeleine Lefebrve, University Librarian
- Betty MacDonald, Director, Division of Continuing Education
- Elissa Asp, Department of English, Member of Academic Planning Committee
- Ellen Farrell, Department of Management, Member of Academic Planning Committee
- Margaret-Anne Bennett, Director, Center for Academic and Instructional Development
- Barbara Bell, Secretary of Senate

At this meeting, the institution received a copy of the *Assessment Criteria for the MPHEC Monitoring Process* and the *Guidelines for the Preparation of the Institutional Quality Assurance Report*. These two documents can be found under Appendix 3(c) and 3(d).

On November 15, 2007, the Monitoring Committee reviewed the Quality Assurance Report submitted by Saint Mary's on September 26, 2007. The Committee identified the program assessments for which it would like to receive a complete dossier. On February 13, 2008, the Committee reviewed the dossiers submitted by Saint Mary's and finalized the questions/issues to be explored during the site visit.

The site visit occurred on March 18, 2008. Committee Chair, Dr. Sam Scully, and Committee members, Mr. Bernard Nadeau, Prof. Ivan Dowling, Dr. Don Wells and Dr. Colette Landry Martin were present, as well as two members from the MPHEC staff. Representing Saint Mary's senior administration were Dr. Colin Dodds, President, and Dr. Terry Murphy, Vice-President (Academic and Research). The Monitoring Committee also heard from the Director of the Centre for Academic and Instructional Development, Deans, Chairs, a cross-section of faculty and students, the Registrar, and representatives from student services and the library. The agenda for the site visit is included under Appendix 2.

On July 15, 2008, the Monitoring Committee submitted to Saint Mary's a draft of its *Assessment Report of Saint Mary's University's Quality Assurance Policies and Procedures*. The University was asked to validate the factual information contained in the document and to provide an initial response. A response was received on August 14, 2008. The Commission approved the report at its September 25, 2008 meeting.

The Monitoring Committee would like to extend its gratitude to Saint Mary's for being responsive and cooperative throughout the entire process.

3. OVERVIEW OF SAINT MARY'S UNIVERSITY'S QUALITY ASSURANCE POLICIES AND PROCEDURES

Founded in 1802, Saint Mary's University is the second largest university in Nova Scotia, serving about 8,000 full and part-time students. It has been primarily an undergraduate university and now offers 14 Masters and three PhD programs within the Social Sciences and Humanities, Commerce, and Natural Sciences and Engineering fields.

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

Saint Mary's main quality assurance activity is the review of academic programs as outlined in its policy, "*Senate Procedures for the Review of Academic Programs at Saint Mary's University,*" which was originally approved by Senate in 1984. The policy underwent a major rewrite in 1988 with amendments in 1995 and 1997. While the University has had a policy in place for a number of years, it has not had a formal review schedule, with program reviews being done for the most part on an ad hoc basis.

The Review of Academic Programs is a function of Senate. The process is administered by the Vice-President (Academic and Research), and overseen by Academic Planning, a committee of Senate, which is chaired by the Vice-President (Academic and Research).

Academic programs are reviewed to provide feedback to Departments and the University on the quality and effectiveness of the programs offered. Ideally, each program is reviewed at least once every ten years, but no more than once every five years.

The Review of Academic programs includes the following elements:

- Establishment of a Program Review Committee made up of two external reviewers and an internal Chairperson.
- Preparation of a self-study by the Department in order to provide information to the Program Review Committee so that it can assess the program(s) under review as well as to provide the Department with an opportunity to assess whether its programs meet the educational and career needs of the community and the University it serves. The self-study should also suggest areas for improvement and consider the future of the program given its faculty complement, physical facilities, budget and other related matters. In preparing its self-study, the Department should seek input from the student body.
- Two-day site visit where the Program Review Committee has an opportunity to meet with faculty members, students, library staff, and members of the university administration. In addition, reviewers are encouraged to seek out contributions from the full range of academic diversity within the program concerned. The Committee is asked to provide the Department and the University with a fair and objective review of the program(s) concerned and to make suggestions for improvement.

- Submission of the complete report of the Program Review Committee, together with the Department's response and the Academic Planning Committee's recommendations to Senate. Senate decides whether or not to accept the report and recommendations.
- Follow-up by the Department on recommended changes within one year of the review.

4. ASSESSMENT OF SAINT MARY'S UNIVERSITY'S QUALITY ASSURANCE POLICIES AND PROCEDURES

4.1 Is the institution following its own quality assurance policy?

Based on the information gathered through the site visit and a review of the institutional report and selected assessment dossiers, Saint Mary's is in compliance with its quality assurance policy. In other words, Saint Mary's has undertaken reviews of its programs, and these reviews have included a self-study, an external review (with at least two experts external to the institution) and site visit, student and faculty input, final report with recommendations, and a follow-up process to the report (although limited).

