



**Agenda of the Open Session of the Board of Governors of
Tuesday, March 31, 2026, from 4:20pm to 7:30pm at
Alumni Hall, Room 102 and Via Teams**

#	Title	Lead/Support	Action	Time
1.	Call to Order and Land Acknowledgement	S. MacDonald	Procedure	4:20
2.	Consent Agenda Items Listed at Bottom of Agenda	S. MacDonald	Approval	4:21
3.	Employee Benefits Renewal <i>MOTION: That the Employee Benefits Renewal be approved.</i>	D. MacKenzie/ J. Ngobia	Approval	4:22
4.	Modification of the Action Plan <i>MOTION: That the modified Action Plan be approved.</i>	M.A. McMahon/ J. Ngobia/ K. Richard	Approval	4:27
5.	Training – Cybersecurity Oversight	R. DeRooy	Information	4:40
--	BREAK			5:25
6.	Chair’s Report	S. MacDonald	Information	5:35
7.	President’s Report	W. Rodgers	Information	5:40
8.	Student Perspective Update	L. Quiroa Paredes	Information	5:45
9.	2026–2027 Operating and Capital Budgets <i>MOTION: That the annual operating budget of the University for 2026-27 be approved.</i> <i>MOTION: That fees for the Services of the University be approved as proposed in the operating budget of the University for 2026-27.</i> <i>MOTION: That the annual capital budget of the university for 2026-27 be approved.</i>	A. MacBeath/ W. Rodgers	Approval	5:50
10.	Approval of External Auditors for May 1, 2025 – April 30, 2026. <i>MOTION: That Doane Grant Thornton be appointed as external auditor for the fiscal year ended April 30, 2026, as per the terms of engagement as outlined in their “Report to those in governance” dated March 13, 2026; and their proposed compensation of \$87,000 (excluding relevant taxes) for external audit services.</i>	A. MacBeath	Approval	6:10

11.	Robertson Library Renovation Project MOTION: That management be authorized to make expenditures to a Maximum Transaction Value of \$5.0 Million as may be required to execute the renovation of the Robertson Library.	A. MacBeath	Approval	6:15
12.	Atlantic Veterinary College Project MOTION: That management be authorized to: i. Make expenditures to a Maximum Transaction Value of \$27.1 Million as may be required to execute this project, and ii. Contract with Royal Bank of Canada for a revolving term credit facility up to \$27.1 Million to finance hard and soft costs directly associated this project pursuant to s.17(1) (b) and 17(3) of the University Act³ (i.e., Limitations on spending powers), and iii. Initiate a competitive process to procure a long-term debt facility replacing the revolving term credit facility upon substantial completion of the project in an amount up to \$27.1 Million; having an amortization period of up to twenty (20) years.	A. MacBeath	Approval	6:20
13.	Board of Governors Appointments and Renewals MOTION: That Kathy Martin be appointed to the Property and Environmental Sustainability Committee and Chad Mann be appointed to the Finance, Audit and Risk Committee, effective immediately.	K. Creighan	Information	6:30
14.	Appointment of Student Members MOTION: That section 4.3 c. of the By-Laws of the Board be repealed.	K. Creighan	Decision	6:35
15.	Senate Report to the Board	M. A. McMahon	Information	6:45
16.	Approval of policies a) Sale of Course Materials Policy MOTION: That the amended Sale of Course Materials Policy be approved. b) Harassment and Discrimination Policy MOTION: That the new Harassment and Discrimination Policy be endorsed.	a) K. Creighan b) S. MacDonald c) S. MacDonald	Approval	6:50

	c) Sexual Violence Policy MOTION: That the amended Sexual Violence Policy be endorsed.			
17.	In-Camera Session MOTION: That the Board move to an in-camera session. MOTION: That the Board move to an open session.	S. MacDonald	Procedure	7:20
18.	Adjournment	S. MacDonald	Procedure	7:50
2.	Consent Agenda APPROVED UNDER CONSENT a. Mar 31, 2026, Open Session Agenda b. Dec 2, 2025, Minutes of Open Session c. Jan 26, 2026, Record of Decision on Appointment of Committee member d. Appointment of members of the Sponsor Board of the University Pension Plan e. Appointment of Comptroller as Director of Finance and Administration RECEIVED UNDER CONSENT f. Governance Review Implementation Update g. CCOC 2025-2026 Workplan Committee quarterly reports h. Quarterly report of the Property and Environmental Sustainability Committee i. Quarterly report of the Development, Fundraising and External Relations Committee j. Quarterly report of the Finance, Audit and Risk Committee k. Quarterly report of the Governance, Nominating and Appeals Committee l. Quarterly report of the Campus Culture Oversight Committee m. Quarterly report of the Human Resources Committee n. Quarterly report of the Executive Committee Other documents received for information o. SVPRO Annual Report			-

Transmitted on March 24, 2026

Pascal Robichaud,
University Secretary

Purpose:	DISCUSSION/DECISION
Subject:	UPEI Benefits Renewal – Rate Changes May 1, 2026
Prepared by:	Megan Gee, Manager, Compensation and Benefits
Prepared for:	Board of Governors
Date:	February 17, 2026

ISSUE

As part of our annual benefits renewal process, this briefing note is to inform the Board and request approval for the following rates to be implemented on May 1, 2026.

BACKGROUND

UPEI is a member of Interuniversity Services Inc. (ISI), a not-for-profit organization that coordinates volume purchasing arrangements for member institutions across Atlantic Canada. Through this partnership, UPEI benefits from reduced fees, cost efficiencies, and enhanced coverage options while retaining full independence over its own plan design.

Under this structure, ISI negotiates carrier contracts, underwriting methodology, and rates on behalf of participating institutions. These details are reviewed by the ISI Benefits Committee in November and then communicated to UPEI's internal benefits committees.

Each year, the Committee(s) review the recommendations in consultation with our benefits consultant, HUB. At their December meetings, the University's Joint Benefits Advisory Committee, Joint Benefits Management Committee, and Supplementary Health Trusteeship considered the required renewal rate changes of the Carriers against the financial position of the Plan(s). (*The structure of each benefit committee is outlined in Appendix Three.*)

The committees recommend that the Board approve the rate adjustments and authorize the use of plan surplus accounts or Unrestricted Deposit Accounts (UDA) to maintain rate stability and reconcile differences between **contract rates** (required by the carrier) and **remitted rates** (paid to the carrier), as detailed in **Appendix One**.

Each benefit has distinct underwriting arrangements that influence the financial risk of the Plan and the determination of contract rates. These underwriting arrangements are identified within each section, with a summary of the plan provided in **Appendix Two**.

DISCUSSION/DECISION: OPTIONS AND RATIONALE

Life Insurance (All) – ISI Pooled Group Benefit

Required Contract Rate change:

- The carrier's **contract rate** (Manulife) increased by **8.6%**, from **\$0.174 per \$1,000** to **\$0.189 per \$1,000**.

Recommendation:

- Increase the **remitted rate** (employee/employer premium) **by 7.5%, from \$0.157 per \$1,000 to \$0.169 per \$1,000**. The Unrestricted Deposit Account (UDA) will continue to subsidize the rate increase this year as the recommended remitted rate is below the carrier's contract rate of \$0.02 per \$1,000.

Key Considerations:

- UPEI experienced a high claim year, with 14 life claims.
- Over the past five years, life claims have increased by 15%, from \$1,778,000 to \$2,045,000.
- The plan reported a deficit this year, requiring a deficit recovery premium to be added to the contract rate to be paid off over a four-year period. This adds a deficit recovery premium of \$0.021 per \$1,000 to the contract rate.
- The UDA currently represents approximately 74% of the life renewal premium, valued at \$381,000, and is subsidizing the contract rate by \$0.02 per \$1,000.

Faculty Long-Term Disability (LTD) – ISI Pooled Group Benefit

Required Contract Rate change:

- The carrier's **contract rate** (Manulife) increased **by 9.5%, from \$1.876 per \$100 to \$2.054 per \$100**.

Recommendation:

- **The remitted rate will increase by 30% from \$1.359/\$100 to \$1.787/\$100. The UDA will fund \$0.267/\$100 of the contract rate.** The Unrestricted Deposit Account (UDA) will continue to subsidize the rate increase this year as the recommended remitted rate is below the carrier's contract rate. **Estimated cost to UDA is \$57,000.**

Key Considerations:

- The remitted rate remains relatively low following several years with no LTD claims. Recently, the Committee has made slight increases to the remitted rate and utilized the plan surplus. This will continue to help align with the higher contract rate driven by recent Plan experience and claims.
- Total claimants over the five-year experience period increased from four to six.
- Active claimants rose from one last year to three this year.
- The Unrestricted Deposit Account (UDA) currently represents approximately 53% of the LTD renewal premium, valued at \$235,000.
- The ISI non-taxable pooled group is in deficit recovery, which has been ongoing for the past few years. However, favourable experience within the pooled group reduced the deficit recovery premium from \$0.208 per \$100 to \$0.110 per \$100. (Deficits are repaid over a four-year period.)
- This benefit is 100% employee-paid and has **no cost impact to UPEI**.

Staff - Long Term Disability (LTD) – ISI Pooled Taxable Group Benefit

Required Contract Rate change:

- The carrier's **contract rate** (Manulife) decreased **by 7.8%, from \$2.732 per \$100 to \$2.520 per \$100**.

Recommendation:

- **Maintain the current remitted rate of \$2.541 per \$100.** Since the remitted rate exceeds the contract rate, the difference of \$0.021 per \$100 will be deposited into the Plan's Unrestricted Deposit Account (UDA) to help stabilize future rates. The estimated contribution to the UDA is \$6,000.

Key Considerations:

- Total claimants increased from 13 to 14 this year, with four new claims and five active claims, representing a reduction of two active claims from the previous year.
- UPEI remains in deficit recovery due to high claim experience in the prior year. The pooled group also experienced a high-claims year, increasing the deficit recovery premium from \$0.106 per \$100 to \$0.331 per \$100. However, UPEI's plan had favourable experience, resulting in a 16.6% decrease in the contract rate.
- The Staff LTD Unrestricted Deposit Account (UDA) represents approximately 38% of the annual renewal premium, valued at \$296,000.

Faculty – Supplementary Health and Dental -Administrative Services Only (ASO)

Recommendation

- **To increase health rates by 5% and increase dental rates by 5%** for the upcoming fiscal year 2026/2027.

Key Considerations:

- The consultant recommended an 8% increase to health premiums and a 6.4% increase to dental premiums.
- During the reporting period, the plan reported a deficit of around \$53,059.
- The closing ASO financial position is \$905,219, down from \$993,758 in the prior year, representing 51% of the annual projected claims (previously 59%).
- As the Plan is not implementing the full recommended increase, the Plan Surplus will continue to subsidize rates. However, the proposed adjustment supports a gradual approach to aligning premiums with actual paid claims.

Plan Design

The Committee is currently reviewing Plan Design within a cost-neutral framework. The guiding principles for the redesign include wellness orientation, financial protection and sustainability, inclusivity and equity, and balanced plan design.

The Committee is engaging with the Faculty Association to review the recommended changes, with the goal of better supporting plan members.

Trusteeship – Staff Supplementary Health Care - (ASO)

Recommendation

- **To increase health rates by 2% and increase dental rates by 5%** for the upcoming fiscal year 2026/2027.

Key Considerations

- The Supplementary Health Trust has been subsidizing rates in recent years; however, increased membership has helped offset the projected rate increases previously anticipated for the upcoming fiscal.
- The closing ASO financial position is a balance of approximately \$668,000 as of April 30, 2026, representing 22.8% of the 2026/27 annual projected claims plus expenses. This surplus level falls within the recommended range of 20%–30% required to ensure plan stability.
- The consultant recommended no increase to health premiums and a 10.8% increase to dental premiums.
- To maintain alignment between premiums and paid claims while ensuring stability, the Trust recommends a modest 2% increase to health premiums and implementing half of the recommended dental increase. By implementing these increases, we are expected to break even, whereby premiums will cover expected claims plus expenses.

INFORMATION ONLY – RATE REQUIRED BY CARRIER NO DECISION TO BE MADE

Accidental Death and Dismemberment (AD&D) (All) – ISI Pooled Group Benefit

Required Contract Rate:

- The carrier, Beneva, has indicated no change to the current rates of \$0.012/\$1,000.
- Rate guaranteed until April 1, 2028.

Travel Benefit – ISI Pooled Group Benefit

Notice of Carrier Change: Following an RFP conducted by the ISI Benefits Committee, UPEI will transition from Beneva to Medavie Blue Cross for Emergency Medical Travel Insurance effective **April 1, 2026**. This change provides enhanced value and improved services while maintaining the core policy language, along with a negotiated rate decrease at a time when travel insurance rates are rising across the industry.

Faculty - Travel Benefit

Required Rate:

- **The Carrier, Medavie Blue Cross, has confirmed a required rate decrease of 32%**
- Faculty rates will decrease from \$7.88 to **\$5.37** for single coverage, and from \$15.77 to **\$10.73** for family coverage.

Staff - Travel Benefit

Required Rate:

- **The Carrier, Medavie Blue Cross, has confirmed a required rate decrease of 32%**
- Staff rates will decrease from \$8.07 to **\$5.49** for single coverage, and from \$16.12 to **\$10.97** for family coverage.

Employee Family Assistance Program (EFAP) (All) – ISI Group Benefit

Required Rate: The Carrier, GreenShield, has confirmed that rates will not change. Rates may fluctuate based on utilization.

- UPEI’s projected utilization is 15.2%.
- The top three categories of utilization for counselling services were related to assistance in stress, anxiety, and depression.

OVERALL BENEFIT RENEWAL COST IMPACT

The recommended changes to UPEI’s Group Benefit Premiums for 2026/2027 will result in the following:

- Estimated **overall** premium impact **increase** of **\$201,015**
- Estimated **increase** in the **employer’s** (UPEI) cost impact is equal to **\$68,799**
- Estimated **increase** in **Staff** cost impact is equal to **\$9,599**
- Estimated **increase** in **Faculty** cost impact is equal to **\$122,617**

The estimated cost impact for each benefit is summarized in **Appendix Four**.

DISCUSSION/DECISION: RECOMMENDATION

- **RECOMMENDED MOTION:** That the Board Human Resources Committee recommends to the Board of Governors the approval of the remitted premium rates for Supplemental Health & Dental Insurance (Staff and Faculty), Group Life Insurance, and Long-Term Disability (Staff and Faculty) effective May 1, 2026.

APPENDICES

Appendix One: Summary of 2026 Renewal Rate Recommendations

Appendix Two: Insurance Underwriting Arrangements by benefit

Appendix Three: Committee Structure

Appendix Four: Estimated Renewal Cost Impact Summary



APPENDIX ONE: Summary of 2026 Renewal Rate Recommendations

SUMMARY OF 2026 RENEWAL RATE RECOMMENDATIONS							
Group	Benefit	Current Rates	Renewal Rates	% Change	Employee Paid	Employer Paid	
			May 1, 2026				
GROUP LIFE (Manulife) & AD&D (Beneva)							
Faculty/ Staff	Group Life						
	Contract Rate	\$0.174/\$1,000	\$0.189/\$1,000	The contract rate is increasing by 8.6%, The remitted rate is increasing by 7.5%	Staff: 33%* Faculty: 100% *Benefit Credit	Staff: 67% Faculty: 0%	
	Remitted Rate	\$0.157/\$1,000	\$0.169/\$1,000				
AD&D	\$0.012/\$1,000	\$0.012/\$1,000	No Change				
LONG-TERM DISABILITY (Manulife)							
Faculty	Long Term Disability (non-taxable plan)						
	Contract Rate	\$1.876/\$100	\$2.054/\$100	The contract rate is increasing by 9.5%, The remitted rate is increasing by 30%	100%	0%	
	Remitted Rate	\$1.359/\$100	\$1.787/\$100				
Staff	Long Term Disability (taxable plan)						
	Contract Rate	\$2.732/\$100	\$2.520/\$100	The contract rate is decreasing by 7.8%, No change to the remitted rate	33%	67%	
	Remitted Rate	\$2.541/\$100	\$2.541/\$100				
HEALTH & DENTAL (Medavie Blue Cross)							
Faculty	Supplementary Health Benefits						
	Health	Single	\$86.91	\$91.26	5% increase (Health) 5% increase (Dental)	37.50%	62.50%
		Family	\$226.29	\$237.61			
	Dental	Single	\$57.15	\$60.01			
		Family	\$124.58	\$130.81			
	Total	Single	\$144.06	\$151.27			
Family		\$350.87	\$368.42				
Staff	Supplementary Health Benefits						
	Health	Single	\$88.81	\$90.59	2% increase (Health) 5% increase (Dental)	CUPE - 50% FI (19.94%)* IBEW - 25% FI (9.98%)** Contract Admin - 25% Part-time - 50%	CUPE - 80.06% IBEW - 90.02% Contract - 75% Part-time - 50%
		Family	\$229.88	\$234.47			
	Dental	Single	\$38.93	\$40.88			
		Family	\$84.72	\$88.96			
	Total	Single	\$127.74	\$131.47			
Family		\$314.60	\$323.43				
EMERGENCY MEDICAL TRAVEL INSURANCE (Medavie Blue Cross)							
Faculty	Travel	Single	\$7.88	\$5.27	32% decrease	37.50%	62.50%
		Family	\$15.77	\$10.73			
Staff	Travel	Single	\$8.06	\$5.49	32% decrease	CUPE - 50% FI (42.8%)* IBEW - 25% FI (21.51%)** Contract Admin - 25% Part-time - 50%	CUPE - 57.2% IBEW - 78.5% Contract - 75% Part-time - 50%
		Family	\$16.13	\$10.97			
EMPLOYEE ASSISTANCE PROGRAM (GreenShield)							
Staff & Faculty	Employee & Family Assistance Program	\$3.11/mth	\$3.11/mth	No change	Staff: 50% Faculty: 37.5%	Staff: 50% Faculty: 62.5%	

*As negotiated, Supplementary Health Trust employee rates are calculated based on: *50% of future increases for CUPE 1870 & CUPE 501 and **25% of future increases for IBEW.

APPENDIX Two: Insurance Underwriting Arrangements by benefit

Life Insurance (All) – ISI Pooled Group Benefit

The Life insurance underwriting arrangement follows a refund accounting model. UPEI continues to participate in the ISI pooled group for life insurance benefits. Premiums are determined using a rolling 5-year experience period, with UPEI's renewal rate calculated based on 40% UPEI-specific experience and 60% ISI pooled group (manual) rate.

Accidental Death and Dismemberment (AD&D) (All) – ISI Pooled Group Benefit

The AD&D insurance underwriting arrangement follows a non-refund and fully pooled accounting model (fully insured).

Faculty - Long Term Disability (LTD) – ISI Pooled Group Benefit

The LTD insurance underwriting arrangement follows a refund accounting model. The renewal rating formula for the ISI pooled group non-taxable LTD plan is based on 40% of UPEI's experience and 60% of the ISI non-taxable pooled group's experience.

Staff - Long Term Disability (LTD) – ISI Pooled Taxable Group Benefit

The LTD insurance underwriting arrangement follows a refund accounting model. UPEI continues to participate in the ISI pooled group for Staff LTD benefits, with premiums calculated based on a 5-year experience period that combines 50% of UPEI's own experience and 50% of the ISI taxable pooled group's (manual) rate.