The Monitoring Committee notes that the only inconsistency between the policy and its implementation is with regard to the schedule. As noted by Saint Mary's in its institutional report,

> "To date, the selection of programs to be reviewed has been somewhat opportunistic and ad hoc. At this time, there is no set date within the calendar/academic year when Academic Planning discusses program reviews or when programs to be reviewed are identified and scheduled. Such an approach is urgently needed to enable Faculties, departments and the University to better plan for the work involved, and for the allocation of resources to support the reviews."

The Committee agrees with the above assessment and in the following section provides a number of suggestions, which it believes will facilitate a timely review process.

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

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

- Is managed by the higher echelon of the institution's administrative structure;
- Reflects the institution's mission and values;
- Applies to all academic units;
- Includes a provision to assess adequacy of resources, research activity, student and learning outcomes, and a unit/program's contribution to the university and the wider community;
- Aims to improve the quality of programs;
- Requires the preparation of a self-study by the unit under review;
- Includes guidelines for the preparation of the self-study and assessment criteria;
- Requires input from faculty and students participating in the program or unit;
- Incorporates the participation of faculty not directly involved in the review program or unit;
- Requires an external review component, usually carried out by two experts external to the institution; and
- Includes a requirement that there be a follow-up to an assessment.

The Committee was pleased to note that Saint Mary's, in preparing its institutional report, has begun to identify aspects of its current program review process that require improvements, including: (1) support and administrative infrastructure, (2) follow-up, (3) student involvement and (4) schedule/timeliness. The Monitoring Committee believes that this is a fair assessment of the areas requiring improvement. To address these shortcomings, it has identified a number of suggestions for consideration by Saint Mary's, and these are organized along the following recommendations:

1.   Undertake regular reviews to establish a culture of quality assurance;
2.   Distribute responsibilities for quality assurance more broadly;
3.   Strengthen the lines of accountability;
4.   Make the policy more student-centred;
5.   Clarify the process through enhanced documentation; and
6.   Shorten the review cycle/improve timing.

4.2.1   Undertake regular reviews to establish a culture of quality assurance

A successful quality assurance process depends on two conditions: first, that it is supported at all levels, starting with the President; and second, that it is systematic and universally implemented. During the site visit, the Monitoring Committee heard arguments in favour of an opportunistic, and hence less systematic, approach to the scheduling of program and unit reviews. The Committee strongly contends – based on evidence drawn from best practice – that (1) the effective implementation of any significant process requires the unqualified public support and authority of the President and (2) reviews should be founded on the notion that all programs and units can improve, and therefore there is no substitute for their regular and rigorous review. The Committee therefore recommends that Saint Mary's undertake regular reviews in order to establish a culture of quality assurance across all levels of the institution. The Committee warns that when reviews do not occur systematically, a university risks stigmatizing the process – reviews occur largely because there is a problem that needs correction – and jeopardizing the formative and developmental values of reviews.

4.2.2   Distribute responsibilities for quality assurance more broadly

The sustainability and effectiveness of quality assurance is dependant on a process for which responsibility is distributed across several positions, so that the knowledge of and experience with the process is not vested in any one position. While the Vice-President Academic is usually responsible for overseeing quality assurance at an institution, a broader network of individuals should be involved in carrying-out the activities that support quality assurance, from preparing the schedule of upcoming reviews, to monitoring follow-ups. In this context, the Monitoring Committee notes that Deans are practically absent from the program review process. Both the Deans, with whom the Committee met and the Vice-President (Academic and Research) agreed that the role of Deans should be enhanced, with Deans noting that they are not involved in determining the mandate of the review in preparing the self-study, yet they are expected to oversee the implementation of recommendations following a review. The Monitoring Committee therefore strongly advises the University to distribute the responsibility more broadly across its administration. In this case, the Deans should play a more active role; in so doing, Deans, as first-line administrators, will be better able to provide leadership to, and oversight of, day-to-day operations within their departments. A broader distribution of roles and responsibilities will help to avoid delays in the process and the loss of momentum, particularly when the position of Vice-President (Academic and Research) is newly filled or vacant. In addition, it should lead to increased opportunities to cultivate a culture of quality assurance and continuous quality improvements across the institution.

Saint Mary's noted in its institutional report that one challenge to carrying out reviews is a lack of professional staff dedicated to quality assurance. To remedy this, it has recently assigned responsibility for supporting program reviews to the Director of the Centre for Academic and Instructional Development. The Monitoring Committee applauds this move. Similarly, the Committee was also pleased to note that recent personnel changes at the University are expected to improve the provision of data and information to support the preparation of the self-study, as a number of faculty and Chairs with whom the Committee met raised lack of access to data as an issue.