Supplementary Health Care Plans - Administrative Services Only (ASO)

The supplementary health and dental insurance programs are administered on a self-insured, Administrative Services Only (ASO) basis. Under this arrangement:

- The insurer pays claims throughout the year.
- At year-end, total claims plus retention charges are compared to the total deposits (collected premiums).
 - Surplus: Any surplus is credited to the policyholder (UPEI).
 - Deficit: Any deficit is the responsibility of the policyholder.

Individual Large Amount Pooling

The ASO plan includes Individual Large Amount Pooling, which insures large individual claims that exceed a specified pooling threshold. Key details:

- Claims exceeding \$30,000 are removed from UPEI's experience under this arrangement.
- Medavie Blue Cross confirmed that the pooling charge will remain unchanged at 6.39%.

Administration Fee

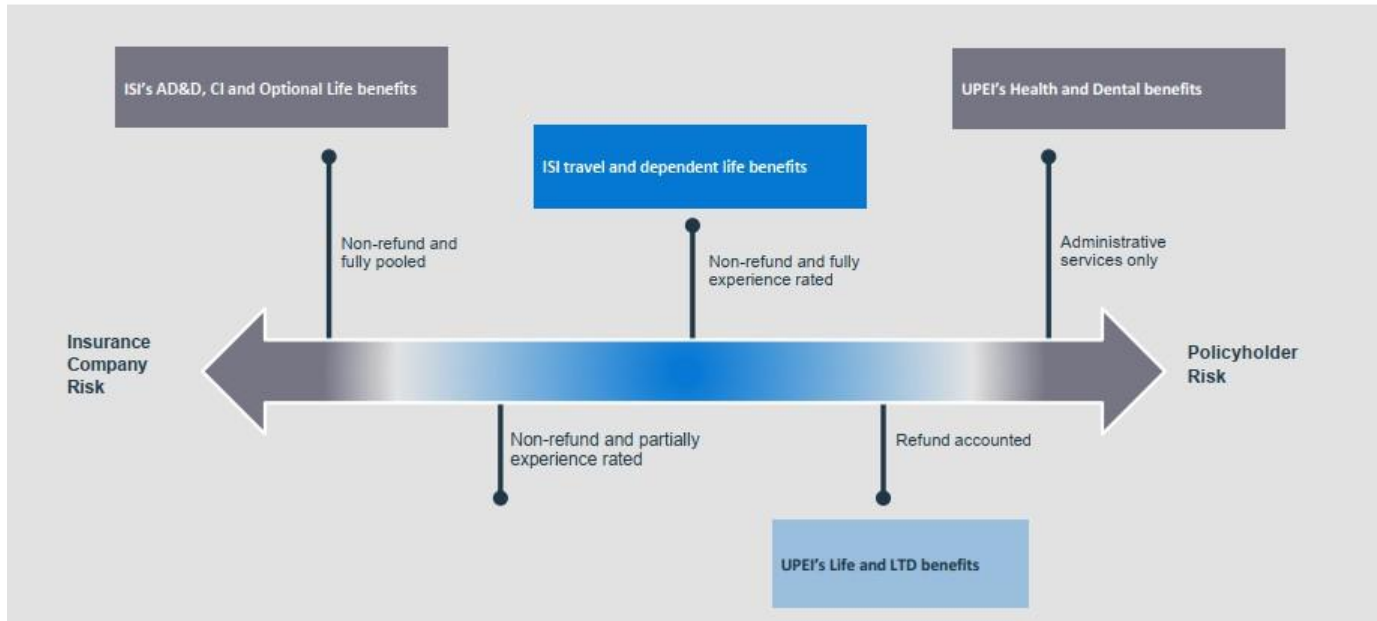
- Medavie Blue Cross's administration fee will decrease from 3.1% to 2.9% of gross claims effective May 1, 2026.

Travel Benefit (All) – ISI Pooled Group Benefit

The travel insurance underwriting arrangement follows a non-refund and fully experience-rated accounting model.

Underwriting Arrangements

Risk Scale



APPENDIX Three: UPEI Group Benefit Committees & Structure

UPEI is part of the Interuniversity Services Inc. (ISI), a not-for-profit organization that administers volume purchasing arrangements for member institutions throughout Atlantic Canada. UPEI benefits from this arrangement through lower fees/costs and benefit coverage advantages while maintaining independence over our own plan.

Our consultant, HUB, provides an impartial third-party review of the ISI group experience and UPEI’s individual plan experience to negotiate rates with our carriers and provide recommendations on best practices to ensure the sustainability of our group plans. Each year, HUB reviews our claims history and provides our renewal rates and recommendations for each group plan to the respected UPEI benefit committees. UPEI has three committees that oversee UPEI’s group benefit plans. Below is a summary of each committee representative and their scope.

Joint Benefits Advisory Committee

Scope: Group Life & Accidental Death & Dismemberment,
Employee & Family Assistant Plan,
Staff Travel insurance plan,
Staff Long Term Disability (Taxable) plan, and
Optional Insurance (Life & Critical Illness)

The Committee’s purpose is to make recommendations based on the information provided by our consultant to the Board of Governors concerning changes in the design of the benefit plans, acceptance of carriers’ requests for rate changes, implementation of legislated changes and the review and selection of plan carriers. They promote awareness and understanding of the various employee benefit plans.

The committee consists of 14 members representing the following groups:

Group/Union	Representatives
UPEI Administration	4
Faculty Association	2
Canadian Union of Public Employees, Local 1870	2
Canadian Union of Public Employees, Local 501	2
International Brotherhood of Electrical Workers, Local 1928	2
Contract Employees/ Non-union employees	2

UPEI Supplementary Health Trustees

Scope: Staff Supplementary Health & Dental Plan

The Trust was established in 2002 due to a Memorandum of Agreement. The University of Prince Edward Island Health and Welfare Trust Fund was established to provide supplementary health care and dental plans. The Trust Fund is administered through a Board of Trustees to ensure that the purpose and objectives of the Plan are carried out.

In 2021 the Supplementary Health Trust transitioned to an Employee Life and Health Trust (ELHT) as required by CRA. Due to the transition, the Trust must now submit an annual tax return.

The Board of Trustees is comprised of 6 members representing the following groups:

Group/Union	Representatives
Contract Admin/ UPEI Administration	3
Canadian Union of Public Employees, Local 1870	2
Canadian Union of Public Employees, Local 501	1
Retiree Association (<i>non-voting member</i>)	1

Joint Benefits Management Committee

Scope: Faculty Supplementary Health & Dental Plan
 Faculty Long Term Disability (non-taxable) plan
 Faculty Travel Insurance plan

As per Article D5.3 of the Faculty Collective Agreement, the committee's role is the management of the plan(s), education, adequacy of coverage, plan design and premium review. The committee's recommendations require agreement from the Employer and the Faculty Association.

The Joint Benefits Management Committee consists of 4 members representing the following groups:

Group/Union	Representatives
Faculty members appointed by the Association	2
UPEI Administration	2



Appendix Four - Estimated Renewal Cost Impact

University of Prince Edward Island
Estimated Renewal Cost Impact
Renewal

1-May-26

Plan	Benefits	Estimated Surplus	Current Annual Premium	% Change in Total Premium	Renewal Premium	\$ Change in Premium	\$ Change Employer	\$ Change Employee	Total Employer Share - Post Renewal	Comments
Faculty (Active)	LTD	\$235,000	\$289,157	30.0%	\$375,967	\$86,811	\$0	\$86,811	\$0	This year the total rate increased 9.5% (66% deficit carry included), the remitted rate increased 30% which is illustrated here. The difference from remitted is being withdrawn from the UDA balance. The estimated surplus represents 53% of LTD renewal premium.
	Health	\$985,219	\$719,072	5.0%	\$755,026	\$36,954	\$22,471	\$13,483	\$471,891	For health, HUB calculated a 8% increase (based on 5% annual claims trend), implemented 5% increase. For Dental, HUB justifications provided a 6.4% increase (based on 4% annual claims trend), implemented 5% change. Surplus is as of July 31, 2025.
	Dental	n/a	\$404,246	5.0%	\$424,458	\$20,212	\$12,633	\$7,580	\$265,286	
	EPAP	n/a	\$14,782	0.0%	\$14,782	\$0	\$0	\$0	\$0	Represents faculty portion of EPAP premium. No change in rate.
	Travel	n/a	\$50,700	-31.9%	\$34,506	-\$16,194	-\$10,121	-\$6,073	\$21,566	Composite travel rate for active and retiree: 32% decrease to travel rates for May 1, 2026.
Total			\$1,477,956		\$1,604,739	\$126,783	\$24,983	\$101,800	\$767,982	
Faculty (Retiree)	Health	Included above	\$358,366	5.0%	\$376,284	\$17,918	\$11,199	\$6,719	\$235,177	Rated with active experience; separated to illustrate cost share arrangements.
	Dental	n/a	\$293,097	5.0%	\$313,252	\$10,155	\$6,347	\$3,808	\$132,292	Rated with active experience; separated to illustrate cost share arrangements.
	Travel	n/a	\$263,312	-31.9%	\$17,908	-\$8,404	-\$5,253	-\$3,152	\$11,193	Composite travel rate for active and retiree: 32% decrease to travel rates for May 1, 2026.
Total			\$887,775		\$607,444	\$19,669	\$12,293	\$7,376	\$379,653	
All Faculty (R&A)			\$2,065,731		\$2,212,183	\$146,452	\$37,276	\$109,176	\$1,147,635	Contract rate decreased 7.8% inclusive of 12.6% deficit recovery; remitted rate no change (illustrated here). Difference to be deposited to the UDA. The estimated surplus represents 38% of LTD renewal premium.
Staff (Active)	LTD	\$296,000	\$770,675	0.0%	\$770,675	\$0	\$0	\$0	\$516,352	
	Health	\$149,181	\$149,181	2.0%	\$172,165	\$22,984	\$18,258	\$4,726	\$93,162	For health, HUB justifications calculated an 0% increase (based on 5.5% annual claims trend), implemented +2%. For Dental, HUB justifications suggested a 10.4% increase (based on 4% annual claims trend), implemented +5%. Estimated surplus is based on financial statement as at September 30, 2025.
	Dental	\$419,156	\$432,298	5.0%	\$453,913	\$21,615	\$17,171	\$4,444	\$360,587	
	EPAP	n/a	\$27,860	0.0%	\$27,860	\$0	\$0	\$0	\$13,930	Represents staff portion of EPAP premium. No change for May 1, 2026.
	Travel	n/a	\$105,557	-32.0%	\$71,829	-\$33,728	-\$26,793	-\$6,935	\$37,061	Composite travel rate for active and retiree: 33% decrease to travel rates for May 1, 2026.
Total			\$2,485,572		\$2,496,443	\$10,870	\$8,635	\$2,235	\$1,879,092	
Staff (Retiree)	Health	Included above	\$74,331	2.0%	\$74,018	-\$313	\$13,221	\$1,466	\$674,266	Rated with active experience; separated to illustrate cost share arrangements.
	Dental	n/a	\$279,335	5.0%	\$293,302	\$13,967	\$12,573	\$1,394	\$264,030	Rated with active experience; separated to illustrate cost share arrangements.
	Travel	n/a	\$54,070	-32.0%	\$36,793	-\$17,277	-\$15,552	-\$1,724	\$33,121	Composite travel rate for active and retiree: 33% decrease to travel rates for May 1, 2026.
Total			\$1,067,736		\$1,079,113	\$11,377	\$10,241	\$1,135	\$971,417	
All Staff (R&A)			\$3,553,308		\$3,575,555	\$22,247	\$18,877	\$3,370	\$2,850,509	ER premium is only for Staff as Faculty pay 100% of life premium, 86% increase to contract rate inclusive of 12.6% deficit recovery, 7.5% increase to remitted rate; UDA balance represents 79% of annual renewal premium.
Joint	Life	\$381,000	\$422,892	7.0%	\$455,118	\$32,216	\$12,646	\$19,670	\$179,102	ER premium is only for Staff as Faculty pay 100% of AD&D premium. No change to rates this year.
Total			\$448,419		\$480,736	\$32,316	\$12,646	\$19,670	\$189,316	
Estimated Premium Impact for 2026 Renewal			\$6,067,459		\$6,268,474	\$201,015			\$4,187,460	
Estimated Employer Cost Impact for 2026 Renewal							\$68,799			
Estimated Employee Cost Impact (Staff) for 2026 Renewal								\$9,599		
Estimated Employee Cost Impact (Faculty) for 2026 Renewal								\$122,617		

Assumptions used in estimation of renewal cost impacts:
see cover page for notes and assumptions

Title	UPEI Action Plan – Proposed Revisions
Audience	Board of Governors
Created by	Kate Richard, Program Manager for the Action Plan Implementation
Date	March 31st, 2026

Background

The University is currently almost 3 years into the implementation of the Action Plan, and along with moving forward with the Year 2 implementation plan commitments, has also recently completed the communication roll out of the first audit opinion.

The scope of the initial audit included Year 0 and Year 1 of the Action Plan implementation and resulted in an opinion stating that “...the UPEI Implementation Plan for the period from May 1, 2023 – April 30, 2025, was implemented, in all material respects, in accordance with the applicable criteria.”

A Recommendations Report was included as part of the audit deliverables. This report gave 9 recommendations for UPEI to consider as we continue in the implementation of the Action Plan. One of which was to “Optimize Action Plan Delivery: aligning priorities with institutional capacity”. In addition to this recommendation, we continue to hear from the UPEI community that the Action Plan implementation is viewed as a “checklist exercise”, with concern that the focus is too much on checking boxes as opposed to implementing real change.

The university is listening to this feedback and as the midpoint of the Action Plan implementation nears, it understands the importance of taking time to pause and reassess.

Purpose of review

A review of the Action Plan has been completed to:

- ensure the remaining initiatives are still appropriate and can realistically still be implemented within the defined timeline, with consideration for the changing environment, institutional priorities and organizational capacity
- prioritize finding a way to effectively assess the outcomes of the Action Plan, to ensure that the desired goals are met.

Process for review

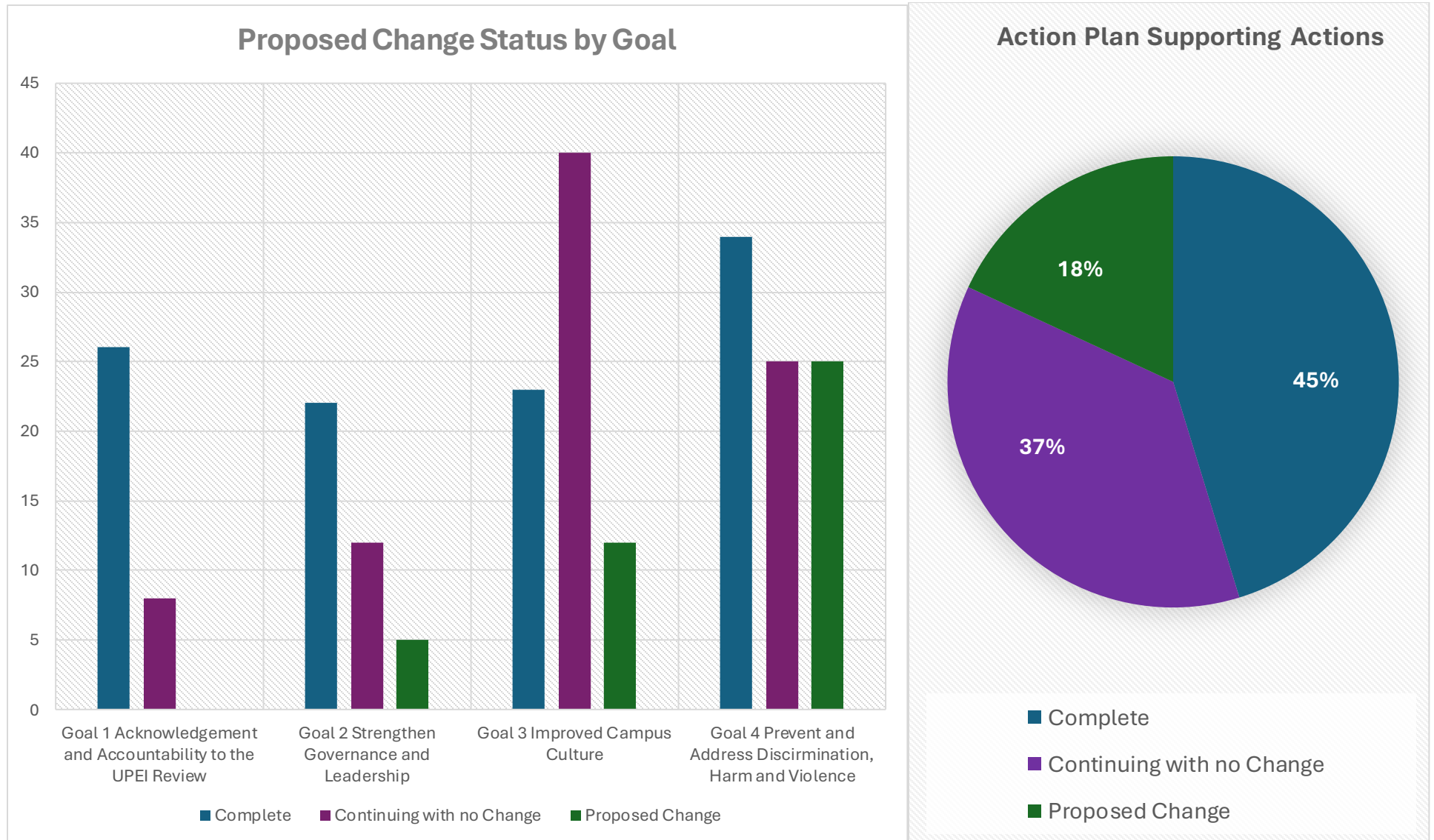
To support an effective review of the remaining Action Plan initiatives, items were grouped into six categories based on their purpose or deliverables: Feedback and Consultation; Reporting and Disclosure; EDI Department (structure and responsibilities); Training; Policies (Harassment and Discrimination Policy and Sexual Violence Policy); and Other. The categories were then reviewed by members of the implementation team. This approach improved clarity, helped identify overlaps or duplications in the work, and highlighted opportunities for increased efficiency.

Following review of the revisions within the Senior Executive Team, the revised Action Plan will go to the Board of Governors for approval, with recommendation from the Campus Culture Oversight Committee.

Summary of Revisions

Overall, there are proposed changes to the timeline and/or language of approximately 18% of the total Supporting Actions in the Action Plan.

A summary of the proposed changes can be found below in the chart (s) below and a more detailed explanation of each Supporting Action Change is included at the end of this document, which provides a change status for all Supporting Actions defined in the Action Plan.



Summary of Proposed Change to the UPEI Action Plan

Goal 1: Acknowledge and Accountability to the UPEI Review		Goal 2: Strengthen Governance and Leadership	
<p>Removal of linkage to the PEI Advisory Council of the Status of Women Equality Report Card</p> <p>This item is being re-reviewed. The university will be consulting with the council and other stakeholders to clarify the nature of this commitment.</p>	<p>Impacting 1 Supporting Action</p>	<p>Adjustment to how the leadership training strategy will be implemented, including removing the commitment to creating a formal Leadership Training Office and extending the timeline of the implementation (including the development of a training calendar and process to track participation) through to Year 5.</p>	<p>Impacting 5 Supporting Actions</p>
Goal 3: Improved Campus Culture		Goal 4: Prevent and Address Discrimination, Harm and Violence	
<p>Combining like actions relating to a continued commitment to listening and idea sharing to allow for efficiencies in implementation</p>	<p>Impacting 3 Supporting Actions</p>	<p>Revisions to the actions relating to the replacement of the FTP to reflect only those commitments completely within the University's control</p>	<p>Impacting 6 Supporting Actions</p>
<p>Revising "360-degree" reference to align with performance review process approved by Board of Governors</p>	<p>Impacting 2 Supporting Actions</p>	<p>Revisions to remove dependencies on the new Harassment and Discrimination Policy</p>	<p>Impacting 8 Supporting Actions</p>
<p>Adjustment to the cadence to the Employee Engagement Survey</p>	<p>Impacting 3 Supporting Actions</p>	<p>Removal of requirement for another move of the SVPRO office</p>	<p>Impacting 1 Supporting Action</p>
<p>Revision to the timeline and language of the commitment regarding staff classification</p>	<p>Impacting 1 Supporting Action</p>	<p>Extending the timeline to making the Preventing Sexualized Violence course mandatory for staff and faculty</p>	<p>Impacting 2 Supporting Actions</p>
<p>Updating the timeline for implementation of performance reviews</p>	<p>Impacting 1 Supporting Action</p>		
<p>Revision to the frequency of EDI training for Security Services</p>	<p>Impacting 1 Supporting Action</p>		
<p>Revision to remove dependency on the new Harassment and Discrimination Policy</p>	<p>Impacting 1 Supporting Action</p>		

GOAL 1 ACKNOWLEDGE AND DEMONSTRATE ACCOUNTABILITY FOR THE ISSUES WITHIN THE UPEI REVIEW

Action 1 Publish the UPEI Review and acknowledge the serious issues within in

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
1.1.1 Publicly share the UPEI Review President Chair, Board of Governors	Year 0	1.1.1.1 A copy of the UPEI Review has been shared. As noted in the Review, redactions were necessary. Redactions were made strictly to comply with privacy and legal requirements, as recommended by external legal experts.	Completed	N/A
	Year 0	1.1.1.2 Information in the Review covered feedback that was both current and going back decades. To address this constraint, the interim President conducted 16 listening sessions with all facets of campus to get contemporaneous information	Completed	N/A
1.1.2 Apologize for harms caused President Chair, Board of Governors	Year 0	1.1.2.1 An apology was made to UPEI campus members through campus communications, media interviews, and in person by the interim President and the Board Chair.	Completed	N/A
	Year 0	1.1.2.2 The Action Plan contains an explicit apology, which acknowledges harms and the bravery of those who have spoken out, as well as a commitment to action that is signed by the Board Chair and Interim President. The	Completed	N/A

		apology and acknowledgement are meant to signal a commitment to listen and learn, as a step towards reconciliation.		
1.1.3 Provide additional supports to the campus community President	Year 0	1.1.3.1 In the period following the release of the Review, increased information on UPEI's Employee and Family Assistance Program services and supports was provided and additional in-person on campus counselling supports were provided.	Completed	N/A
		1.1.3.2 More information on how to make disclosures and reports of harassment or discrimination regarding senior leaders was shared with campus members.	Completed	N/A
		1.1.3.3 UPEI will increase staff capacity in SVPRO, EDI Office, and Student Affairs to provide increased levels of support in these areas as identified within the UPEI Review.	Completed	N/A
1.1.4 Consult campus on addressing harms Chair, Board of Governors Board of Governors President	Year 0	1.1.4.1 The UPEI Action Plan Advisory Group was formed to provide both a campus and broader community lens for consultation on how best to address harms	Completed	N/A
		1.1.4.2 The interim President held townhalls and a series of campus listening sessions	Completed	N/A

		1.1.4.3	The Chair of the Board, Board and President have met with survivors who have connected with us so that UPEI can learn from their experiences	Completed	N/A	
1.1.5	Reinforce oversight and monitoring mechanisms for improved accountability of leaders President Chair, Board of Governors	Year 0-1	1.1.5.1	Obtain an external review of Board governance, including a review of processes for recruitment of new Board members	Completed	N/A
		Year 1	1.1.5.2	Conduct a review of senior leadership structure including ensuring duties and responsibilities are matched to levels of authority and clear accountability is assigned	Completed	N/A
	1.1.5.3		Develop a 360-degree performance review process for President and Senior Executive Team	Completed	N/A	

GOAL 1 ACKNOWLEDGE AND DEMONSTRATE ACCOUNTABILITY FOR THE ISSUES WITHIN THE UPEI REVIEW

Action 2 Commit to addressing all the recommendations within the UPEI Review

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
1.2.1 Publicly state UPEI's commitment to change and accountability	Year 0	1.2.1.1 The Action Plan contains a public statement committing to accountability and the UPEI Review recommendations, as well as additional components developed through feedback provided by the	Completed	N/A

President Chair, Board of Governors			Action Plan Advisory Group and through campus listening sessions.		
		1.2.1.2	Through both the Action Plan Advisory Group and the listening sessions, the University has consulted with the community and used the consultation feedback to inform response to the UPEI Review recommendations within the Action Plan	Completed	N/A
1.2.2 Develop an Advisory Group for input on plan development President	Year 0	1.2.2.1	UPEI issued a call for expressions of interest for community members to participate on the Action Plan Advisory Group with goal of broad community representation.	Completed	N/A
		1.2.2.2	The University used an external facilitator to consult with the Advisory Group to gather feedback and provide guidance to help inform actions.	Completed	N/A
		1.2.2.3	Throughout the process, information on the progress of the Advisory Group was shared with campus.	Completed	N/A
1.2.3 Engage in ongoing consultation President Senior Executive Team	Year 0-5	1.2.3.1	UPEI leadership will maintain an enhanced level of consultation with the campus community. These consultations will include opportunities like the previously held town halls and campus listening sessions, as well as new employee and student engagement channels.	No proposed change	N/A

	Year 2-3	1.2.3.2 Develop and deliver a mid-plan consultation to gauge campus and community members' input on progress.	No proposed change	N/A
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GOAL 1 ACKNOWLEDGE AND DEMONSTRATE ACCOUNTABILITY FOR THE ISSUES WITHIN THE UPEI REVIEW

Action 3 Develop an Action Plan to guide the cultural change needed at UPEI

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
1.3.1 Publicly state UPEI's commitment to change and accountability Chair, Board of Governors Senior Executive Team	Year 0	1.3.1.1 Utilize feedback from town halls, campus listening sessions, and Advisory Group, and consultations with internal and external partners to guide the development of the Action Plan.	Completed	N/A
		1.3.1.2 Share draft Action Plan publicly for feedback and finalize after consideration of community feedback as well as feedback from the UPEI Senate and Board.	Completed	N/A
1.3.2 Draft Action Plan and share with community President Chair, Board of Governors Senior Executive Team	Year 0	1.3.2.1 Post the draft Action Plan on the UPEI website in early January 2024	Completed	N/A
		1.3.2.2 Finalize the Action Plan after consideration of the community feedback as well as feedback from the UPEI Senate and Board	Completed	N/A

1.3.3 Identify resources needed for implementation President Senior Executive Team	Year 0	1.3.3.1 Identify initial human resources and budget needs related to the Action Plan and seek funding support	Completed	N/A
1.3.4 Create a Board of Governors Campus Culture Oversight Committee Board of Governors	Year 0	1.3.4.1 Create Campus Culture Oversight Committee to oversee implementation of Action Plan. This will include receiving annual audit reports on the implementation progress of the Action Plan.	Completed	N/A

GOAL 1 ACKNOWLEDGE AND DEMONSTRATE ACCOUNTABILITY FOR THE ISSUES WITHIN THE UPEI REVIEW

Action 4 Engage in annual audits of the progress of the Action Plan

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
1.4.1 Select auditor Board of Governors	Year 1	1.4.1.1 Select auditors with EDI competence based on recommendations of the Finance and Audit Committee and in consultation with Government of PEI	Completed	N/A
		1.4.1.2 Consider an audit organization that has access to a resource base	Completed	N/A

		outside PEI as well as experience within post-secondary education.		
1.4.2 Develop audit schedule and process President Senior Executive Team	Year 1-5	1.4.2.1 Develop audit schedule and process to support annual audits	No proposed changes	N/A
		1.4.2.2 Develop annual implementation plans considering the relevant goals of the PEI Advisory Council of the Status of Women Equality Report Card such as reconciliation with Indigenous people, and support for those experiencing sexualized and other gender-based violence	Under Review	University will consult with the council and other stakeholders as to the nature of this item and the best way to move forward with it.
		1.4.2.3 Align internal resources needs to support the audit	No proposed changes	N/A
1.4.3 Assign annual audits and receive results President Board of Governors	Year 2-5	1.4.3.1 Carry out annual audits (aligned with UPEI fiscal year) based on audit schedule	No proposed changes	N/A
		1.4.3.2 Make the audit results public	No proposed changes	N/A
		1.4.3.3 Conduct the first audit following the completion of Year 1 and thereafter annually	No proposed changes	N/A

GOAL 2 STRENGTHEN UPEI'S GOVERNANCE AND LEADERSHIP STRUCTURE

Action 1 Use a transparent and consultative process, and proper due diligence in the selection and hiring of a new University President

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
2.1.1 Develop and share full job description for President and Vice-Chancellor position Presidential Search Committee	Year 0	2.1.1.1 Build the need to champion work on culture improvements (as outlined in the UPEI Review) within the job description for the next President	Completed	N/A
		2.1.1.2 Build the following components into the selection criteria for the next President: <ul style="list-style-type: none"> - Commitment to equity, diversity, and inclusion - Deep understanding of workplace fairness and harassment - Track record of success in implementation of projects to advance EDI in meaningful ways - Commitment to reconciliation and Indigenization - Organizational change experience and desire to champion change - Ethics, transparency, and integrity 	Completed	N/A

		2.1.1.3	Post a detailed job description on the UPEI website for full transparency	Completed	N/A	
2.1.2	Presidential search communications Chair, Presidential Search Committee	Year 0-1	2.1.2.1	Communicate information and updates regularly about the selection process to the campus community	Completed	N/A
2.1.3	Candidate presentations Chair, Presidential Search Committee	Year 0	2.1.3.1	Provide the campus community with feedback opportunities, which will include campus presentations by shortlisted candidates	Completed	N/A
			2.1.3.2	Provide campus members with the opportunity to give anonymous feedback on shortlisted candidates	Completed	N/A
2.1.4	Candidate response to UPEI Review Presidential Search Committee	Year 0	2.1.4.1	Require shortlisted candidates to provide a response to the UPEI Review recommendations	Completed	N/A
			2.1.4.2	Require shortlisted candidates to provide a response with respect to the draft Action Plan	Completed	N/A
2.1.5	Vetting candidates Presidential Search Committee	Year 0	2.1.5.1	Ensure that the next President has been adequately vetted	Completed	N/A

GOAL 2 STRENGTHEN UPEI'S GOVERNANCE AND LEADERSHIP STRUCTURE

Action 2 Refresh the UPEI Board of Governors with new members and create an enhanced accountability and oversight structure

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
2.2.1 Fill Board of Governors' vacancies Board of Governors	Year 0	2.2.1.1 Adopt good governance practices to ensure board policies, practices, and recruitment create conditions aimed at increasing Board diversity	Completed	N/A
		2.2.1.2 Inform Board-member-appointing bodies of skill, demographic, and experience gaps	Completed	N/A
2.2.2 Develop skills matrix for competencies and representation Board of Governors President	Year 0	2.2.2.1 Use the newly developed skills matrix to ensure a balanced representation of skills, expertise (including EDI), experience, demographics (including race, gender, and age), and other relevant considerations in relation to the composition of the Board of Governors	Completed	N/A
		2.2.2.2 Make the Board recruitment process for UPEI Board appointments more transparent by making it public, and publicizing the opportunity	Completed	N/A

2.2.3	Review Board Governance Board of Governors President	Year 0-1	2.2.3.1	Obtain an external review on Board governance	Completed	N/A
			2.2.3.2	Make changes in board procedures resulting from the review recommendations public	Completed	N/A
2.2.4	Increase Board oversight Board of Governors President	Year 0-2	2.2.4.1	Review Terms of Reference of Board Standing Committees to ensure that Board oversight responsibilities are adequately met	Completed	N/A
			2.2.4.2	Create a Campus Culture Oversight Committee of the Board to oversee implementation of the UPEI Action Plan and EDI Strategy progress monitoring	Completed	N/A
			2.2.4.3	Enhance Board Training	No proposed changes	N/A
2.2.5	New reporting mechanisms to inform the Board Board of Governors President VP People and Culture	Year 1-2	2.2.5.1	Report to the Human Resources Committee of the Board on terminations and resignations, and on whether any such terminations or resignations have associated NDAs	Completed	N/A
			2.2.5.2	Develop process to inform the Campus Culture Oversight Committee if areas within UPEI demonstrate concerning trends of harassment or discrimination	No proposed changes	N/A

2.2.6 Develop a Board policy for appointing acting and interim administrators Chair, Board of Governors President	Year 1	2.2.6.1	Develop and implement a policy on the appointment of acting and interim administrators for the roles of president and senior administrators	Completed	N/A
		2.2.6.2	Make the policy accessible to the campus community	Completed	N/A

GOAL 2 STRENGTHEN UPEI'S GOVERNANCE AND LEADERSHIP STRUCTURE

Action 3 Improve onboarding and training of UPEI Board of Governors and Senate members

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE	
2.3.1 Develop orientation and training materials Board of Governors Senate	Year 1-2	2.3.1.1	Provide training on governance and other relevant expertise to the Board and Senate	No proposed changes	N/A
		2.3.1.2	Provide EDI training to the Board and Senate	No proposed changes	N/A
2.3.2 Develop training schedule and tracking process Board of Governors Senate	Year 1-2	2.3.2.1	Identify institutional resources to support the development of training programs and related materials	No proposed changes	N/A
		2.3.2.2	Develop a training plan for Board of Governors and Senate	No proposed changes	N/A

		2.3.2.3	Develop a process to track training participation of those in governance-related roles	No proposed changes	N/A
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GOAL 2 STRENGTHEN UPEI'S GOVERNANCE AND LEADERSHIP STRUCTURE

Action 4 Develop a UPEI Leadership Training Program

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE	
2.4.1 Develop training program for UPEI leaders President VP People and Culture	Year 1-2	2.4.1.1	Assess training needs of campus leadership and leverage internal resources, including UPEI's professional development team, to help address these needs	Completed	N/A
		2.4.1.2	Consider potential training topics such as active listening, EDI, cultural competencies, mitigating unconscious bias, implementing policies and processes effectively, conflict management, emotional intelligence, and bystander training	Completed	N/A
	Year 2	2.4.1.3	Develop a leadership training strategy	Update Timeline to Year 2-5	The framework established under Action 2.4.1.1 identified two complementary components of a leadership development approach: a Leadership Essentials Program (LEP) and a Strategic Leadership Program . Following the

				<p>development of this framework, work has commenced on the Leadership Essentials Program, which is designed to address priority learning areas identified in the Action Plan and to reach the largest and most diverse group of leaders across the institution.</p> <p>The Leadership Essentials Program incorporates several training initiatives that align directly with institutional priorities, including conflict resolution, change management and equity, diversity, and inclusion training. Given the scope and impact of this foundational program, a phased approach is required to ensure quality development, effective implementation, and sustainability.</p> <p>As a result, the leadership training strategy will be developed and refined over a multi-year period, with initial emphasis on the Leadership Essentials Program before progressing to the Strategic Leadership Program. This necessitates extending the timeline to Years 2-5.</p>
Year 3	2.4.1.4	Create a Leadership Training Office to implement the leadership training strategy	<p>Update language to "Implement the leadership training strategy"</p> <p>Update Timeline to Year 3-5</p>	<p>The Leadership Essentials Program will be developed and implemented within the Human Resources Office. Adequate time is required to design the core curriculum, engage internal and external expertise, and establish delivery and evaluation mechanisms. Initial implementation of the Leadership Essentials Program is planned for Year 3. Following successful implementation and evaluation of the Leadership Essentials Program, development of the Strategic Leadership Program will begin in Year 4, with implementation occurring in Years 4-5. This staggered approach reflects current resource capacity and ensures that both programs are developed intentionally and delivered effectively. As a result, Action 2.4.1.5 is no longer required as a separate initiative.</p>
Year 4-5	2.4.1.5	The Leadership Training Office to administer the leadership training program	Remove this Supporting Action	Commitment will be achieved as part of 2.4.1.4 (see comment above)

2.4.2 Develop training schedule and tracking process VP People and Culture	Year 3	2.4.2.1 Develop a training calendar	Update Timeline to Year 3-5	Development of a comprehensive leadership training calendar will commence in Year 3, aligned with the implementation of the Leadership Essentials Program. The calendar will evolve over time to incorporate offerings associated with the Strategic Leadership Program as it is developed and implemented in Years 4-5.
		2.4.2.2 Develop a process to track participation in leadership training	Update Timeline to Year 3-5	A process to track participation in leadership training will be established in Year 3 in conjunction with the launch of the Leadership Essentials Program. This process will be refined and expanded as additional leadership programming is introduced through the Strategic Leadership Program in Years 4-5, ensuring consistent data collection and reporting across all leadership development initiatives.