4.2.3   Strengthen the lines of accountability

In order to garner support from the university community, the review process must be seen as accountable. This is particularly true in terms of follow-up to recommendations from a review. Saint Mary's noted in its institutional report that:

> "Perhaps the weakest link in the process is the follow-through within the department on Senate recommendations and the policy-mandated one year follow-up on changes (if any) taken as a result of the review. While the primary outcome – program quality improvement - may have occurred, there has been insufficient formal follow-up and documentation to adequately make this connection."

This was reiterated by those with whom the Committee met during the site visit, with some noting that the process appears to end with the filing of the report to Senate. The Monitoring Committee agrees that Saint Mary's must do a better job of following-up on reviews. The Monitoring Committee believes that the tracking excel sheet, which was recently introduced to facilitate the monitoring of recommendations following a review, could be a useful tool in this context, but only if responsibility for overseeing and monitoring follow-up activity is clearly defined. To strengthen the lines of accountability, the Monitoring Committee suggests that Departments be required to report to Senate, through the Vice-President (Academic and Research), on progress made in meeting the recommendations in the two years following submission of the report. The Monitoring Committee notes that increasing the role of Deans throughout the review process, from the selection of external reviewers to follow-up will also lead to a more seamless and effective follow-up process.

Other ways to strengthen the lines of accountability include:

- **Using the results of program review to inform decision-making** and in particular decisions related to budgeting and the improvement of programs/services. The Monitoring Committee adds that decisions/recommendations culminating from a review should not be limited to increasing or decreasing faculty positions or resources, but should also encompass changing current practices and procedures.
- **Including a provision to evaluate the existing quality assurance policy within the actual policy** to ensure that a systematic process is in place to: (1) determine if the policy is meeting the anticipated objectives and outcomes, (2) identify the policy's strengths and weaknesses, (3) implement improvements and (4) ensure the policy's continued relevance. The evaluation should seek the input of faculty, students, administrators and external reviewers. The Committee suggests that the most appropriate timeframe to perform this review is at the end of each cycle and that the results of the review be tabled with Senate.

- **Disseminating information more widely and consistently:** Saint Mary's noted in its institutional report that "a cultural change is required that highlights the importance of the review process to continuous improvement and re-emphasizes the accountability of departments to Senate." One way to achieve this is a good communication strategy that informs the university community, government and the general public that the University is committed to continuous quality improvements and providing quality programs and services to its students.

  The Monitoring Committee therefore recommends that Saint Mary's disseminate more widely and consistently information about quality assurance practices to the university community (students, faculty, etc.) and the general public. In this context, significant changes brought about by a review should be clearly identified, documented and publicised. Also, it is important that senior administration, from the President to the Deans, be seen as committed to quality assurance and program review.

4.2.4   Make the policy more student-centred

A successful quality assurance policy should apply to the full spectrum of a student's university experience and ensure full student participation in the quality assurance process. The Monitoring Committee therefore:

- Urges Saint Mary's to expand the scope of its policy to include non-academic units, such as student services, the Office of the Registrar, physical plant, and IT services, although the Committee notes that Saint Mary's has undertaken ad hoc strategic reviews of Continuing Education, the Library, the Teaching English as a Second Language Centre and more recently student advising; and
- Strongly supports Saint Mary's plan to make student input a separate guideline within its policy in order to clarify the nature and extent of the student input to be gathered as part of the program review process. In addition, the Monitoring Committee suggests that Saint Mary's make explicit in its policy that the review process should seek input from the community-at-large, including professional groups, employers, and other interested members of the general public.

Students are often skeptical about student course evaluations, believing that their opinions, while solicited, are most often ignored. To remedy this, Saint Mary's University Students' Association developed an online student evaluation form in 2006/2007. The Monitoring Committee was impressed with the students' insight into student course evaluations. The students noted that the value of student course evaluations could be enhanced by having students complete the evaluation form during the first 15 minutes of the final class rather than at the end of class in order to avoid students rushing through the form in order to get out of class early.

4.2.5   Clarify the process through enhanced documentation

As Saint Mary's moves forward with making revisions to Senate Policy on Program Reviews, the Monitoring Committee offers the following suggestions on ways, in the words of Saint Mary's, to make the Policy "more user-friendly":

- **Define assessment criteria:** Clear assessment criteria, known and understood by faculty, staff, students and senior administration alike, are essential for ensuring an effective program review process.