GOAL 2 STRENGTHEN UPEI'S GOVERNANCE AND LEADERSHIP STRUCTURE

Action 5 Create a leadership development program for academic administrators

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
2.5.1 Develop training program for UPEI academic administrators President VP Academic and Research	Year 1-2	2.5.1.1 Create a leadership development program for academic administrators (Deans, Associate Deans and Chairs) that builds effective leadership and management skills, training on EDI, and processes of continual improvement	No proposed changes	N/A

		2.5.1.2	Develop leadership training to build skills for fostering a healthy workplace such as motivating and inspiring faculty and staff, navigating difficult conversations, preventing burnout, change management, and conflict resolution and mediation	No proposed changes	N/A	
		2.5.1.3	Use program-based learning in program with real-life situations of academic administrators that reflect topics such as discrimination, institutional racism, micro-aggressions, bystander training, and education and harassment	No proposed changes	N/A	
2.5.2	Develop training schedule and tracking process VP Academic and Research	Year 1-2	2.5.2.1	Develop institutional resources to support the offering of a leadership development program on a regular schedule, including ongoing seminars for continual improvement	No proposed changes	N/A
			2.5.2.2	Build, through the ongoing process of tracking, a community of colleagues with shared interests and common goals in effective leadership	No proposed changes	N/A

GOAL 3 IMPROVE UPEI'S CAMPUS CULTURE

Action 1 Create a culture of listening at UPEI

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
3.1.1 Culture of listening for students President VP Academic and Research VP Administration and Finance	Year 1-3	3.1.1.1 Ensure Student Union Executive and Graduate Student Association Executive are introduced to Deans Council and Directors of administrative units to ensure they are equipped to navigate UPEI's structures	No proposed change	N/A
		3.1.1.2 Increase the institutional capacity for student focused data collection and analysis of resulting data to provide insight on student experiences, inform initiatives that address student issues, and help assess outcomes.	No proposed changes	N/A
		3.1.1.3 Seek meaningful feedback from students as to their experience through questions such as inclusive and intercultural learning, perceptions of	No proposed changes	N/A

			institutional values and commitment to EDI, and diversity-related programming		
		3.1.1.4	Develop an integrated system that seeks student feedback and builds initiatives to support student success through follow-up planning, student engagement, and actions arising from student surveys	No proposed changes	N/A
3.1.2 Culture of listening for employees President VP People and Culture	Year 1	3.1.2.1	Provide training on trauma-informed approaches to individuals who handle disclosures	Completed	N/A
		3.1.2.2	Provide active listening training	Completed	N/A
	Year 2	3.1.2.3	Establish accessible channels to provide confidential feedback safety, sexual violence, and harassment and discrimination	No proposed changes	N/A
		3.1.2.4	Regularly seek employee feedback through surveys	No proposed change	N/A
3.1.3 Foster a culture of listening Chair, Board of Governors President	Year 0-5	3.1.3.1	Coordinate with campus partners to foster a campus culture built a commitment to listening and idea sharing	Update language to: "Continue to provide opportunities for campus members to speak about their experiences, provide input, and share ideas, including with the President	Language revised slightly to combine 3.1.3.1, 3.2.4.1, and 3.5.4.2, as the outcomes of these were all similar.

			and Senior Executive Team.”		
		3.1.3.2	Listen to individuals who have suffered harm at the University to learn from their experiences as a way of fostering reconciliation	No proposed changes N/A	
		3.1.3.3	Continue to work with the Indigenous community at UPEI to further our journey of reconciliation	No proposed changes N/A	
3.1.4 Performance reviews and campus feedback Board of Governors President Senior Executive Team	Year 1	3.1.4.1	Develop a process for 360-degree performance review of President	Completed N/A	
		3.1.4.2	Develop a process for 360-degree performance review of the Senior Executive Team	Completed N/A	
	Year 2-5	3.1.4.3	President to implement 360-degree performance reviews of Senior Executive Team	Update language to: President to implement Vice-President performance review process	Action updated to reflect language approved by Board of Governors
		3.1.4.4	Senior Executive Team to ensure performance reviews of Deans, Directors, and Managers are carried out	Timeline updated to Year 5	The University recognizes the importance of timely and effective performance reviews as a cornerstone of accountability, leadership development, and a healthy workplace culture. To ensure the long-term success of UPEI's <i>Action Plan for Building a Culture of Trust, Safety, and Inclusion</i> , it is essential that comprehensive onboarding and leadership development initiatives be established prior to formalizing performance review expectations. This sequencing allows leaders to be fully aligned with institutional policies, collective agreements, equity commitments, and regulatory obligations. Robust onboarding

				<p>builds understanding of university governance and staff frameworks, while leadership training strengthens competencies such as coaching for performance, providing constructive feedback, and conducting fair, consistent, and culturally responsive evaluations. These capabilities are particularly important given UPEI's commitments to EDI, psychological safety, and effective labour-management relations.</p> <p>While Year 5 is proposed as the formal deliverable to allow sufficient time for this foundational work, the University acknowledges the strategic importance of this initiative and will advance implementation earlier should progress on onboarding and leadership training permit. Ultimately, this approach supports employee trust and institutional accountability, ensuring that performance management practices promote individual growth while reinforcing organizational excellence. Much like building a strong foundation before constructing a house, investing in leadership readiness first ensures the integrity and sustainability of the entire performance management system.</p>		
		3.1.4.5	Following their first year of service, implement annual 360-degree performance review of President	Update language to: Following their first year of service, implement the President performance review process.	Action updated to reflect language approved by Board of Governors	
3.1.5	Improve feedback processes VP People and Culture	Year 1	3.1.5.1	Secure the resources to support employee engagement activities	Completed	N/A
			3.1.5.2	Plan and develop employee engagement survey	Completed	N/A

	Year 2	3.1.5.3 Conduct employee engagement survey	Remove from Year 2	<p>Conducting a comprehensive employee engagement survey is a significant undertaking that involves planning, analysis, communication, and follow-up and implementation. An annual cycle does not allow sufficient time to:</p> <ul style="list-style-type: none"> - Meaningfully analyze and communicate results - Develop and implement action plans - Observe the impact of initiatives before the next survey cycle <p>Moving to a three-year cycle ensures adequate time for reflection, implementation, and measurable change between surveys. It provides credibility and assurance to the community that we valued their time and feedback and that we take it seriously therefore reducing survey fatigue.</p> <p>Community and Leadership Feedback:</p> <p>Since the release of the 2024 results, the University has actively communicated findings across campus and encouraged departments to identify 1-2 priority areas for action. Feedback has included:</p> <ul style="list-style-type: none"> - Requests for a clear institutional response or roadmap addressing the survey results - Requests for HR support in presenting and discussing results with teams - Hesitation or skepticism from some leaders regarding survey validity - Campus community members have also noted that while feedback opportunities (e.g., townhalls, surveys) are frequent, translating this input into visible action is essential for maintaining trust and momentum. <p>This Supporting Action was replaced with 3.1.5.5</p>
		3.1.5.4 Establish accessible channels to provide confidential feedback on	No proposed changes	N/A

		safety, sexual violence, and harassment and discrimination		
	Year 3-5	3.1.5.5 Conduct annual employee engagement survey	Update language to "Continue and optimize employee engagement survey as per defined cadence"	See rationale for change to 3.1.4.4. This new language is consistent with that associated with the exit interview and engagement initiatives implementation as well
3.1.6 Exit interviews VP People and Culture	Year 1	3.1.6.1 Develop a process to offer exit interviews for departing employees	Completed	N/A
		3.1.6.2 Develop a process to share aggregate information learned from exit interviews in confidential and appropriate ways	Completed	N/A
		3.1.6.3 Create a position in Human Resources to support exit interview activities	Completed	N/A
	Year 2	3.1.6.4 Implement exit interview process and reporting	No proposed changed	N/A
	Year 3-5	3.1.6.5 Develop a protocol for how exit interview information will be appropriately shared with the EDI and Human Rights department where permitted and relevant	No proposed changes	N/A

		3.1.6.6 Continue and optimize exit interview process	No proposed changes	N/A
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GOAL 3 IMPROVE UPEI'S CAMPUS CULTURE

Action 2 Foster an environment in which employees feel valued

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
3.2.1 Employee Engagement VP People and Culture Senior Executive Team	Year 0	3.2.1.1 Create and fill a Director of Human Resources position	Complete	N/A
	Year 1	3.2.1.2 Increase staff capacity in the Human Resources department to support employee engagement	Complete	N/A
		3.2.1.3 Plan and develop employee engagement survey	Complete	N/A
		3.2.1.4 Plan and develop initiatives to enhance employee engagement	Complete	N/A
		3.2.1.5 Encourage all managers to recognize contributions made by employees to the University	Complete	N/A
	Year 2	3.2.1.6 Implement employee engagement survey	Remove from Year 2	See rationale for change to 3.1.4.4. This action is replaced with 3.1.5.5
		3.2.1.7 Commence employee engagement initiatives	No proposed changes	N/A

	Year 3-5	3.2.1.8	Continue and optimize employee engagement and recognition processes	No proposed changes	N/A
		3.2.1.9	Use data from employee engagement surveys to inform improvements	No proposed changes	N/A
3.2.2 Development opportunities for employees VP People and Culture VP Academic and Research	Year 1-5	3.2.2.1	Provide staff with enhanced opportunities for training and skills building	No proposed changes	N/A
		3.2.2.2	Enhance faculty development opportunities in teaching and research through the Teaching Learning Centre and Office of Research Services	No proposed changes	N/A
3.2.3 Review staff classification system VP People and Culture	Year 2	3.2.3.1	Examine the staff classification system with the objective of ensuring that all positions are consistently evaluated and properly classified	Update language to: "Examine the current staff classification practices to support fair and consistent role evaluation across the institution." Update timeline to Year 2-5	The Classification System Review for non-academic positions at UPEI aims to ensure that the current system accurately reflects the roles, responsibilities, and market competitiveness of its workforce. This review is part of the university's commitment to maintaining a fair, transparent, and equitable compensation structure, aligning with best practices in higher education. To do this with fidelity, a reasonable time frame extends beyond year two. Background Classification was first implemented at UPEI in approximately 2003 through an Employment Equity review process using the Aiken Plan Classification System. At that time all unionized and non-unionized staff positions were evaluated. Since that time, CUPE 1870 staff positions continue to be evaluated under the Aiken Plan in accordance with Article 24 of the CUPE 1870 collective agreement. Additionally, non-unionized Management and Professional

				<p>Employee Group positions are also evaluated using the Aiken Plan using an established management point scale.</p> <p>Over time, it becomes essential to periodically reassess the existing system to ensure alignment with current organizational goals, legal requirements, industry standards, and institutional growth. It may also require assessment of other available classification systems to determine if the Aiken Plan continues to meet our institutional needs.</p> <p>Pre-System Review Steps (Year 2-3) Before beginning a formal classification system review, several pre-system review steps are necessary. These steps include:</p> <ul style="list-style-type: none"> ▪ consultation and stakeholder engagement ▪ data collection and analysis ▪ review of the current classification framework ▪ assessment of compliance requirements ▪ development of review framework. <p>(Years 4-5)</p> <ul style="list-style-type: none"> ▪ Conduct a Comprehensive System Review: Once the preparatory steps are complete, a full review of the non-academic classification system should be initiated, using the feedback and data collected. ▪ Implement Benchmarking Against Industry Standards: The classification system should be compared against similar institutions to ensure competitive pay scales and job descriptions. ▪ Enhance Communication and Transparency: Regular updates and clear communication throughout the review process will help manage expectations and maintain trust.
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3.2.4	Enhance open dialogue President Senior Executive Team	Year 0-5	3.2.4.1 Continue opportunities for campus members to speak about their experiences, provide input, and share ideas, including with the President and Senior Executive Team	Update language to: Continue to provide opportunities for campus members to speak about their experiences, provide input, and share ideas, including with the President and Senior Executive Team.	Language revised slightly to combine 3.1.3.1, 3.2.4.1, and 3.5.4.2, as the outcomes of these were all similar.
3.2.5	Improve feedback processes VP People and Culture	Year 1-5	3.2.5.1 Promote information about supports for campus members in relation to health and wellbeing	No proposed changes	N/A
			3.2.5.2 As they are implemented, share information on new supports and services in EDI and SVPRO that are accessible to campus members	No proposed changes	N/A

GOAL 3 IMPROVE UPEI'S CAMPUS CULTURE

Action 3 Rebuild trust and safety on campus

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
3.3.1 Improvements to Security Services VP Administration and Finance	Year 0	3.3.1.1 Reinstate the position of Manager of Security Services, and fill position, to provide a dedicated management resource	Completed	N/A
	Year 0-2	3.3.1.2 Hire additional security attendants	Completed	N/A

	Year 1	3.3.1.3	Create and implement an annual staff training plan for Security Services which includes sexual violence and EDI training	Completed	N/A
3.3.2 Review campus safety infrastructure VP Administration and Finance	Year 0-1	3.3.2.1	UPEI Health, Safety, and Environment to provide and promote information to campus members about reporting under occupational health and safety legislation	Completed	
	Year 1-2	3.3.2.2	Promote the methods that university community members can report safety concerns	Completed	
	Year 2-3	3.3.2.3	Review campus safety infrastructure (e.g., lighting, safety poles, and security cameras)	No proposed change	
		3.3.2.4	Review the Campus Accessibility Audit to determine and plan for needs	No proposed change	
		3.3.2.5	Enhance campus safety supports such as UPEI SAFE app	No proposed change	
3.3.3 Provide sexual violence and EDI training for Security Services	Year 2	3.3.3.1	Provide sexual violence and EDI training to Security Services staff on an annual basis	Update language to: Provide sexual violence and EDI training to Security Services staff	Removed "annual" reference in this action. This training is a part of the Security Training Matrix as a mandatory course to be taken within an employee's probationary period. The frequency of the course will be

VP People and Culture VP Administration and Finance				reviewed regularly by the Security, EDI and SVPRO departments, like other courses offered.
		3.3.3.2	SVPRO to provide training on trauma-informed approaches to receiving disclosures to Security Services staff	No proposed change
3.3.4 Create tracking processes for reporting of sexual violence and harassment and discrimination VP People and Culture	Year 1	3.3.4.1	Track reporting information (including anonymous and third party) through the Sexual Violence Policy	Completed
	Year 3	3.3.4.2	Track reporting information (including anonymous and third party) through the Harassment and Discrimination Policy	Update language to: EDI&HR department will track reporting information (including third party) relating to harassment and discrimination disclosures Language revised to remove reference to the new Harassment Discrimination Policy to allow it to move forward in advance of the policy being implemented The word "anonymous" was also removed.

GOAL 3 IMPROVE UPEI'S CAMPUS CULTURE

Action 4 Develop campus training opportunities to promote safe, inclusive work and learning environments

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
3.4.1 Communicate behavioural obligations President Senior Executive Team	Year 1-5	3.4.1.1 Communicate behavioural obligations and limitations through documents, including the Sexual Violence Policy, Harassment and Discrimination Policy.	No proposed changes	N/A

			Student Code of Conduct, Athletic Club Guidelines, and International Student Orientation Handbook		
3.4.2 Develop on-campus awareness President Senior Executive Team	Year 2-4	3.4.2.1	Put in place the resources needed to support and develop training opportunities, related to building inclusive environments; consider topics such as anti-racism, anti-oppression, unconscious bias, microaggressions, cultural differences, sexual violence including gender-based violence, and harassment and discrimination	No proposed changes	N/A
		3.4.2.2	Ensure training has an equity, diversity and inclusion lens	No proposed changes	N/A
		3.4.2.3	Use a trauma-informed approach to the delivery of training on difficult subjects	No proposed changes	N/A
		3.4.2.4	Consult subject-matter experts for specific and targeted themes and messages	No proposed changes	N/A
		3.4.2.5	Ensure there is capacity to respond to increased need for supports and reporting because of awareness program	No proposed changes	N/A

		3.4.2.6	Provide in-person and on-demand training related to building inclusive environments	No proposed changes	N/A	
		3.4.2.7	Provide mechanisms through which campus community members can request training on specific issues	No proposed changes	N/A	
3.4.3	Update available training President	Year 3-5	3.4.3.1	Make EDI Training available that reflects how the environment continues to evolve	No proposed changes	N/A
			3.4.3.2	Commit to ongoing improvements to EDI training opportunities	No proposed changes	N/A

GOAL 3 IMPROVE UPEI'S CAMPUS CULTURE

Action 5 Improve campus information sharing and communications processes

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
3.5.1 Enhance transparency and information sharing Board of Governors President	Year 1-2	3.5.1.1 Assess adequacy of access to information on academic, financial, and governance decision making by Board and Senate and improve transparency and access where needed	No proposed changes	N/A

		3.5.1.2	Ensure Board of Governors and Senate minutes are posted online after approval	No proposed changes	N/A	
	Year 2	3.5.1.3	Review and update in-camera guidelines, to ensure completeness of process	No proposed changes	N/A	
3.5.2	Provide information on Board and Senate meetings Chair, Board of Governors President	Year 0	3.5.2.1	Provide communication proactively to the UPEI community regarding Board of Governors and Senate meeting dates, and times, and include methods to attend	Completed	N/A
3.5.3	Improve information sharing President Senior Executive Team	Year 2-5	3.5.3.1	Encourage all departments to make more information accessible about common processes	No proposed changes	N/A
3.5.4	Performance reviews and campus feedback Board of Governors President Senior Executive Team	Year 1-5	3.5.4.1	Enhance information sharing about campus initiatives	No proposed changes	N/A
			3.5.4.2	Provide information to campus on opportunities to take part in planning and idea sharing	Update language to: Continue to provide opportunities for campus members to speak about their experiences, provide input, and share ideas, including with the President and Senior Executive Team.	Language revised slightly to combine 3.1.3.1, 3.2.4.1, and 3.5.4.2, as the outcomes of these were all similar.
3.5.5	Improve feedback processes	Year 1	3.5.5.1	Review structure and objectives of Marketing and Communications department	Completed	N/A

VP People and Culture		3.5.5.2	Assess adequacy of staffing capacity in Marketing and Communication	Completed	N/A
	Year 2	3.5.5.3	Develop a campus communications strategy with focus on better understanding the communications needs of campus audiences, effective communications processes, and collaboration opportunities	No proposed changes	N/A
	Year 3-5	3.5.5.4	Implement the campus communications strategy	No proposed changes	N/A

GOAL 4 PUT IN PLACE NEW POLICIES AND PROCESSES THAT FOCUS ON PREVENTING AND ADDRESSING DISCRIMINATION, HARM, AND VIOLENCE AT UPEI

Action 1 Develop an Equity, Diversity, Inclusion (EDI) and Human Rights department at UPEI

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
4.1.1 Create a new EDI and Human Rights department President VP People and Culture	Year 0-1	4.1.1.1 Create a new Equity, Diversity, Inclusion (EDI) and Human Rights Department with three major pillars of responsibility: equity, diversity, and inclusion; sexual violence prevention and response; harassment and discrimination complaints	Completed	N/A

		4.1.1.2	Establish the purpose of the EDI and Human Rights department with the organization chart delineating the roles within the office	Completed	N/A		
		4.1.1.3	Director of EDI and Human Rights will attend the Board of Governors Campus Culture Oversight Committee to deliver Equity, Diversity, and Inclusion Strategy progress reports, and annual reporting under the Sexual Violence Policy and Harassment and Discrimination Policy	Completed	N/A		
		4.1.1.4	Department will report directly to VP People and Culture	Completed	N/A		
	Year 2	4.1.1.5	Develop a protocol, as an alternative pathway, for the Director of EDI and Human Rights Department to report issues directly to the President, and/or to the Chair of the Board of Governors, including conflicts of interest and other serious issues	No proposed changes	N/A		
4.1.2	Increase staff capacity in EDI, human rights, and sexual violence prevention	President	Year 0-1	4.1.2.1	Move the EDI and SVPRO offices to a more visible location	Completed	N/A
			4.1.2.2	Hire additional staff to support the new EDI and Human Rights Department	Completed	N/A	
			4.1.2.3	Create a new leadership position, Director of EDI and	Completed	N/A	

VP People and Culture		Human Rights to provide oversight and leadership to the Department		
		4.1.2.4 Create a new administrative assistant position to support the Department	Completed	N/A
		4.1.2.5 Create a new position for sexual violence prevention and response coordination to supplement response capacity and improve prevention and response activities	Completed	N/A
	Year 2	4.1.2.6 Move the SVPRD to an area easily accessible, while providing confidentiality	Remove from plan	The SVPRD office is currently occupying a space that is easily accessible and provides confidentiality. A future move, although possible, is not required for the office to operate effectively.
		4.1.2.7 Work with campus partners to cultivate a focus on prevention and awareness	No proposed changes	N/A
		4.1.2.8 Create additional staff capacity on sexual and gender diversity to lead special projects to make the campus a more welcoming environment for members of the 2SLGBTQIA+ community	Completed	N/A
		4.1.2.9 Create additional staff capacity on anti-racism and cultural diversity to lead special projects to make the campus a more welcoming environment for racialized members of the campus community	Completed	N/A

4.1.3 — Administer Harassment and Discrimination Policy Administer a harassment and discrimination policy within the EDISHR Department VP People and Culture	Year 1-2	4.1.3.1	The EDI and Human Rights Department will be responsible for intake and administration of the new Harassment and Discrimination Policy (once developed)	Update language to: The EDI and Human Rights Department will be responsible for intake and administration of a harassment and discrimination policy Update timeline to Year 3	Reflects a change for the EDISHR Department to take on the intake and administration of the current Fair Treatment policy, in advance of the Harassment and Discrimination Policy being implemented.
		4.1.3.2	Create a new position, Human Rights and Equity Advisor, for the intake and administration of the new Harassment and Discrimination Policy	Update language to: Create a new position, Human Rights and Equity Advisor, for the intake and administration of a harassment and discrimination Policy Update timeline to Year 1-3	Reflects a change for the EDISHR Department to take on the intake and administration of the current Fair Treatment policy, in advance of the Harassment and Discrimination Policy being implemented.
		4.1.3.3	Communicate to the campus community that the EDI and Human Rights Department is the intake location for harassment, discrimination, and sexual violence reports and complaints	Update timeline to Year 3	Reflects a change for the EDISHR Department to take on the intake and administration of the current Fair Treatment policy, in advance of the Harassment and Discrimination Policy being implemented.
		4.1.3.4	Use a variety of external investigators	Update timeline to Year 1-3	Reflects a change for the EDISHR Department to take on the intake and administration of the current Fair Treatment policy, in advance of the Harassment and Discrimination Policy being implemented.
		4.1.3.5	Ensure investigations are procedurally fair	Update timeline to Year 1-3	Reflects a change for the EDISHR Department to take on the intake and administration of the current Fair Treatment policy, in advance of the Harassment and Discrimination Policy being implemented.

		4.1.3.6	Provide informal resolution services in accordance with the new Harassment and Discrimination Policy	Update language to: Provide informal resolution services Update timeline to: Year 1-3	Reflects a change for the EDI&HR Department to take on the intake and administration of the current Fair Treatment policy, in advance of the Harassment and Discrimination Policy being implemented.
4.1.4 Develop and deliver training President Senior Executive Team	Year 0-1	4.1.4.1	Review initiatives at other post-secondary educational institutions	Completed	N/A
		4.1.4.2	Collaborate with areas of campus with their own EDI efforts	Completed	N/A
		4.1.4.3	Invest in partnership with a comprehensive EDI training partners (i.e., Canadian Centre for Diversity and Inclusion)	Completed	N/A
		4.1.4.4	Create a new position responsible for equity, diversity, and inclusion training and education	Completed	N/A
		4.1.4.5	Create a new position responsible for sexual violence prevention and education	Completed	N/A
		4.1.4.6	Make the online Preventing Sexualized Violence course available to all faculty, staff, and students	Completed	N/A
		4.1.4.7	Make the online Preventing Sexualized Violence course mandatory for all incoming students	Completed	N/A
		4.1.4.8	President will consult with unions on an approach for implementation of the mandatory Preventing	Completed	N/A

			Sexualized Violence course for union members		
	Year 2-3	4.1.4.9	Continue to review established best practices and research to inform the training offered	No proposed changes	N/A
		4.1.4.10	Make the online Preventing Sexualized Violence course mandatory for all faculty and staff	Update timeline to Year 2-4	Course will be communicated as mandatory in Year 3, with a commitment to compliance activities in Year 4.
4.1.5	Year 0-1	4.1.5.1	Continue to collect information regarding initiatives, best practices, and research in relation to work of the EDI and Human Rights department	Completed	N/A
		4.1.5.2	Obtain information regarding experiences of other institutions with collection of workforce diversity information to inform future planning	Completed	N/A
	Year 2	4.1.5.3	Take actions to welcome voices from members of underrepresented and marginalized groups to help inform the initiatives of the EDI and Human Rights department	No proposed changes	N/A
	Year 3-5	4.1.5.4	Collect workforce diversity information, guided by best practices, to create baseline information to better inform future decision making in equity, diversity, and inclusion policies and processes	No proposed changes	N/A

4.1.6 Cross-departmental communication to improve supports and services VP People and Culture VP Academic and Research VP Administration and Finance	Year 1-3	4.1.6.1	Work collaboratively with campus partners who provide services to underrepresented or marginalized groups including International Student Office, Accessibility Services, and Student Affairs	No proposed changes	N/A
		4.1.6.2	Work with Human Resources to improve accommodations processes for faculty and staff and make the information easily available	No proposed changes	N/A
		4.1.6.3	Create a permanent EDI in Employment Systems Advisor position to continue to make EDI improvements to employment related processes on an ongoing basis	Completed	N/A
		4.1.6.4	Coordinate processes of student-related investigations among the offices of SVPRO and supports within Students Affairs	No proposed changes	N/A
		4.1.6.5	Formalize cross-departmental coordination in relation to harassment, discrimination, racism, or sexual violence	No proposed changes	N/A
		4.1.6.6	Work collaboratively with Deans/Associate Deans to provide advice and guidance on EDI initiatives led by/within Faculties.	No proposed changes	N/A
4.1.7 Offer informal resolution President	Year 1	4.1.7.1	Build capacity for informal resolution methods applicable to matters under the Sexual	Update language to: Build capacity for informal resolution methods	Language revised to remove reference to the policies to allow it to move forward in advance of the policies being implemented. Update to timeline reflects the plan for the

Senior Executive Team		Violence Policy and a new Harassment and Discrimination Policy	applicable to matters of sexual violence and harassment and discrimination Update timeline to Year 1-3	EDI&HR department to begin administering the Fair Treatment Policy in Year 3.
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GOAL 4 PUT IN PLACE NEW POLICIES AND PROCESSES THAT FOCUS ON PREVENTING AND ADDRESSING DISCRIMINATION, HARM AND VIOLENCE

Action 2 Create a non-disclosure agreement (NDA) policy based on current legislation

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
4.2.1 Create NDA policy Board of Governors President	Year 1	4.2.1.1 Develop a policy that complies with all aspects of the PEI Non-disclosures Agreements Act	Completed	N/A
		4.2.1.2 Commit to not using any 'fact of' language in any necessary NDAs	Completed	N/A
		4.2.1.3 Make the policy easily accessible	Completed	N/A
	Year 2	4.2.1.4 Provide training on Non-disclosure Agreements Act and new policy to Board of Governors, Senior Executive Team, and Deans	No proposed changes	N/A

4.2.2 Report NDA-related terminations and resignations to Board of Governors Board of Governors President VP People and Culture	Year 1	4.2.2.1 Send regular reports to the Board of Governors on terminations and resignations, and if any were associated with an NDA	Completed	N/A
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GOAL 4 PUT IN PLACE NEW POLICIES AND PROCESSES THAT FOCUS ON PREVENTING AND ADDRESSING DISCRIMINATION, HARM AND VIOLENCE

Action 3 Create a Harassment and Discrimination Policy for all members of the UPEI community

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
4.3.1 Draft a Harassment and Discrimination Policy to replace the Fair Treatment Policy	Year 0	4.3.1.1 As an interim immediate measure, create a pathway for employees to make confidential disclosures of incidents of harassment and discrimination against senior executive members of the University through an independent third-party expert	Completed	N/A

Board of Governors President Senior Executive Team		4.3.1.2	Instruct the Fair Treatment Advocate to use a variety of investigators in their investigations	Completed	N/A
	Year 1-2	4.3.1.3	Replace the Fair Treatment Policy with a comprehensive Harassment and Discrimination Policy that covers all campus members and reflects the new structure of the EDI and Human Rights Department	Language revised to "Draft a comprehensive Harassment and Discrimination Policy, using a campus-wide consultation process, that covers all campus members and reflects the new structure of the EDI and Human Rights department"	Replacing the Fair Treatment Policy requires that it be removed from the Faculty Association's Collective Agreement and doing so, is not completely in the University's control. This revised action reflects the University's commitment to do everything in its control to implement a new Harassment and Discrimination Policy, that covers all campus members.
		4.3.1.4	Ensure the new policy incorporates all recommendations of the UPEI Review	No proposed changes	N/A
		4.3.1.5	Ensure the new policy reflects feedback from survivors of harm at the University	No proposed changes	N/A
		4.3.1.6	Ensure the policy is trauma-informed and procedurally fair	No proposed changes	N/A
		4.3.1.7	Ensure the new policy aligns with legislative requirements, such as PEI Occupational Health and Safety Act and Employment Standards Act	No proposed changes	N/A
	Year 3-5	4.3.1.8	Build information about human rights and health and safety obligations applicable to work and clinical placements into the	No proposed changes	N/A

		program manuals for students in applicable programs		
	Year 2-3	4.3.1.9 Request the expressed written consent to include the new Harassment and Discrimination Policy in the Faculty Association's collective agreement.	New proposed action	University cannot take action to implement a new Harassment and Discrimination Policy that will cover all campus members, until the existing Fair Treatment Policy is removed from the Collective Agreement.
4.3.2 Communicate policy to campus President VP People and Culture	Year 2	4.3.2.1 Make the policy easily available to the campus community	Language revised to "Make the policy, that is in effect, easily available to the campus community" Timeline updated to Year 3	University will commit to this, whether the Fair Treatment Policy or the new Harassment and Discrimination Policy is in effect. With plans to take on the administration of the Fair Treatment Policy in the interim of a new policy, there is value in this.
	Year 2	4.3.2.2 Create materials to communicate the active policy to UPEI community in easy-to-understand language	Language revised to "Create materials to communicate the policy, that is in effect, to the UPEI community in easy-to-understand language" Timeline updated to Year 3	University will commit to this, whether the Fair Treatment Policy or the new Harassment and Discrimination Policy is in effect. With plans to take on the administration of the Fair Treatment Policy in the interim of a new policy, there is value in this.
		4.3.2.3 Develop and deliver training on the new policy	Language revised to "Develop and deliver training on the policy in effect" Timeline updated to Year 3	University will commit to this, whether the Fair Treatment Policy or the new Harassment and Discrimination Policy is in effect. With plans to take on the administration of the Fair Treatment Policy in the interim of a new policy, there is value in this.
4.3.3 Applications for harassment and	Year 3	4.3.3.1 Collect information regarding harassment and discrimination complaint management	No proposed changes	N/A

discrimination reporting President VP People and Culture		applications/software to assess suitability for UPEI		
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GOAL 4 PUT IN PLACE NEW POLICIES AND PROCESSES THAT FOCUS ON PREVENTING AND ADDRESSING DISCRIMINATION, HARM AND VIOLENCE

Action 4 Finalize and implement UPEI’s revised Sexual Violence Policy

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
4.4.1 Finalize revisions to the Sexual Violence Policy Board of Governors President	Year 1	4.4.1.1 Finalize revisions to the UPEI Sexual Violence Policy	No proposed changes	N/A
		4.4.1.2 Ensure the new policy is comprehensive and implements all the recommendations of the UPEI Review	No proposed changes	N/A
		4.4.1.3 Ensure the revised policy is trauma-informed, procedurally fair, and conforms to legislative requirements	No proposed changes	N/A
		4.4.1.4 Ensure that the experiences of victims of sexual harassment/assault, including within the context of student residences, are in the revisions to the Policy	No proposed changes	N/A

4.4.2 Implement the new Sexual Violence Policy Board of Governors President	Year 0	4.4.2.1	Ensure there is ongoing communication between SVPRO and residence life administration	Completed	N/A
	Year 1-2	4.4.2.2	Communicate the new policy in a timely manner	Revised timeline to: Following Board approval	These activities require a Board of Governors to have approved policy before they can be started.
		4.4.2.3	Ensure training is provided to the Board, Senate, and Senior Executive Team on the new policy	Revised timeline to: Following Board approval	These activities require a Board of Governors to have approved policy before they can be started.
		4.4.2.4	Make the piloted Sexual Violence Response Team permanent and finalize terms of reference	Revised timeline to: Following Board approval	These activities require a Board of Governors to have approved policy before they can be started.
		4.4.2.5	Strengthen and clarify pathway for respondent support	Revised timeline to: Following Board approval	These activities require a Board of Governors to have approved policy before they can be started.
		4.4.2.6	Whenever possible, provide advance notice of delivery of investigation results to the parties	Revised timeline to: Following Board approval	These activities require a Board of Governors to have approved policy before they can be started.
		4.4.2.7	Provide investigation results to the respondent's internal support provider	Revised timeline to: Following Board approval	These activities require a Board of Governors to have approved policy before they can be started.
4.4.3 Communicate the policy to campus President VP People and Culture	Year 1	4.4.3.1	Make the policy easily available to the campus community	Revised timeline to: Following Board approval	These activities require a Board of Governors to have approved policy before they can be started.
	Year 2-3	4.4.3.2	Create materials to communicate the policy to UPEI community in easy-to-understand language	Revised timeline to: Following Board approval	These activities require a Board of Governors to have approved policy before they can be started.
		4.4.3.3	Develop and deliver training on the new policy	Revised timeline to: Following Board approval	These activities require a Board of Governors to have approved policy before they can be started.

4.4.4 Implement mandatory sexual violence training for all campus members President Senior Executive Team	Year 0-1	4.4.4.1	Make the online Preventing Sexualized Violence course available to all faculty, staff and students	Completed	N/A
		4.4.4.2	Make the online Preventing Sexualized Violence course mandatory for all incoming students	Completed	N/A
		4.4.4.3	President will consult with unions on an approach for implementation of the mandatory Preventing Sexualized Violence course for union members	Completed	N/A
	Year 2-3	4.4.4.4	Make the online Preventing Sexualized Violence course mandatory for all faculty and staff	Update timeline to Year 2-4	Course will be communicated as mandatory in Year 3, with a commitment to compliance activities in Year 4.
4.4.5 Collect statistical information VP People and Culture	Year 0-1	4.4.5.1	Collect statistical information on sexual violence disclosures from a victim-centered lens	Completed	N/A
		4.4.5.2	Implement process to allow monitoring of trends	Completed	N/A
	Year 3	4.4.5.3	Collect information regarding sexual violence complaint management applications/software to assess suitability for UPEI	No proposed changes	N/A

GOAL 4 PUT IN PLACE NEW POLICIES AND PROCESSES THAT FOCUS ON PREVENTING AND ADDRESSING DISCRIMINATION, HARM AND VIOLENCE

Action 5 Establish clear feedback, disclosure, and reporting mechanisms for campus members

ADDRESSING ISSUES AND RESPONSIBILITY	TIMELINE	SUPPORTING ACTIONS	STATUS/CHANGE RECOMMENDATION	RATIONALE FOR CHANGE
4.5.1 Establish anonymous and confidential feedback channels regarding violence, sexual violence, harassment, and discrimination President Senior Executive Team	Year 2-3	4.5.1.1 Include an explanation of how anonymous and third-party reports will be handled under the new Sexual Violence Policy, Harassment and Discrimination Policy, and updated Violence Prevention Policy	Update language to: Provide an explanation of how third-party disclosures will be handled	Language revised to remove reference to the new Harassment Discrimination Policy to allow it to move forward in advance of the policy being implemented Removed reference to “anonymous” disclosures
		4.5.1.2 Collect information on electronic reporting and tracking tools	No proposed changes	N/A
4.5.2 Respond respectfully to those who report issues regarding violence, sexual violence,	Year 0-5	4.5.2.1 Review processes regarding violence, sexual violence, harassment, and discrimination to ensure they are designed reflecting principles of safety and respect	No proposed changes	N/A
		4.5.2.2 Create pathways for sexual violence or harassment and	No proposed changes	N/A

harassment, and discrimination President Senior Executive Team		discrimination disclosures and complaints that are clear		
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Preface

The Corporate Oversight and Governance Board (COGB) of the Chartered Professional Accountants of Canada (CPA Canada) has commissioned this *20 Questions Directors Should Ask about Cybersecurity*, to help boards understand their role in overseeing this critical and evolving risk.

The COGB would like to thank the author, Richard Wilson, the significant security and privacy expertise contributed by David Craig, Alexandre Pacheco, Vivek Jassal, and the CPA Canada staff who provided support and direction for the project.

Thomas Peddie, FCPA, FCA

Chair, Corporate Oversight and Governance Board

Author

Richard Wilson, CISSP

Project Direction, CPA Canada

Stefan Mihailovich, GPLLM, CPA, CA

Gigi Dawe, LL.M.

Gord Beal, CPA, CA, M.Ed.

Corporate Oversight and Governance Board

Thomas Peddie, FCPA, FCA

Chair

Hugh Bolton, FCPA, FCA

John E. Caldwell, CPA, CA

Andrew Foley, J.D.

Carol Hansell, LL.B., MBA, F.ICD

Bill McFarland, FCPA, FCA

Kathleen O'Neill, FCPA, FCA, ICD.D

Hari Panday, FCPA, FCGA, ICD.D

Bob Strachan, FCPA, FCMA, C.Dir

John E. Walker, CPA, CA, LL.B.

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PART A

Cybersecurity Strategy, Governance, and Risk

1. What should directors look for in a comprehensive cybersecurity strategy?

To begin a cybersecurity governance dialogue with management, directors are encouraged to apply the same common sense framework as they apply to other organizational strategies. The following are elements that directors can probe for:

Management's cybersecurity strategy:

- a. considers the key cybersecurity risks that could directly prevent the organization from achieving its strategic objectives. For example, a financial institution's cybersecurity strategy would carefully consider the risks to their strategic plan.

Financial Service Organization's Objective	Cybersecurity Risk	Cybersecurity Strategy
Grow retail customer base	theft of customer banking data	strong controls over customer data
Provide accurate financial reporting	compromise of transaction capabilities	redundant transaction systems
Maintain the bank's positive brand image and reputation	release of confidential internal management communications	strong controls over access to management and board communications

- b. prioritizes capital and operational security funding of resources, processes, and technologies as the highest security risks to the organization;
- c. aligns efforts of a cybersecurity program between:

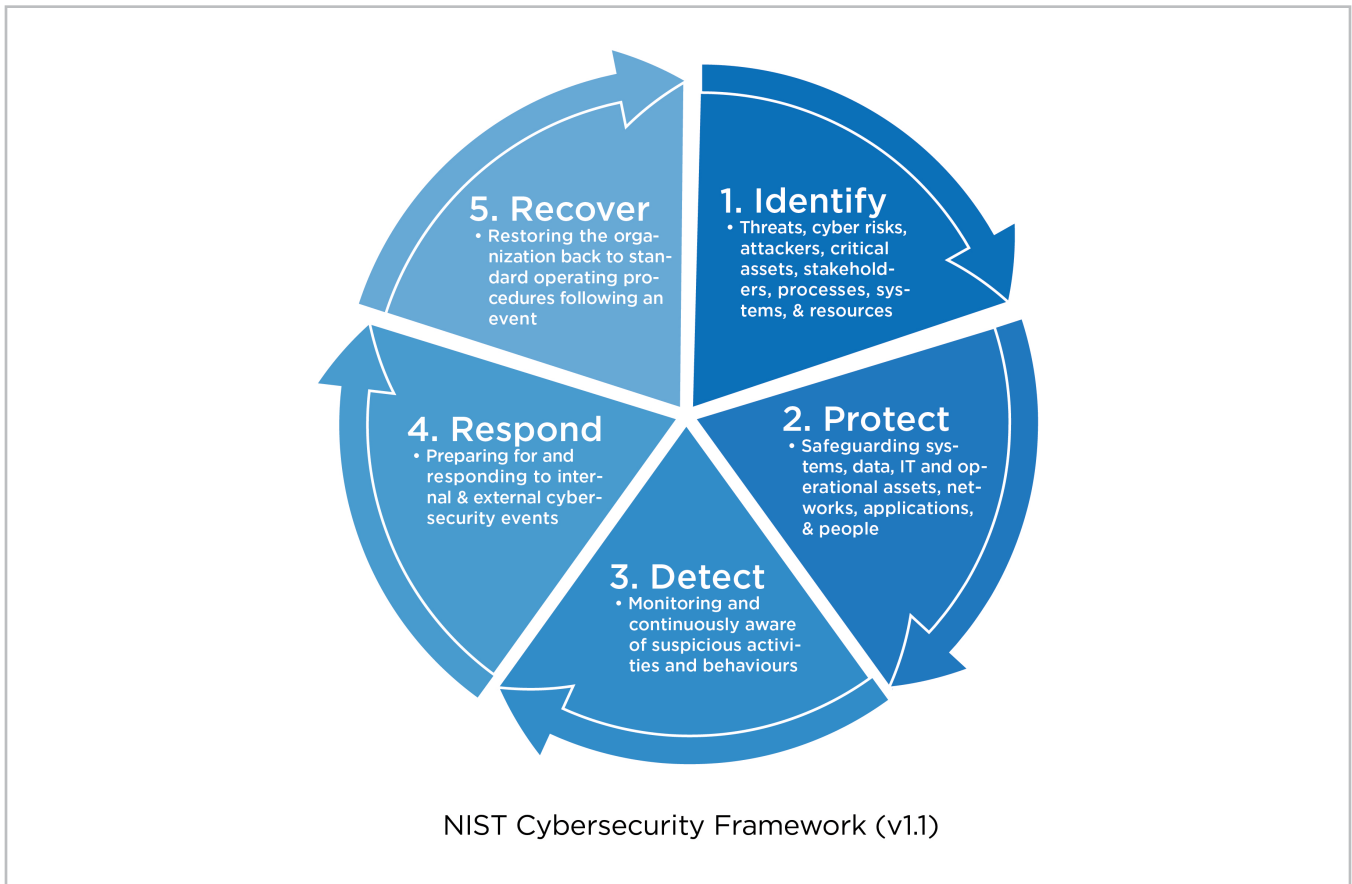
- different organizational divisions and also geographically dispersed teams
- internal, co-sourced and outsourced security teams
- information technology (IT), and operational technology (OT) teams
- cybersecurity programs and privacy programs.