While Saint Mary's has identified the information that is to be contained in the self-study, the criteria against which a division/program under review will be measured have not been clearly documented. The Monitoring Committee therefore urges Saint Mary's to define and document the criteria to be used to measure progress of a division/program under review and the links to the University's decision-making process.

· **Simplify the template for the self-study**: A successful program review process depends on the quality of the self-study and the timeliness of its submission. If a unit under review is unable to complete a quality self-study in a timely way or to collate the information in a cohesive and analytical manner, the unit can quickly become frustrated with and or overwhelmed by the review process. This challenge was recognised by Saint Mary's in its institutional report in which it noted that:

> "A major concern with the guidelines for the preparation of the self-study as they are currently written is that they appear quite overwhelming to departments faced with the task of engaging their departmental colleagues in this process. In totality, they appear to suggest a major research project without giving a sufficiently clear indication of project design, scope, scale, format, and other possible sources of assistance with the project."

This sentiment was echoed by those with whom the Committee met during the site visit. An effective self-study should begin with a brief description of essential facts about the program/unit, followed by a synopsis of what has been done since the last review, an analysis of the strengths and weaknesses of the program/unit and conclude with a description of challenges and future ambitions. All non-essential information should be housed within appendices. The Monitoring Committee therefore suggests that the University create a template for the self-study including a checklist of (1) the elements to be included in the body of the report (with possibly a list of questions to be answered) and (2) the information to be included as appendices. The template should be general enough to be relevant across areas, with a certain amount of flexibility built-in so that it can be adapted to the needs/circumstances of a particular division/program. In addition, the University may want to consider providing an example of a good self-study to the Chair of the Department as a guide.

Create Generic Terms of Reference for external reviewers: In order to clarify expectations, standardize the process and to facilitate the work of the external reviewers, the Monitoring Committee strongly recommends that Saint Mary's prepare generic Terms of Reference for its external reviewers. In addition, generic Terms of Reference would ensure that common elements are reviewed across time and divisions/programs, while being sufficiently flexible to allow for modifications or additions to reflect the needs/circumstances of a particular program/review.

· **Define the process to review accredited programs:** Universities and not the accreditation body must ultimately be responsible for the quality of accredited programs; therefore, the Monitoring Committee agrees with Saint Mary's that it needs to define the relationship between accreditation reviews and the University's internal review process in order to use more effectively the information from one review to complement the other. Where appropriate, inputs should be combined and the timing of both review processes should be aligned to reduce redundancy.

·   **Clarify the process to review interdisciplinary programs:** Saint Mary's policy reflects a process that is carried out at the department level. However, interdisciplinary programs are generally reviewed at the program level given they are by nature housed across several departments. Coordinators of interdisciplinary programs, with whom the Committee met, highlighted some of the challenges involved with carrying out a review using a policy that does not take into account the unique features of interdisciplinary programs. For example, it can be difficult to engage other departments (whose role in the program is for the most part limited to providing a small selection of courses) in the preparation of the self-study. The Monitoring Committee therefore suggests that Saint Mary's define a review process for interdisciplinary programs.

·   **Document other initiatives related to quality assurance:** Saint Mary's highlighted in its report a number of activities/policies, in addition to the program review process, that contribute to quality assurance, such as strategic planning activities (at the university and department level), teaching dossiers, annual faculty assessments and participation in a variety of national surveys designed to collect data on a number of student outcomes. The Monitoring Committee recommends that these activities/policies be documented and formally folded into Saint Mary's program review policy. The Committee notes that Saint Mary's decision to participate in a number of well-established surveys as well as to implement a common course evaluation form to be used by all faculty will enable it to develop quality assurance benchmarks that can be compared across courses, disciplines, and time; and in so doing, the University will be able to leverage these benchmarks to support decision-making.

4.2.6   Shorten the review cycle/improve timing

According to Saint Mary's policy, programs are to be reviewed at least once every ten years, but not more than once every five years. The Monitoring Committee notes that it is difficult to promote continuous quality improvements when the review cycle extends past five to seven years. It therefore recommends that Saint Mary's shorten the review cycle to every five years ideally, seven at most.

The review process can be more easily managed if, as suggested during the site visit, a schedule of upcoming reviews over the next five years be prepared and distributed to Deans and Chairs and if, as suggested in the institutional report, there are set dates within the year when Academic Planning discusses the review schedule. The Monitoring Committee strongly supports both suggestions, which, if implemented, will allow units to be better prepared for an upcoming review and allow administration to plan for the overall review process and for the allocation of resources to support the process.

Saint Mary's suggested that its timeline to complete a review (from preparation of self-study to submission of report to Senate) is too short (ten to 12 months) and therefore should be extended. Upon consideration of the issue of timelines, the Monitoring Committee finds that the process should not extend past the 12-month mark. The Committee believes that to meet that timeline, universities should focus on simplifying the process in order to make it more manageable, from both the perspective of the unit under review and the office responsible for overseeing the process.