National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF) Layers:

A sound cybersecurity strategy combines multiple layers of security on the reasonable assumption that, if one layer fails, there are subsequent processes, systems, and tools to thwart a breach attempt. Drawing from one of the most recognized cybersecurity frameworks, the National Institute of Standards and Technology, (NIST), there are five layers of protection that directors should look for in an effective cybersecurity strategy (see Figure below).

NIST is intuitive as a sequence of steps.

5 LAYERS OF NIST CYBERSECURITY FRAMEWORK (CSF)



NIST CSF Function (Layers)	Definition of NIST CSF Function	NIST CSF Categories (by Function)
Identify	<p>To operate an effective cybersecurity program, management must first <i>Identify</i> several important components in order to focus time and resources efficiently and effectively. These include:</p> <ul style="list-style-type: none"> • internal and external cybersecurity threats and risks • internal and external attackers (i.e., threat actors) • most important assets to secure against a cyber attack (e.g., customer and employee data, critical IT systems, critical operational systems) • stakeholders responsible for establishing an effective cybersecurity program • processes, systems, and resources that should be in place to establish and run the cybersecurity program. 	<ul style="list-style-type: none"> • asset management • business environment • governance • risk assessment • risk management strategy • supply chain risk management
Protect	<p>Following the <i>Identify</i> stage, management should take action to adequately <i>Protect</i> the organization.</p> <p>Discussions around cybersecurity protection can become quite technical. Directors who are not able to engage management at a technical level can inquire about the following capabilities:</p> <ul style="list-style-type: none"> • Does management have security in place to control access to physical and digital (i.e., logical) assets and associated facilities? Is access limited to authorized users, processes, and devices, and is the level of access consistent with the level of risk associated with each asset? • Are the organization's personnel and partners provided with cybersecurity awareness education and training (see Question 4)? • Is the security of information and records (data) proportionate to the level of risk of loss or compromise of those data records? • Does management have appropriate security policies, processes and procedures that are followed consistently? <p>For additional details about protection, please see Part D: Effective Security Protection, and also Question 14 regarding defence-in-depth.</p>	<ul style="list-style-type: none"> • identity management, authentication and access control • awareness and training • data security • information protection processes and procedures • maintenance • protective technology

NIST CSF Function (Layers)	Definition of NIST CSF Function	NIST CSF Categories (by Function)
<p>Detect</p>	<p><i>Detect</i> is NIST’s third layer of a cybersecurity strategy. This layer can be compared to a home security strategy. If the <i>Protect</i> layer includes fences, window bars, and door locks, then the <i>Detect</i> layer would be security cameras, motion sensors, and the security monitoring centre.</p> <p>Directors should be familiar with the term, “anomalous activity,” which describes activities by systems or people that fall outside expected behaviours. Anomalies are security triggers that management should watch for.</p> <p>Management should set up detection capabilities that monitor the organization for potential security events, which will trigger responses (see Part E - Detecting Cybersecurity Events for additional details).</p>	<ul style="list-style-type: none"> • anomalies and events • continuous security monitoring • detection processes
<p>Respond</p>	<p>Despite best efforts, security breaches are inevitable. When these events occur management needs to have an effective ability to <i>Respond</i>.</p> <p>NIST prescribes that management’s response activities be co-ordinated with internal and external stakeholders (e.g., external support from law enforcement agencies). Analysis of security events should be conducted to inform management about their nature and intent.</p> <p>Effective response activities can prevent or limit the expansion of an event and its impact on the organization. Continuous learning will improve organizational response activities in the future (see Part F: Response and Recovery from a Breach).</p>	<ul style="list-style-type: none"> • response planning • communications • analysis • mitigation • improvements
<p>Recover</p>	<p>Formalized cybersecurity <i>Recovery</i> capabilities are often among the last that management teams master. Directors are encouraged to ask management for evidence that recovery capabilities are in place to:</p> <ul style="list-style-type: none"> • restore systems or assets affected by cybersecurity incidents; these could include data back-ups, application, networks, and IT and operational systems • co-ordinate restoration activities with internal and external stakeholders (e.g., co-ordinating centres, Internet service providers, data centres, cloud system providers, owners of attacking systems, victims, other computer security incident response teams (CSIRTs — see Glossary of Terms), and vendors to name a few (see Part F: Response and Recovery from a Breach) 	<ul style="list-style-type: none"> • recovery planning • communications

2. How should the board best organize itself to govern cybersecurity effectively?

In order to provide effective cybersecurity governance, a board must decide how best to organize itself around the task. There are several models with pros and cons for each (see table below).

In all cases, the board has a responsibility to include cybersecurity as an essential skill within the board's skills matrix, and to populate the board accordingly. It is advisable to have a range of cyber skills spread across multiple directors rather than rely on only one person to interpret cybersecurity reports.

Cyber governance leadership	Pros	Cons	Conclusion
Cyber led by audit committee	<ul style="list-style-type: none"> analytical mindset trust-but-verify approach related IT audit experience 	<ul style="list-style-type: none"> can lean toward a compliance approach may have fewer relevant technical skills 	possible
Cyber led by risk committee	<ul style="list-style-type: none"> risk-based perspective related IT risk governance experience 	<ul style="list-style-type: none"> cyber only one of many risks being examined 	favourable
Cyber led by a cybersecurity committee	<ul style="list-style-type: none"> specialized team skills result in a high-quality governance 	<ul style="list-style-type: none"> sub-committee for each governance topic unrealistic 	favourable
Cyber led by full board	<ul style="list-style-type: none"> aware of key cyber risks and initiatives broad base of questions and perspectives 	<ul style="list-style-type: none"> too many people for governance possible lack of minimum skills to govern responsibly 	possible

While no single governance model applies to all boards, a combination of the above scenarios may be a good solution for many boards.

Recommendation: Assign responsibility for cybersecurity to a risk committee. Dashboard reports with recurring metrics (see [Part G](#)), could be delivered quarterly, with semi-annual presentations to the full board.

3. How does management identify, assess, prioritize and report on cybersecurity risk?

How can a board effectively engage with management on the topic of cybersecurity risk? To do so, management needs to execute a well-designed cyber risk management process. Without being overly prescriptive, directors are encouraged to look for the following elements within an effective cybersecurity risk management program.

- A sound cybersecurity risk program begins with a summary of the organization's strategic priorities (corporate objectives, processes and assets).
- The program should identify the key potential cyber threats, vulnerabilities and risk events that would negatively impact the organization's priorities.
- As with enterprise risk management (ERM) programs, cybersecurity risk events are identified and then assessed using impact and likelihood criteria.
- Management should establish risk targets (using the same impact and likelihood scales) to confirm the acceptable risk level for each potential risk event.
- Management should provide a cybersecurity risk response plan that identifies the controls and other actions needed to reduce each risk to its target level.
- An accountable risk owner should be assigned to each cybersecurity risk event. They may or may not be responsible for implementing controls, but they will retain ultimate accountability for having effective controls in place and operating as expected.
- Management should establish and populate a cybersecurity risk register to hold all pertinent information for their program, such as risk events, assessment scores, risk target scores, related controls for risk events, and comments.

A well articulated cybersecurity risk assessment will enable management to create a cybersecurity operating model prioritized by key risks. This will translate into a prioritized execution plan with a roadmap, resourcing plan and budget to achieve the goals within the cybersecurity operating model.

4. What cybersecurity training and awareness program is in place?

Many cybersecurity breaches originate from employees clicking malicious links within phishing emails. While some phishing attacks are very difficult to detect, an educated workforce that looks for suspicious emails will dramatically reduce this risk. Since elimination of this risk is not likely, continuous education in cybersecurity attack techniques is an essential control for any organization that communicates via email.

The key stakeholders who should receive cybersecurity training are:

- board
- management and staff
- third parties with access to the organization's systems (e.g., contractors, consultants, vendors, partners)

Note: Educate customers to avoid cybersecurity scams that can fool them into revealing confidential data that will expose the organization to fraudulent losses.

Channels that management can employ for cybersecurity training include:

- webinars
- in-person presentations
- eLearning tests
- workstation and worksite posters and signage
- screensavers and on-screen reminders
- simulated attack testing (e.g., simulated email or phone phishing campaigns, USB baiting).

The frequency of training and testing should be proportionate to the risk of attack. Financial service or retail companies will train with greater frequency than an organization with a less networked workforce.

Note: A key cybersecurity metric recommended for board reports is the percentage of employees, (and board members) who succumbed to a simulated cyber attack during a training exercise. The target is 0%!

5. How is management establishing an effective cybersecurity culture?

According to The European Union Agency for Network and Information Security (ENISA), “The concept of Cybersecurity Culture (CSC) refers to the knowledge, beliefs, perceptions, attitudes, assumptions, norms and values of people regarding cybersecurity and how they manifest themselves in people’s behaviour with information technologies.”¹ Unfortunately, establishing an effective cybersecurity culture can be more difficult than implementing the most complex security software platform. Management teams will encounter many challenges as they try to reach this goal:

- Mistaking cybersecurity for an “IT issue” obscures the role each employee must play in security.
- Translating complex security topics into digestible messages is a skill often still being developed within organizations.
- Convenience at the expense of security can sometimes stall cultural adoption.

Directors play an important role in driving cybersecurity culture. They should direct management to:

- articulate what a target cybersecurity culture should look like so the final vision engages all levels and departments (see [Question 4](#) on Training)
- demonstrate how the directors are driving security culture top-down

¹ *Cyber Security Culture in Organisations*, November 2017 (www.enisa.europa.eu/publications/cyber-security-culture-in-organisations/at_download/fullReport)

- present a cybersecurity training curriculum that will help build an effective culture across both IT and OT teams
- demonstrate how management rewards good cybersecurity behaviours such as reporting potentially malicious emails before clicking them.

ARE WE SECURE YET?

Directors may be inclined to ask management about the status of security programs. While this is a legitimate inquiry, directors are encouraged to avoid the question, “Are we secure?”. This implies that security is a project with a point of completion. In fact, cybersecurity is an ongoing process that requires constant review and improvement. External changes such as new threat actors and evolving attack techniques, as well as internal changes to IT and OT environments, will present new vulnerabilities to address.

Additionally, even the most diligent organizations will always have some areas of exposure. It is simply not possible to create an absolute level of security.

For these reasons, directors are encouraged to replace this question with, “How close are we to reducing our cybersecurity risk to targeted levels?”. This will lead to a more productive, risk-based security discussion.

6. What are the organization’s cybersecurity compliance obligations and their implications across all relevant jurisdictions?

Cybersecurity compliance requirements differ across sectors and geographies and over time. Given this, it is therefore impractical to address all compliance standards within this publication. Rather, below is a set of important questions directors should pose to management regarding their organization’s cybersecurity compliance obligations:

- Does management have a comprehensive understanding of the full set of cybersecurity compliance obligations with which the organization must comply?
- Are the compliance standards more directive or principles-based (i.e., requiring interpretation) or are they prescriptive?
- What are the fines and penalties for non-compliance?
- What effort and cost are required to become compliant versus maintaining compliance?
- Once compliant, will we have reduced our risk to acceptable levels, or are additional effort and cost required? If so, what, where and how much?
- Has management designated an internal function accountable for maintaining cybersecurity compliance?

- What are the key standards with which the organization must comply, what are the key dates, and how is management tracking towards successful compliance by the deadline?
- How is management going to engage the regulatory body if compliance is unsuccessful?

To provide insight into the manner of compliance required by current standards, a sample is provided below:

Samples of cybersecurity compliance requirements

- identifying critical cybersecurity assets that could be compromised (risk ranked)
- establishing a minimum standard of security management controls
- training personnel (incl. employees, contractors, and vendors) who have certain levels of access to critical systems
- maintaining general cyber awareness for all employees
- setting both electronic and physical perimeters and deterrents for critical cybersecurity assets
- limiting access to systems and data to only those individuals whose role requires such access
- establishing and rehearsing incident response (IR) and recovery capabilities
- requiring mandatory notifications for stakeholders affected by a breach
- setting and maintaining minimum data encryption requirements
- maintaining confidentiality, integrity, and availability (CIA) of data and systems
- establishing minimum and maximum retention periods before safe disposal of data
- requiring mandatory audit histories
- etc.

Third-party assessments of the organization's cybersecurity compliance requirements via external and internal auditors and other assurance service providers will give the board additional comfort that obligations are being met within each jurisdiction (see also Question 7).

7. How does management establish independent assurance about the design and effectiveness of their cybersecurity program and controls?

Assessments of Established Cybersecurity Frameworks

As with other areas of assurance, management is advised to request independent assessments using established cybersecurity standards. The obvious benefits of these reviews are comfort with current security maturity levels and controls and receipt of recommendations to enhance security risk management and performance.

A non-exhaustive list of general reference standards includes:

- **National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF)** (see Question 1 for an overview): suitable for organizations of all sizes and sectors
- **AICPA's Description Criteria for Management's** Description of the Entity's Cybersecurity Risk Management Program along with the TSP section 100, 2017 Trust Services Criteria for Security, Availability, Processing Integrity, Confidentiality, and Privacy²
- **ISO/IEC 27001 and 27002:** suitable for organizations of all sizes and sectors
- **Control Objectives for Information and related Technology (COBIT):** developed by ISACA, a global organization that focuses on IT governance; suitable for medium to large organizations across most sectors
- **The Centre for Internet Security (CIS) Critical Security Controls:** a recommended set of actions for cyber defense that provides specific ways for management to mitigate the most pervasive and dangerous attacks
- **Information Security Forum (ISF) Standard of Good Practice:** originating from Europe, ISF has established a central benchmarking service as part of its standard (requires membership fee); suitable for organizations of all sizes and sectors
- **ANSI/ISA 62443 (formerly ISA-99):** a series of standards and reports focused on establishing electronically secure industrial automation and control systems (IACS).
- **IASME Governance:** a UK-based standard for information assurance at small-to-medium size organizations; achieves an accreditation similar to ISO 27001 with reduced complexity

Note: Standards specific to unique sectors are too many to list here.

² See: www.aicpa.org/cybersecurityriskmanagement or CPA Canada's guide: [Reporting on an Entity's Cybersecurity Risk Management Program and Controls](#)

Audits

Internal audit is well suited to routinely audit cybersecurity against policy, procedure or compliance obligations. An external audit review of information technology general controls (ITGCs), which can apply to more than just financial systems, components, processes, and data for an organization's IT environment, is another source of independent assessments. But in order to challenge the organization beyond routine audits, the following areas should also be seeded into multi-year audit cycles:

- business compliance with internal cybersecurity policies and procedures
- security incident response processes
- physical security of cyber assets
- compliance with mandatory cybersecurity user education programs
- unauthorized or misconfigured access to devices containing or processing sensitive information
- timely patching of applications, operating systems and other device firmware.

Third-Party Penetration Testing

Penetration testing (pen-testing) is a simulated hacking attempt authorized by the organization against applications, computer systems, digital devices, and/or networks. The goal is to evaluate the security of the target environment, detect vulnerabilities within these environments, and assess the response and recovery capabilities of management's security systems and teams.

A few important insights for directors presented with pen-testing results are:

- A pen-test represents security at a moment in time. If security systems, or attack techniques change, the validity of the pen-test results may diminish.
- Pen-testing an organization is like leak-testing a boat. If the vessel is put in the water before the hull is sound, water will rush in. Similarly, pen-testing a system or environment when its security is known to be immature is not a good use of security funds since a breach will almost certainly be detected.
- When viewing pen-testing results, find out whether breaches were achieved purely through technical compromise or by tricking a person into clicking a malicious email link. The former illustrates technical control issues, whereas the latter is a training and culture issue.

8. How does management determine whether they are allocating the appropriate budget and resources to manage cyber risk effectively?

While cybersecurity can often appear to be a complex technical topic, directors can take comfort that the planning and execution of a cybersecurity program is quite similar to strategic planning conducted for other areas of the organization. Directors should inquire whether management is following these steps in their development of a cyber plan and budget:

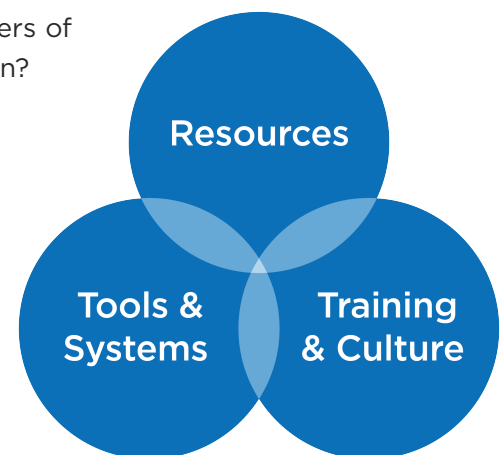


Insights and context for directors on this process are as follows:

1. The principal reason for cybersecurity programs is to protect the organization and increase the likelihood it will achieve its objectives.
2. Cyber risk to the organization is a combination of threats executed against vulnerabilities in the presence or absence of effective controls and culture. If management is assessing more than 25 types of cyber risk events, then a review of the cyber risk assessment process is in order.
3. The cyber risk assessment process should be aligned with the organization's enterprise risk management (ERM) assessment methodology (e.g., impact and likelihood).
4. Cybersecurity programs should be designed based on previously assessed risks. This drives a top-down, risk-informed cyber program. The absence of risk assessments usually leads to bottom-up designs that can lack prioritization of efforts and spending.
5. Similar to 4, cybersecurity roadmaps should cascade based on risk. The highest risks will be addressed sooner than lower risks. While this sounds highly intuitive, risk-based plans are still new approaches to many cybersecurity teams.
6. Cross-functional cyber governance teams will effectively represent the broad range of disciplines within an organization.
7. Boards should insist on a repeatable set of metrics to be reported (see [Question 20](#)).