5. SUMMARY OF RECOMMENDATIONS

Recommendation 1:   Undertake regular reviews to establish a culture of quality assurance

Possible ways to achieve this include:

- Devising a schedule of reviews that is both systematic and universally implemented.
- Having all senior administration, starting with the President, express regularly the institution's commitment to continuous quality improvement through regular reviews

Recommendation 2:   Distribute responsibilities for quality assurance more broadly

Possible ways to achieve this include:

- Involving a broader network of individuals in carrying-out the activities that support quality assurance, from preparing the schedule of upcoming reviews, to monitoring follow-ups.
- Enhancing the role of Deans in the review process.
- Sustaining the positions dedicated to supporting quality assurance as well as to providing data.

Recommendation 3:   Strengthen the lines of accountability

Possible ways to achieve this include:

- Defining responsibility for overseeing and monitoring follow-up activity.
- Requiring Departments to report to Senate, through the Vice-President Academic, on progress made in meeting the recommendations in the two years following submission of the report.
- Increasing the role of Deans in the follow-up process**.**
- Using the results of program reviews to inform decision-making.
- Including a provision to evaluate the existing quality assurance policy within the actual policy.
- Disseminating information more widely and consistently.

Recommendation 4:   Make the policy more student-centred

Possible ways to achieve this include:

- Expanding the scope of the policy to include non-academic units, such as student services, the Office of the Registrar, physical plant, and IT services.
- Making student input a separate guideline within the policy in order to clarify the nature and extent of the student input to be gathered as part of the program review process.
- Making explicit in the policy that the review process should seek input from the community-at-large, including professional groups, employers, and other interested members of the general public.
- Have students complete the course evaluation form during the first 15 minutes of the final class rather than at the end of class.

Recommendation 5:   Clarify the process through enhanced documentation

Possible ways to achieve this include:

- Defining assessment criteria to be used to measure progress of a division/program under review and the links to the University's decision-making process.
- Simplifying the template for the self-study.
- Creating generic Terms of Reference for external reviewers.
- Defining the process to review accredited programs.
- Clarifying the process to review interdisciplinary programs.
- Documenting the other initiatives related to quality assurance undertaken by SMU.

Recommendation 6:   Shorten the review cycle/improve timing

Possible ways to achieve this include:

- Making the review cycle every five years ideally, seven at most.
- Preparing and distributing to Deans and Chairs a schedule of upcoming reviews over the next five years.
- Setting dates within the year when the Academic Planning Committee discusses the review schedule.
- Establishing a timeline to complete the review process that does not extend past the 12-month mark.

6.   CONCLUSION

The Monitoring Committee was pleased to learn that Saint Mary's participation in the review process has led to renewed interest in updating its program review policy. As the University embarks on a review of its current policy, the Committee hopes that the suggestions and recommendations herein are helpful. The Committee commends Saint Mary's for its commitment to quality assurance.

APPENDIX 1
INSTITUTIONAL RESPONSE

August 14, 2008

Dr. Sam Scully
Chair, AAU-MPHEC Quality Assurance Monitoring Committee
c/o MPHEC
82 Westmorland Street, Suite 401
P.O. Box 6000
Fredericton, NB E3B 5H1

Dear Sam:

Saint Mary's acknowledges receipt of MPHEC's draft Assessment of Saint Mary's University Quality Assurance Policies and Procedures and confirms that information in the document is factually accurate.

As identified in Saint Mary's report to MPHEC, and recommended by MPHEC's Assessment Committee, we will immediately begin the task of revising our policy *Senate Procedures for the Review of Academic Programs* for submission to Senate by the end of the 2008/09 academic year. The areas outlined by MPHEC for improvement in the effectiveness of the policy will be very helpful to this process and we will ensure they are incorporated into the revised policy. We are particularly concerned with making the policy and procedures associated with program reviews more student-centred, and to strengthening the lines of accountability so that Deans are more actively involved throughout the process, and recommendations for improvement addressed in a more timely fashion by departments reviewed.

We wish to thank MPHEC for their support with this process and for a report which will help Saint Mary's extend its commitment to quality assurance.

Sincerely,

Terrence Murphy, Ph.D.
Vice-President
Academic and Research

TM/pm

cc: Mireille Duguay, Chief Executive Officer, MPHEC

APPENDIX 2
SITE VISIT AGENDA AND PARTICIPANTS

Maritime Provinces Higher Education Commission (MPHEC)
Quality Assurance Monitoring Committee
Tuesday, March 18, 2008
Site Visit – Schedule
Please meet at 8:00 a.m. at the Secunda Marine Boardroom
_____

8:00 am – 8:55 am	Breakfast Meeting with students
9:00 am – 9:30 am	Dr. Colin Dodds, President
9:35 am – 10:25 am	Dr. Terry Murphy, AVP & M.A. Bennett, Director, CAID
10:30 am – 11:30 am	Deans *(morning refreshments)*
11:35 am – 12:25 pm	Chairs of recently reviewed Programs
12:30 pm – 1:00 pm	*Committee Lunch*
1:05 pm – 1:40 pm	Chairs of to be reviewed' Programs
1:45 pm – 2:25 pm	Cross section of faculty
2:30 pm – 3:05 pm	Representatives of Senate
3:10 pm – 3:50 pm	Support Services: Registrar, Student Services, Library
4:00 pm – 5:00 pm	Wrap up with AVP and Director, CAID

Students: Mitch Gillingwater, President, SMUSA; Courtney Schaller, VP Academic, SMUSA; Matt Risser VP External, SMUSA; Meghan Van Gaal, VP-Grad Class; Mitch Margison, student assistant in Registrar's Office; *Suzanne Bourdreau, Faculty of Science Outreach Committee; Aaron Gallant, Physics student with RA and TA experience, Samantha Colosimo, Physics student and Physics Society president with RA and TA experience: Eliam Chikange, international student and student assistant in Senate Office; Samantha Higgins and Germiko Hill, Sobey School of Business Commerce Society.*

Deans: Esther Enns, Dean of Arts; Malcolm Butler, Dean of Science; David Wicks, Dean of Commerce; Kevin Vessey, Dean of Graduate Studies and Research.

Recently reviewed programs: Doug Strongman, Chair, Biology; Padraig O'Siadhail, Program Coordinator, Irish Studies; Maureen Sargent, Director, TESL Center; Betty MacDonald, Director, Continuing Education; Gord Fullerton, Director, MBA Program, Pierre Jutras, Chair, Geology.

To be reviewed programs: Evie Tastsoglou, Chair, Sociology and Criminology; Ian Short, Chair, Astronomy and Physics; John Irving, Mathematics.

Cross section of faculty: Kathy Singfield, Chemistry and member of Academic Planning Committee; Nicola Young, Accounting and LOOC/AACSB Accreditation Committee; Shelagh Crooks, Philosophy and Chair, Student Evaluation of Teaching Committees; Adam Sarty, Physics Undergraduate Coordinator and former member of Academic Planning; Steve Smith, Associate Dean of Science involved in curriculum review, outreach activities.

Representatives of Senate: Don Naulls, Assoc Dean of Arts and Chair of Senate; Robert McCalla, member of Senate, Barbara Bell, Secretary to Senate.

Support Services: Paul Dixon, Associate Vice-President and Registrar; Peter Webster, Head Librarian (Acting); Keith Hotchkiss, Director, Student Services; Sarah Morris, Assistant Director, Student Services (Counseling).

APPENDIX 3(A)
MONITORING INSTITUTIONAL QUALITY ASSURANCE POLICIES AND PROCEDURES

1.   Objective

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

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

The purpose of the monitoring process is to answer the following two questions: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?"

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

2.   Focus

The monitoring function focuses on three elements:

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

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

3.   Scope

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

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

4.　　Cycle

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

5.　　A Quality Assurance Monitoring Committee

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

6.　　Process and Outcomes

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

The quality assurance monitoring process includes the following steps:

Step 1　Initial meeting

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

Step 2　Institutional Quality Assurance Report

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

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

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

Step 3 Analysis of all pertinent documentation

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

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

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

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

5. The complete dossier of these assessments.

Step 4 On-site visit

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

Step 5 Report

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

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

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

Step 6 Institutional response

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

7.   Review of the MPHEC Monitoring Process

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

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

APPENDIX 3(b)
GUIDELINES FOR INSTITUTIONAL QUALITY ASSURANCE POLICIES

I   PURPOSE OF THE GUIDELINES

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

II   FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

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

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

III   OBJECTIVE OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

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

The purpose of the assessment itself should be to answer the following two questions: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?"

IV   COMPONENTS OF AN INSTITUTIONAL QUALITY ASSURANCE POLICY

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

1.   Identify the coordinating or administrative unit responsible for the overall management of the quality assurance process. This unit should be located at a higher echelon of the institution's administrative structure, and be accountable to the institution's leaders.

2.   Define the assessment criteria (see section V).

3.   Require a self-study component, usually involving faculty and students participating in the program or unit. The self-study should be student-centered as it would aim, in most cases to assess the quality of learning. The self-study should be structured according to the defined assessment procedures criteria. When and where appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.