When reviewing cybersecurity budgets, directors should be mindful to look for the right combination of factors.

1. Is management hiring or contracting adequate numbers of skilled resources to execute against the proposed plan?
2. Is management enabling the cybersecurity team with the technologies, tools and systems needed to be effective?
3. Has cybersecurity leadership been granted the appropriate authority to execute its role effectively?
4. Has management provided adequate training to reasonably prevent employees and contractors from inadvertently exposing the organization to inbound attacks?



Collaboration with others is now necessary for effective cybersecurity programs. Some industry groups share information about cybersecurity events, trends, insights, etc. Part of sharing is asking others about the size of their budgets for operating expenses and capital programs. Have management share their insights gained through these forums. If they are not participating in them, find out why.

Finally, cyber research agencies such as Forrester have published reports and studies to guide management and the board on industry norms. If a company is just starting on its cybersecurity journey, spending may have to be higher.

BREAKDOWN OF COMPANIES' IT BUDGET/DEPARTMENT'S BUDGET THAT WILL BE SPENT ON SECURITY IN 2018
(BY INDUSTRY)

% of budget spent on security	Manufacturing	Retail and wholesale	Business services and construction	Utility and telecom	Financial services and insurance	Public sector and healthcare
0% to 10%	25%	9%	16%	18%	31%	31%
11% to 20%	33%	40%	26%	38%	31%	29%
21% to 30%	18%	19%	23%	32%	20%	21%
Other	23%	33%	35%	12%	18%	19%






Base: 34 to 103 global security technology decision makers at a director or VP level or who to report to the CIO (base sizes vary by industry)

Source, Forrester Analytics Global Business Technologies Security Survey, 2018.

PART B

Attackers, Motives, and Techniques

9. Who (and what type of attacker) is most likely to successfully compromise the organization and why?

	Adversary	Motives	Targets	Impact	Threat Vectors
External Threat Landscape	 Nation State	<ul style="list-style-type: none"> Economic, political, and/or military advantage Economic, political, and/or military advantage National security Fraud 	<ul style="list-style-type: none"> Trade secrets Sensitive business information Emerging technologies Critical infrastructure 	<ul style="list-style-type: none"> Loss of competitive advantage Disruption to critical infrastructure Loss of intellectual property Monetary loss 	<ul style="list-style-type: none"> Targeted, long term cyber campaigns with strategic focus Insider weakness/lack of knowledge Third party service providers
	 Cyber Criminals	<ul style="list-style-type: none"> Immediate financial gain Collect information for the future financial gains Fraud Identity Theft 	<ul style="list-style-type: none"> Financial/Payment Systems Personally identifiable information Payment card information Protected health information Intellectual property 	<ul style="list-style-type: none"> Regulatory inquiries and penalties Consumer/shareholder lawsuits Reputational and financial damage Data breach Loss of intellectual property 	<ul style="list-style-type: none"> Targeted cyber campaigns Insider weakness/lack of knowledge Third party service providers
	 Cyber Terrorists	<ul style="list-style-type: none"> Political and/or ideological change Create fear, uncertainty, and doubt Malicious havoc 	<ul style="list-style-type: none"> Critical infrastructure Operational technologies Highly visible 	<ul style="list-style-type: none"> Destabilize, disrupt, and destroy physical and logical assets 	<ul style="list-style-type: none"> Opportunistic vulnerabilities Insider weakness/lack of knowledge Third party service providers
	 Hacktivists	<ul style="list-style-type: none"> Influence political and/or social change Pressure business to change their practices 	<ul style="list-style-type: none"> Corporate secrets Sensitive business information Information related to key executives, employees, customers, & business partners 	<ul style="list-style-type: none"> Distribution of business activities Brand and reputation damage Loss of consumer 	<ul style="list-style-type: none"> Targeted organizations that stand in the way of their cause Insider weakness/lack of knowledge Third party service providers
Internal Threat Landscape	 Insiders	<ul style="list-style-type: none"> Personal advantages, monetary gain Professional revenge Patriotisms 	<ul style="list-style-type: none"> Sales, deals, market strategies Corporate secrets, intellectual property, research, & development Business operations Personnel information 	<ul style="list-style-type: none"> Trade secret disclosure Operational disruption Brand and reputation damage 	<ul style="list-style-type: none"> Pre-authorized access Insider knowledge

With regard to threat actors, boards should understand:

- which threat actors the organization faces
- what the organization does or has that may interest threat actors
- any steps management has taken to mitigate the risk of a repetition of any threats already perpetrated against the company or its industry
- whether the management is staying abreast of current cyber threats by reading cyber threat intelligence reports that can be actioned
- that management is providing meaningful cyber threat and awareness briefings on a regular basis.

10. How is the organization likely to be breached?

Before understanding how the organization may be breached, management must first understand the environment. Understanding what is most important to achieving the organization's aims and strategic objectives will enable informed cybersecurity decisions to be made. A risk assessment will discover the strength and vulnerability of cybersecurity controls. This assessment will tell the board how the organization might be breached, the likelihood of such a breach and its potential impact.

Most importantly, by understanding how the organization might be breached, the board can decide where to invest financial and other resources to mitigate current and emerging threats.

There are many ways an organization can be breached; the next section provides insight into how to manage these risks. Threats can come from a third party, supplier, be internal or (depending on the organization's industry) a cyber criminal organization or nation state.

Boards should verify management has done the following to reduce the impact of a breach:

- completed a risk assessment to provide information as to what cybersecurity controls are in place and any potential gaps in defences
- checked that the tools and processes are in place to enhance the visibility of the organization's environment and that management understands the organization's threat landscape
- conducted a threat-modelling exercise based on the results of the risk assessment and analysis of the threat landscape to simulate how the organization may be breached.

Note: A risk assessment is a snapshot at just one moment in time. It should be constantly updated along with other risk-mitigation plans.

PART C

Identify What Is Most Important to the Organization and How it Is Vulnerable

11. **How has management defined and located the most valuable digital and physical assets (aka “Crown Jewels”) that could be compromised by a cybersecurity attack?**

The NIST Cybersecurity Framework (CSF) was developed knowing that not all information and system assets can be protected all the time from every conceivable threat. Organizations will never have the resources, financial or human, to protect 100% of their valuable assets. As a result, management will have to determine some classification for assets and then take action to protect them using appropriate controls. The most sensitive assets are often referred to as “Crown Jewels,” giving them a special status within an enterprise.

The most common crown jewels include:

- personal data for current and former customers, employees, contractors and investors
- pre-released financial information, merger and acquisition insights, contracts, business agreements, litigation documents, etc.
- intellectual property including designs, network diagrams, recipes, patent applications, etc.
- information and operational technology such as supervisory control and data acquisition (SCADA) systems, customer relationship management applications
- any system/application whose disruption, would have a significant impact on operations
- any system/application whose abuse or compromise could have significant fraud implications.

For example, the personal information of an organization's customers and employees is a very sensitive asset. Loss or theft requires public notification of the individuals affected and, quite often, of a federal or provincial privacy commissioner. An enterprise may also classify its financial data as very sensitive before public release. The price list of goods or services may or may not be sensitive depending on the nature of the business. The more sensitive the data, the tighter and more restrictive the controls needed.

Less certain is whether management considers email a sensitive corporate asset. They should consider, however, that most inadvertent disclosures of sensitive information happen through email. Even more difficult is identifying some of the systems that control the operation and use of information assets. A crown jewel can be both an information asset and a system or application. Some crown jewels are also paper assets such as signed customer contracts.

Directors should ask management:

- Have you established the data classification schema?
- Have you specified the protective controls required at each level?
- What is the current state of the most sensitive data being protected to the level required by policy? For example, if only 10% of the critical data is protected according to policy, it shows that there is much more work to do to protect those crown jewels.
- What is the status of an accurate and current inventory of that data, including where and when it is stored at third-party locations, including the cloud? The accuracy of that inventory is one of the critical success factors for reducing the risk of that data being compromised. Management cannot protect information or any digital asset if they do not know that it is present within its boundary, including when that boundary may be virtual.

Directors should ask management to share the processes for refreshing data classification, the protective controls to be applied based on classification, and how they maintain an accurate inventory of those information assets. Even if the budget is limited, the status of the crown-jewel inventory should be clear.

In general the head of IT is expected to be in charge of developing and maintaining the asset inventory. However, few organizations have centralized control in just that one person or group. Human Resources, for example, likely receives all résumés from job applicants. What do they do with those résumés not needed for current openings? Is the head of Human Resources as engaged in cybersecurity protection as the head of IT? Cybersecurity risk reduction is a team effort.

12. Where are the company's vulnerabilities located in the corporate IT and operational technology environments?

In overseeing an entity's strategy, directors should understand the technology their organization depends on to be successful. Digital technology is dissolving traditional industry boundaries and creating more opportunities for disruptors to displace incumbents. Although technology has historically been viewed as an enabler of business operations, today it is widely seen as a critical driver of growth.

Traditional forms of technology, usually referred to collectively as Information Technology or IT, were the fundamental platforms that supported the front and back office functions for most businesses. These technologies were overseen by the chief information officer (CIO).

There are, however, other technology classes that companies use to execute their strategy. Operational technology (OT) is used to enable the operations of the business. The technology system that controls the operation of an oven at a bakery or the smelter of a steel factory, for example, is OT. NIST defines OT as hardware and software that detect or cause a change through the direct monitoring and/or control of physical devices, processes and events in the enterprise. OT was not traditionally the focus of cyber attacks as most systems were not connected to the Internet. This has changed substantially with the pressure on management to increase efficiency and decrease costs. OT was traditionally overseen by the chief technology officer (CTO) or the head of engineering.

Directors need to be assured both IT and OT are included in a comprehensive cybersecurity program. Too often the CIO and CTO are siloed; as a result, the cybersecurity program is not kept equal in both areas. A fully mature IT cybersecurity program becomes less effective if the OT environment is connected to it with fewer controls. The organization may be even more at risk if there are differences. Directors should ask management about the cybersecurity culture across both technology groups.

The table below highlights the forms of IT and OT systems.

INFORMATION AND OPERATIONAL TECHNOLOGY EXAMPLES

Information Technology (IT)	Operational Technology (OT)
<ul style="list-style-type: none"> • email system • customer care and billing system • financial system • ERP system • client-facing website 	<ul style="list-style-type: none"> • point-of-sale (POS) cash registers • heating, ventilation and air conditioning (HVAC) control system • baking furnace control system • CCTV network • building management systems

The connection of more and more devices to the Internet (i.e., the Internet of Things (IoT)) is enabling many corporate strategies. From fitness trackers to home automation to vehicle telematics, these devices create data that can instantaneously help both the customer and the company that provided them.

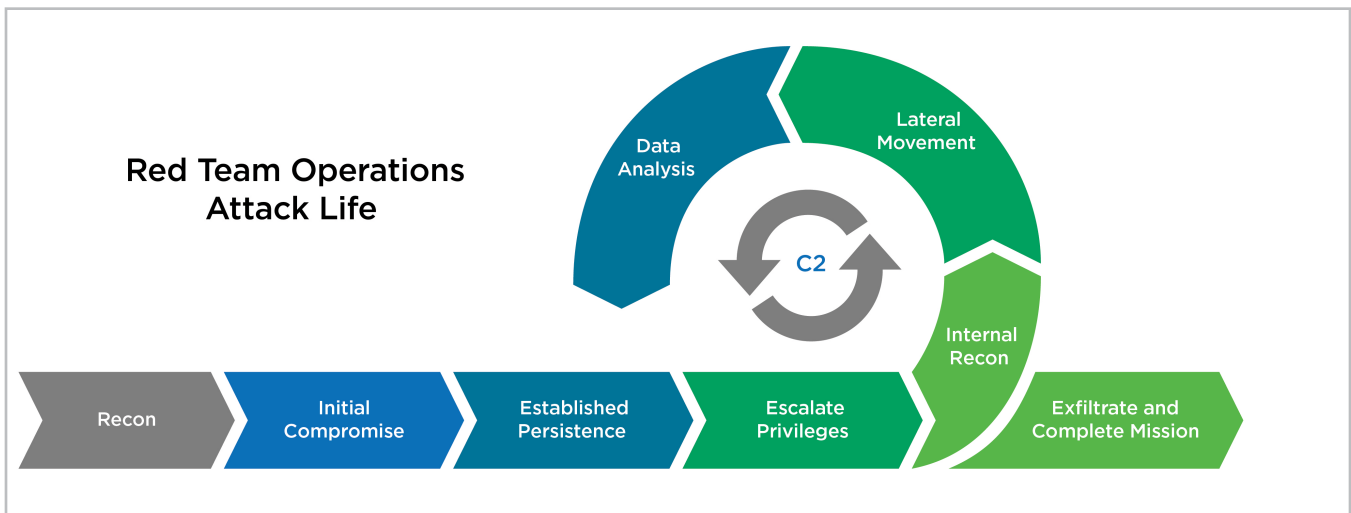
All these technologies are vulnerable to compromise.

Directors must ask management to:

- identify which vulnerabilities are relevant to the entity and put in place steps to reduce either the likelihood or the impact of the compromise (or both)
- describe the actions being taken such as technical risk assessments, penetration testing, vulnerability assessments, etc. so that a defensive course of action can be developed.

People are the core of management’s ability to detect and respond to compromise attempts. For example, management could use a “red” team (i.e., a group of highly skilled external professionals) to make a simulated cyber attack on the company to show how they could compromise the environment. The information derived from this exercise would then be used to build better capabilities to detect similar activity and potentially reduce the impact of a compromise attempt.

RED TEAMING AN ATTACK TO DETERMINE VULNERABILITIES



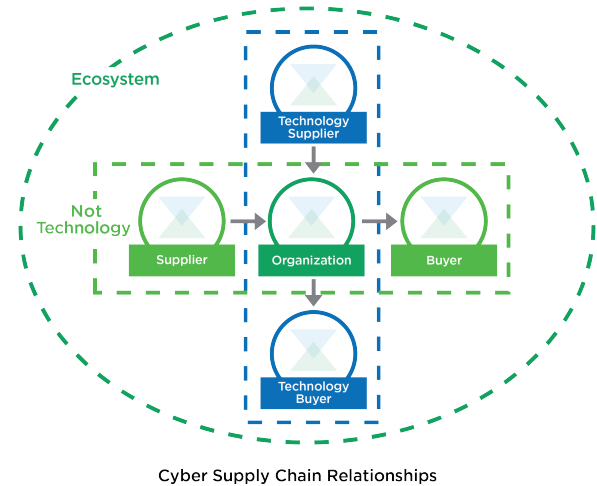
Directors should inquire about the assessments management is undertaking, why those assessments are sufficient, and what programs, such as training, process changes, new detection technologies, etc. are recommended. If directors are not comfortable assessing management's answers to their questions (i.e., competently challenging the answers), they should engage external cybersecurity professionals to provide another perspective.

13. How does management confirm that its third-party cybersecurity risks (e.g., contractors, suppliers and partners) are being managed effectively?

The NIST Cybersecurity Framework, mentioned previously, is now in Version 1.1 (April 2018).

One of the key changes from version 1.0 is an emphasis on the importance of supply chain risk management (SCRM), illustrated in the adjacent Figure, in the reduction of cybersecurity risks. Companies today do not operate entirely on their own; they interconnect with clients, suppliers, buy equipment, sell used equipment, share information with external parties, regulators and others. Management must ensure its information controls are as strong, or stronger, when their data is:

- in the possession of those parties
- being transmitted to or from those third parties
- no longer needed by those third parties.



There are three fundamental elements management must have in place and that directors should therefore inquire about before data is exchanged with or obtained from third parties:

1. policies
2. contracts
3. service level objectives/agreements

To help employees and other key stakeholders understand their responsibilities for data, policies should be written and periodically updated. They should specify the acceptable use of technology; the collection, use, protection, sharing and disposal of data, etc. Policies set the guideposts for an organization and are used as the basis for training, systems development and acquisition, discipline, etc. One such policy is the enterprise privacy policy which should clearly describe how an organization will address the generally accepted privacy principles (GAPP) over the use of personal information.

The primary mechanism for the relationship between entities or parties is a commercial contract. Historically, companies would pay little attention to the clauses on information exchange, but, as version 1.1 of NIST articulates, those clauses are now critical to reducing cyber risk. Management should contractually obligate third parties to protect data, participate in resilience exercises, and maintain the confidentiality, integrity and availability (CIA) of data. Clauses should also be added to existing as well as new contracts to specify third-party liability for damages arising from their actions. These will be difficult to negotiate before an incident but will be impossible to negotiate *after*.

The board should note that one of the key contractual terms will be the entity's right to audit the third party's compliance with the information protection clauses. Just because a third party says it will perform background checks on key personnel, for example, there will likely be no assurance it has actually done so. Moreover, most third parties will not allow their customers to actually enter their premises and observe controls in action.

Companies use system and organization controls (SOC) reports to demonstrate to their clients what controls are in place and how effectively they are working over a period of time. Management will likely have to rely on these reports from key suppliers rather than actual audits.

Directors should ensure that:

- policies consistent with the entity's strategy are in place and current
- the entity is appropriately protected through commercial contracts
- there is sufficient assurance the connected third parties are behaving consistently with their obligations.

PART D

Effective Security Protection

14. What is management’s “defence-in-depth” strategy for combining layers of protection for the organization’s most valuable assets?

Defence-in-depth combines multiple layers of security to identify potential threats and vulnerabilities, protect the organization against internal and external attacks, detect anomalous behaviour, respond effectively to attacks, and efficiently restore the organization to standard operating conditions.

Each layer should combine internal and external resources, security software and hardware, and processes that enable these elements to work together. No single combination of security layers will apply to all organizations. In fact, different security configurations can be equally effective within the same organization.

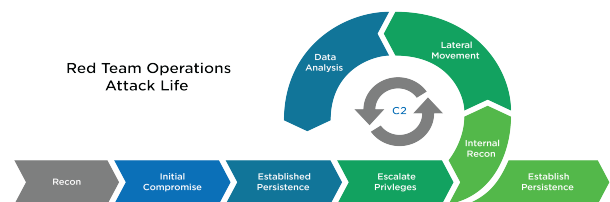
So how can non-technical boards play a governance role in this complex discussion? The answer is to refer to a security framework such as NIST to organize governance discussions. Directors can use the five NIST CSF elements (i.e., Identify, Protect, Detect, Respond, and Recover) as a basis for governance questions. Refer to the table below as an example.

DEFENCE-IN-DEPTH

Security Layer	Examples of Security	Key Governance Questions
Identify	<ul style="list-style-type: none"> governance cyber threat and risk assessments security vulnerability assessments threat intelligence asset management 	<ul style="list-style-type: none"> How is management identifying the key security risks to the organization? Where are the organization’s security blind spots?
Protect	<ul style="list-style-type: none"> identity and access management awareness and training data security device and asset security firewalls patching phishing campaign 	<ul style="list-style-type: none"> Is management relying on inputs from a cyber risk assessment to design their protection strategy? How does the organization maintain security protection during periods of change?
Detect	<ul style="list-style-type: none"> security monitoring (e.g., SOC) anti-malware software detection software proactive hunting for any malicious presence in the systems compromise assessments behavioural analytics 	<ul style="list-style-type: none"> How does management measure its detection capabilities? How does management learn and improve from past breach attempts?
Respond	<ul style="list-style-type: none"> incident response plans and processes security forensic analysis response communications (internal and external) response services 	<ul style="list-style-type: none"> Does management have a well rehearsed response plan in place? When does the board need to play a role in response?
Recover	<ul style="list-style-type: none"> business continuity plans data and system restoration/ disaster recovery redundant systems 	<ul style="list-style-type: none"> Has management tested actual recovery techniques? Were they successful?