4.   Entail an external review component, usually carried out by two experts external to the institution. As appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.

5.   Incorporate the participation of faculty not directly involved in the reviewed program (or discipline or unit).

6.   Enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.

7.   Include appropriate mechanisms that are at a minimum the procedures and areas of responsibility, to ensure a proper follow up to the assessment.

8.   Establish the assessment cycle, which should not exceed seven years. Newly-established programs or units should be assessed once fully implemented, usually at the three- to five-year mark.

9.   Include provisions to review the policy periodically.

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

V   KEY ASSESSMENT CRITERIA

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

1.   Assess intended and delivered curriculum;

2.   Review teaching practices;

3.   Clarify the expected outcomes for students;

4.   Examine the degree to which those outcomes are realized;

5.   Evaluate the appropriateness of support provided to students;

6.   Appraise the research carried out by the academic unit or by faculty involved in the reviewed program;

7.   Value the contribution of the unit or program to other aspects of the institutional mission (community service, for example); and

8.   Value the contribution of the unit or program to the larger community or society in general.

APPENDIX 3(C)
ASSESSMENT CRITERIA FOR THE MPHEC MONITORING PROCESS

I   INTRODUCTION

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

The purpose of the Committee in carrying out the monitoring process is to provide answers to the following two questions: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is it satisfactory as is?". The Committee will be assessing the institution's quality assurance policy and related processes, but will not be assessing the quality of specific programs or units.

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

II   ASSESSMENT CRITERIA

1.   Institutional context of the policy

        1.1   The policy is consistent with the institution's mission and values.

2.   General

        2.1   Scope of the policy is appropriate, i.e., the policy is comprehensive in terms of assessing all programs and units.
        2.2   The policy follows the Commission's guidelines. Any discrepancy is explained/justified.
        2.3   The policy promotes *continuous* quality improvement.

3.   Policy objectives

        3.1   Scope of the objectives is appropriate.
        3.2   Objectives linked to program quality improvement.
        3.3   Objectives linked to decision-making process.
        3.4   Objectives linked to realization of stated student outcomes.
        3.5   Objectives linked to the economic, cultural and social development of the university's communities.

4.   Policy components

    4.1   Assessment criteria are defined and are appropriate (to include the adequacy of financial, human and physical resources).

    4.2   General guidelines for the program/unit self-study are established and are appropriate.

    4.3   The external review process is objective including clearly defined generic terms of reference for, and selection process for, experts.

    4.4   Procedures allowing for the participation of students, faculty members, staff and the community-at-large are established.

    4.5   (If the policy focuses on units) Mechanism(s) to assess interdisciplinary programs, typically not examined when a policy focuses on units, exist and are appropriate.

    4.6   Linkages between program assessment and accreditation requirements are identified.

    4.7   Schedule of program/unit assessment is appropriate.

    4.8   Procedures to review the policy itself are identified, including procedures to seek/include stakeholder input.

5.   Policy implementation (assessment practices)

    5.1   Program/unit self-studies address the institution's assessment criteria.

    5.2   Program/unit self-studies include a component that is student-centered, as they aim, among other things, to assess the quality of learning.

    5.3   Students, faculty members, staff and the community-at-large participate in the assessment process.

    5.4   External review process is objective; experts selected during the peer review process have the appropriate expertise.

    5.5   Policy and procedures monitor the continuing relevance of the program.

    5.6   Schedule of reviews is adhered to, or modifications to schedules can be reasonably explained or justified.

    5.7   Required follow-up action is undertaken.

    5.8   Policy is subject to regular review (and the review process includes procedures to seek stakeholder input).

6.   Policy administration

    6.1   Coordinating or administrative unit identified as the lead is appropriate.

    6.2   Effective support has been offered to programs and units under review.

    6.3   Appropriate follow-up mechanisms are in place and are functioning appropriately.

    6.4   Assessment results have been appropriately disseminated.

    6.5   The process informs decision-making.

APPENDIX 3(d)
GUIDELINES FOR THE PREPARATION
OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

I   PURPOSE AND FOCUS OF THE MONITORING PROCESS

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

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

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

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

The monitoring function focuses on three elements:

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

II   FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

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

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

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

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

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

III   SUGGESTED STRUCTURE AND CONTENT OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

1.   Description of the University's Quality Assurance Policies and Procedures

   1.1   Brief history of the policy.
   1.2   Scope and objectives of the policy.
   1.3   Mechanism(s) in place to assess interdisciplinary programs.
   1.4   Established assessment cycle schedule.
   1.5   Linkage between the policy's objectives:
      a.   program quality improvement;
      b.   the decision-making process within the institution;
      c.   the realization of stated student outcomes; and
      d.   the economic, cultural and social development of the institution's communities.
   1.6   Link between the program/unit assessment process and accreditation requirements.
   1.7   Assessment criteria.
   1.8   Guidelines for the preparation of the program/unit self-study.
   1.9   Terms of reference and selection process of external reviewers.
   1.10   Procedures to allow for the participation of students, faculty members, staff, graduates, and the community-at-large.
   1.11   Procedures/timelines to review the policy itself; including procedures to seek/include stakeholder input on the policy as a whole.
   1.12   Any other element the institution believes the Committee must be aware of to proceed with the assessment of the policy.

2.   Assessment of the University's Quality Assurance Policies and Procedures

   2.1   Policy Objectives

      a.   Extent to which the policy is consistent with the institution's mission and values.
      b.   Extent to which the scope is appropriate.
      c.   Extent to which policy promotes *continuous* quality improvement.
      d.   Appropriateness of assessment criteria.
      e.   Adaptability of self-study guidelines to the varying needs and contexts of individual programs.
      f.   Extent to which established guidelines ensure the external review process remains objective.

   2.2   Policy implementation

      a.   Extent to which the program/unit self-studies address the institution's assessment criteria.
      b.   Extent to which the program/unit self-studies are student-centered.
      c.   Extent to which the program/unit self-studies aim to assess the quality of learning.

       d.   Extent to which the policy and procedures monitor the continuing relevance of the program/unit.

       e.   Extent to which the process assesses of the adequacy of human, physical and financial resources.

       f.   Appropriateness and effectiveness of the link between the program/unit assessment process and accreditation requirements.

       g.   Extent to which students, graduates, faculty members, staff and the community-at-large participate in the review process.

       h.   Extent to which the external assessment process has been carried out in an objective fashion.

       i.   Extent to which experts selected during the peer review process have the appropriate expertise.

       j.   Extent to which the required follow-up action has generally been undertaken.

       k.   Extent to which the policy has been reviewed (to include a description of the process, timeframe, extent to which stakeholder input was sought and included).

2.3   Policy Administration

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

3.   Conclusion

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

Appendices (to institutional report)

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

APPENDIX 3(e)
AAU-MPHEC QUALITY ASSURANCE MONITORING COMMITTEE
TERMS OF REFERENCE

PURPOSE

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

FUNCTION

2.   The Committee shall:

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

OBJECTIVE OF THE MONITORING FUNCTION

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

4.   The purpose of the Committee in carrying out the monitoring process is to provide answers to the following two questions: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is satisfactory as is?"

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

MEMBERSHIP

6.   The Committee will be composed of eight members including the Chair.

7.   At least two Committee members are also Commission members.

8.   At least three, but ideally four Committee members will be selected from a list of nominees suggested by the AAU, and at least one of the three/four members selected from the list of nominees suggested by the AAU must be a francophone.

9.   Ideally, two Committee members are students.

10.   Members are appointed for a three-year mandate.

11.   Preferred profile of members:

   •   Appreciation for, and expertise in, quality assurance and periodic program and unit reviews.
   •   Respected by the post-secondary education community.
   •   Not a current member of an institution's senior administration.
   •   Preferably not a current public servant within a department of education.
   •   Preferably not currently in the employ of an institution on the Commission's schedule.

CHAIR

12.   The Chair of the Committee is one of the Commission members appointed to the Committee and is designated by the Chair of the Commission. With unanimous consent, the Commission may appoint for a specific period an individual who is not a Commission member, as Chair of the Committee.

13.   The Chair of the Committee chairs meetings.

REPORTING STRUCTURE

14.   The Committee reports to the Commission. It shall report to the Commission at regular interval.

15.   Monitoring reports are distributed to the AAU-MPHEC Academic Advisory Committee in advance of the Commission meeting to allow time for comment and advice.

QUORUM

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

COMMITTEE'S SCOPE OF AUTHORITY

17.   Committees are instruments of the Commission. A committee's work products are the property of the Commission.

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

LINK TO THE ASSOCIATION OF ATLANTIC UNIVERSITIES

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

STAFFING

20.   The attendance of the Chief Executive Officer, or designate (normally, a staff member), at all committee meetings as a resource and staff support is essential to the effective work of committees and to ensure proper and on-going alignment with the Commission's business plan. However, staff's primary accountability is to the Commission as a whole even when assigned the role of committee resource.

21.   The Committee is allowed to engage outside consultants, as required, to assist in the monitoring functions.

POLICY ON CONFLICT OF INTEREST

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

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

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

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

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

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

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

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

Principles for managing conflicts of interests

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

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

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

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

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

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

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