15. How is management creating accountability for each component of the security program?

Whenever a post mortem is held on an incident, it is interesting to observe the behaviour of the participants in the room. Is there “finger pointing” such as, “No one knew marketing had that customer database connected to the Internet”? Is there “denial” such as, “No one said it was my job to perform a criminal background check on the administrator. How was I to know they had a history of using insider information?”



Without accountability, no one feels it is their duty to actively protect the entity. If the CEO does not reassign accountability, the CEO will be accountable for the performance of the cybersecurity function. This is not ideal since another element of accountability is having the competence to effectively execute the requirements of the role; not all CEOs are skilled in this area.

Most organizations today have a role identified as the chief information security officer (CISO). It is becoming more common for the CISO to be the accountable individual who oversees the planning, building, executing and reporting on the cybersecurity activities within the entity.

Whom the CISO reports to is also changing. Traditionally, the CISO reported to the head of IT (i.e., the CIO); however, there can be governance conflicts between the CIO and CISO and these need to be clearly understood.

Directors should be asking:

- Who is accountable for cybersecurity within the entity, and what skills and experience does that person have to be competent in their role? Is that person clearly recognizable as the leader of the cybersecurity function? Is there a need for a CISO, if one does not exist?
- How have any conflicts in reporting structure been addressed by management? Is the CISO free to speak without fear of reprisal?
- Who are the successors to the incumbent? Experienced and qualified security personnel are often heavily recruited. If the CISO left with two-weeks' notice, how has management built a succession plan that mitigates the risk of a leadership vacuum?

As mentioned previously, cybersecurity is not a technology issue; all executives and their departments play a role in reducing cybersecurity risk. The person in the accountable role (e.g., the CISO) must take steps to document the roles and responsibilities of the key cyber functions within the entity.

Key areas for which directors should ensure management has responsibilities in place are:

1. Cybersecurity strategy

This is the two-to-three-year plan for reducing the likelihood and impact of a cyber attack on the entity's vulnerabilities. This strategy is likely to follow a framework such as NIST CSF described earlier.

2. Data Classification and Asset Inventory (aka, Crown Jewel Assessment)

Not every information asset can be protected everywhere and at all times. A program must be in place to identify which data assets are most important and how they should be protected.

3. Continuous/Ongoing Threat Risk Assessment

New threats arise daily whether from the outside or from the disciplining of a troubled employee with significant access privileges on the inside. Someone must be responsible for identifying new threats and instigate appropriate mitigation measures. This will include collaborating with others to gain forward-looking insights.

4. Third-Party Management

Someone must be responsible for dealing with third parties having connections to the entity's systems. Third parties must keep the entity's data secure. The third-party manager must have the authority to disconnect third parties if they are putting the entity's reputation or data at risk.

5. Incident Response Planning and Practice

Someone must be responsible for preparing the entity's response to any compromising event. This role can be combined with business continuity management (BCM) or other disaster recovery and planning (DRP) functions.

6. Training and Awareness

This responsibility takes on additional meaning with the addition of cybersecurity training to the general training program. Stakeholders to be considered include:

- a. customers
- b. employees and contractors
- c. executives and their assistants
- d. investors and board members
- e. third parties.

Enhanced training should be provided to those who hold "privileged access" to systems and accounts, such as senior IT and OT administrators. Keeping these groups aware of their responsibilities to monitor systems for strange events, such as a phishing email or false text message, is critical to reducing the organization's overall risk exposure. As training is often the first casualty of any budget reduction, directors must ask management how these programs are being maintained or what risk is being elevated.

Directors should also be asking management in what cybersecurity programs key personnel have been certified. A well-trained cybersecurity team will have a variety of relevant training certifications as evidence of a more mature organization.

16. How does management embed security into the development of new processes and systems?

Effective security management begins by embedding proper security controls and practices into the organization's processes as early as possible; security should not be an afterthought. Embedding can be achieved by having properly defined security architecture controls and standards in place ahead of any procurement. At the same time, employees must be educated in how security enables the organization. A cybersecurity architecture coupled with security standards will allow the organization to have a "blueprint" for where security is now and the target state to be achieved.

Unfortunately, the security system is all too often retro-fitted to the existing technologies and security controls. Price or functionality is also all too frequently the criterion by which a new process is evaluated and the security function overlooked or not considered.

This approach is sub-optimal as it means the principle of security-by-design has not been followed. Retro-fitting often delays delivery of the project or product and creates the perception that security slows down or delays operations.

Security should therefore be part of any procurements or project requirements in the design and development phase. Security should also be integrated into the project management office (PMO) process or during any reviews or approvals. Proper security practices such as integrated security champions will also help build security as a seamless process across the organization. Depending on the organization's business and culture, a decentralized security resource embedded within business units may be appropriate to act as the "voice" of security during day-to-day activities.

Questions the board should ask management:

- Does the organization have a cybersecurity architecture? Is it maintained and up to date?
- Is cybersecurity included in the requirements of any procurement or new project?
- Are the security requirements for a new product understood?
- Are vendors/third parties being asked to comply with security requirements?
- Is there a process in place to validate the effectiveness of the security controls embedded in the product?
- Is security testing embedded in the development process?

PART E

Detecting Cybersecurity Events

17. What processes and tools are in place to alert management when a breach attempt is underway?

One of the most effective ways to enhance a company's cybersecurity posture is to increase its visibility. While operational cybersecurity staff and management are occupied with their day-to-day roles, technology and monitoring can help keep the organization safe. Enhanced visibility of the company's security activities and detection capability leads to shorter response times to prevent or recover from an incident. There are many components to an organization's IT infrastructure; detecting cybersecurity events can be achieved through monitoring of the following:

- endpoints (tablets, phones, laptops, servers)
- IT network
- OT network (if applicable).

Establishing the "normal" level of IT traffic as a benchmark will allow observation and tracking of anomalous activity. Monitoring through a security operations centre (SOC) will enable the company to track internal and external threats through logging of unauthorised access, abnormal traffic or theft of data and unchecked escalation of privileges. This can help mitigate the risk of an insider threat (whether malicious or accidental) and also assist with recognising where an attack may have come from (attribution) to be able to block or prevent further contact from that location.

An SOC should be seen as a force multiplier during the time the baseline (i.e., normality) is being enhanced by machine learning through threat intelligence (i.e., reports from organizations such as FS-ISAC and CCTX) and the tuning of any sensors by the SOC staff itself. SOC allows the organization to detect potential cyber breaches through observing and monitoring for the absence of the normal and the presence of the abnormal. In this way, cyber

breaches can often be prevented. If a cyber breach does occur, enhanced visibility means it can be more readily contained and, because of being able to respond quicker, the length of time the organization is impacted will be reduced.

Questions the board should ask management:

- What kind of monitoring does the organization have in place (SOC, Endpoint, Network etc.)?
- Does the organization use cyber threat intelligence feeds?
- Does the organization have mechanisms in place such as identity and access management to prevent malicious insiders?
- Is there a connection between monitoring and personnel taking action based on intelligence?

PART F

Response and Recovery from a Breach

18. How are management and the board equipped to respond to, and recover from, a cybersecurity breach?

The perception of the probability of a cyber breach happening to the organization has shifted from “*If* this happens to us.” to “*When* this happens to us”. With this in mind, it is imperative for the organization to be as prepared as possible for that eventuality. This preparation should go across the spectrum of people, process, technology and data. In terms of process, the organization should have an incident response plan and playbooks in place. The plan is the “what” and the playbooks are the “how”. The way the plan is implemented will depend on the type of cyber attack (i.e., internal or external, a disruption of operations vs a data compromise).

Incident response roles and responsibilities should be documented and understood, including communication to both internal and external parties. These parties may include the following:

Internal Communication	External Communication
<ul style="list-style-type: none"> • employees (consider affected and non-affected) • executive • board • shareholders 	<ul style="list-style-type: none"> • regulatory bodies • third parties/vendors • customers/clients • media/news outlets • social media • law enforcement

With increased mandatory breach notifications because of the introduction of regulations such as PIPEDA in Canada and GDPR in Europe, mandatory disclosure of privacy violations may be triggered by the occurrence of a cyber incident.

Things the board should consider before a cyber breach occurs:

- Has management devised a meaningful cyber incident response plan and playbooks?
 - This should be refreshed annually.
 - This should be cross-functional across multiple business units; a cyber breach typically involves IT, cybersecurity, HR, legal and communications.
- Has the IR capability, including the plan and playbooks, been tested through breach simulations and/or table-top exercises?
 - The board can be involved in this as spectators or as participants as the incident escalates.
 - The most objective and effective way to do this is through third-party facilitation. As the organization matures, third parties such as law enforcement or vendors can be involved.
- Does management conduct backups on a regular basis (critical applications at a minimum)? This will enable an easier and quicker restoration, if required.
- Discuss the strategy around when the payment of extortion may be a viable option during a cyber incident or a ransomware attack.

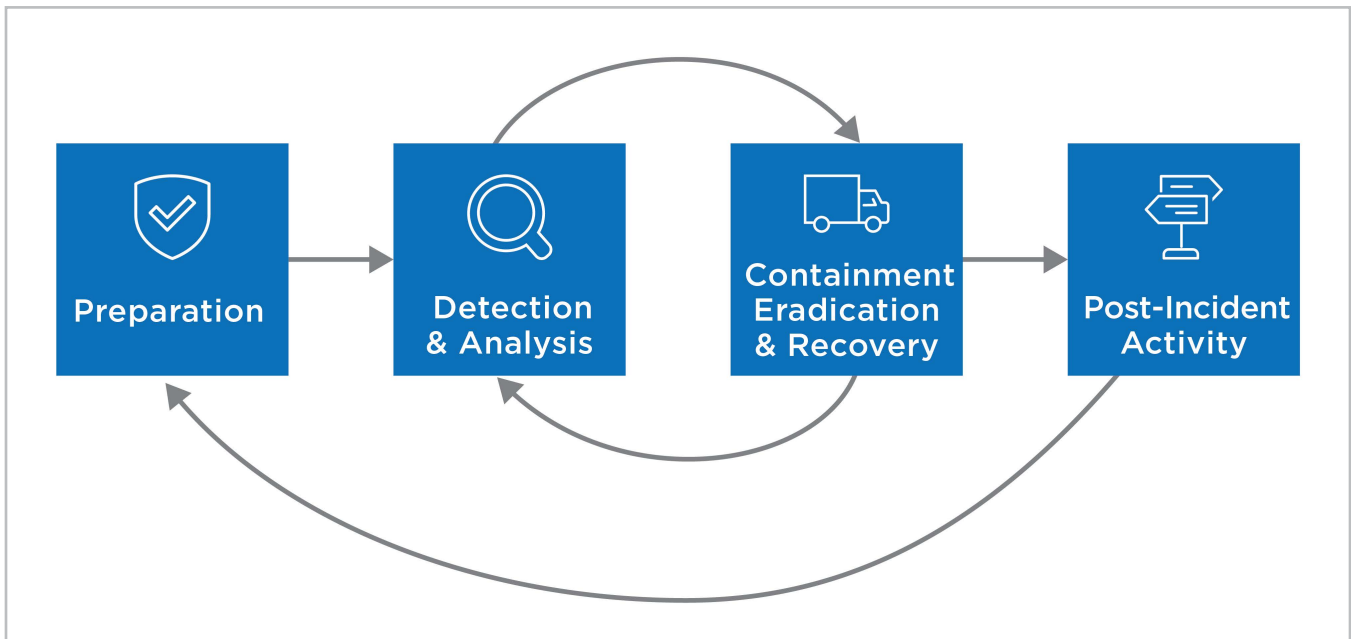
Things the board should consider during a cyber breach:

- A well-prepared and rehearsed team will consult with or inform the board of anything significant such as media statements, regulator notifications or any brand or reputational damage. The plan should be enacted and followed. This will be challenging to do as the organization will be completely engaged in resolving the incident; the incident management team will be focusing on getting the organization back to an acceptable level of operations and in investigating and fixing the incident. The plan should have thresholds for severity and therefore priority, which define which groups of business units should be engaged and at which point. It should also provide guidance as to when the board should be informed. Typically, this will occur if brand or reputation may be impacted, if there have been any regulatory violations or significant financial impact. The board should enquire whether management has these escalation processes in place.

Things the board should consider after a cyber breach:

- Verify that management has conducted root-cause analysis as to why the breach happened.
 - Be sure any remediation steps have been taken such as enhancement of controls, deprovisioning of accounts, training etc.

- Check to see that management has put in place a short-, medium- and long-term strategy to minimise the possibility of this happening again?
- Bring the lessons of the breach back into the preparation phase. Below is the SANS Incident Response Process, which shows the steps management should take before, during and after a cyber breach.

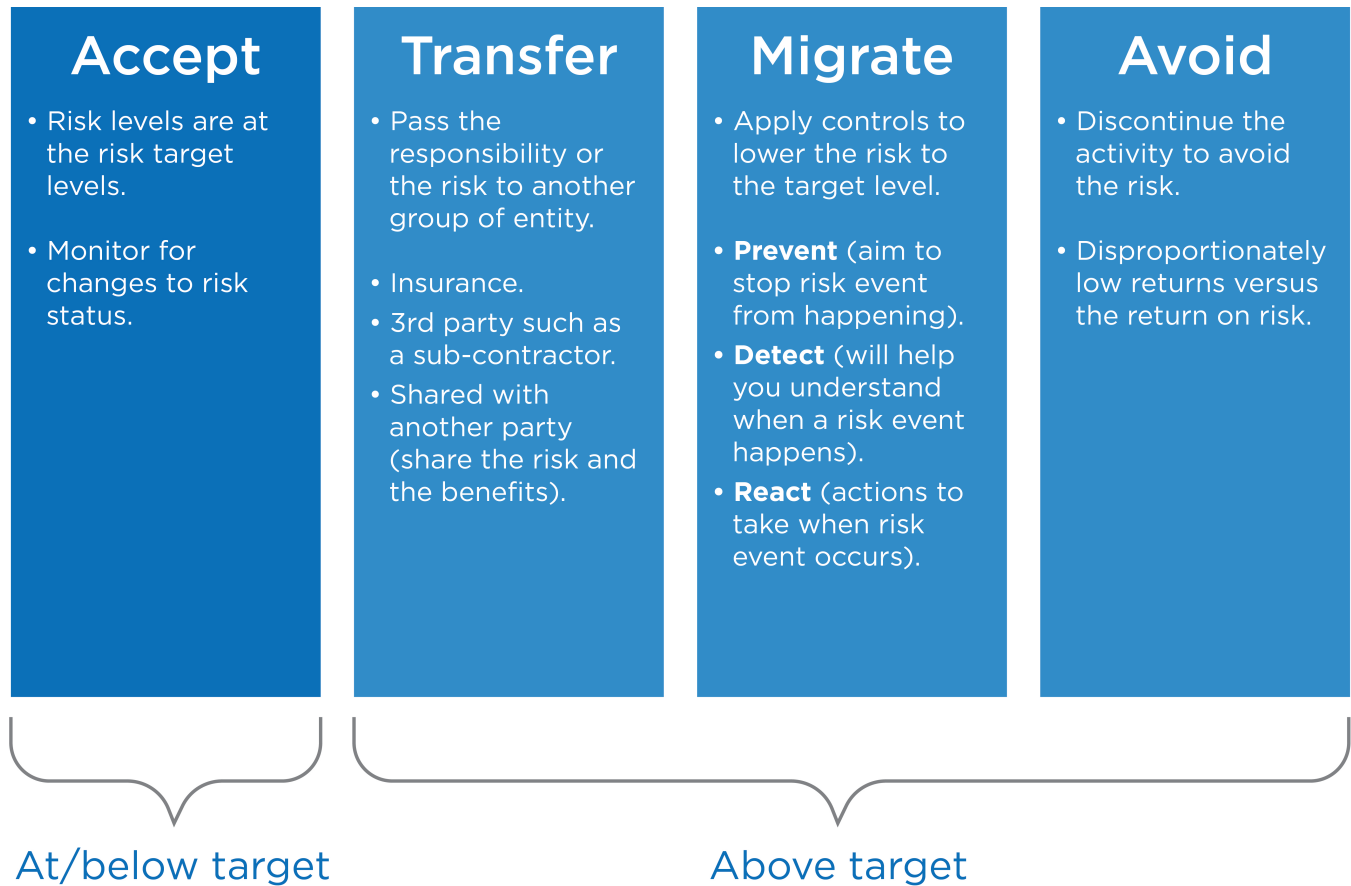


19. What is management's cyber insurance strategy?

Cyber insurance is an emerging offering with growing demand. It offers new opportunities but may also dangerously expose the organization if not understood or managed properly.

Cyber insurance will not reduce the likelihood of a cyber breach happening or help an organization detect or prevent a cyber event or incident. It will, however, allow the organization to transfer some risk to its insurance provider. Cyber insurance gives the organization a control that could reduce the financial impact and/or allow a quicker recovery to an acceptable level of operations.

Below are the four ways in which risk can be managed, and where cyber insurance can act as a risk transference option.



Because little Canadian actuarial data on cyber attacks is publicly available, premiums can be challenging to estimate accurately. Additional information is necessary to build in protective exclusions. Providers may carry out their own assessment or use an objective third party to assess a company's cyber risk maturity and controls. This assessment will enable the organization to become aware of its potential vulnerabilities then take action to improve security and thus reduce the premium.

With gaps between available cyber insurance and general insurance, an option to bridge the gap in coverage is a captive insurer. Captive insurance strategies afford companies more control, may reduce the cost of insurance, create tax benefits and improve cash flow.

Questions the board should ask management:

- Has the organization conducted a thorough risk assessment and considered cyber insurance?
- What are the limits of the cyber insurance available, and how can management determine whether these limits provide sufficient coverage?
- Has management compared the cyber insurance program to the organization's fundamental risk profile?
- Is the organization in compliance with the insurance policy?
- Can the premium be lowered by improving security controls?
- At what stage in a cyber breach is the insurance provider contacted?
- There are clauses and terms within any cyber insurance policy that must be followed to maintain coverage. Failure to follow them can invalidate the policy or leave the organization exposed. Understand what management needs to do and what the exposure is.

PART G

Reporting

20. How does management assess and report on its cybersecurity program to the board?

No topic will be more debated than what, how and when cybersecurity information should be presented by management to the board. This is because no single metric will provide the board with the information it requires to understand how cyber risks are being addressed.

A concept gaining popularity is **HIFO** reporting:

- **H**indsight,
- **I**nsight,
- **F**oresight,
- **O**versight.

What information is being provided to show what has already happened (hindsight), what will be happening (foresight), how the cybersecurity program is being managed (oversight) and what information is really important for the directors (insight)?

Directors also need to insist that management provide reports that are:

- **Clear:** free from the cybersecurity jargon
- **Concise:** use graphics instead of text, along with other techniques to make reports shorter, easier to read and comprehend
- **Memorable:** make the information easy to recall and use in conversations with stakeholders.

Industry-specific information must be the basis for reporting. While there may be some common elements, cybersecurity needs are different between the banking and mining industries, between the public and private sectors and certainly between for-profit and not-for-profit enterprises. The scope and depth of information at risk will be markedly different.

Hindsight

A variety of key performance indicators (KPIs) can be used to gain hindsight. That said, make sure the KPIs used are relevant to what board members really need to understand. Some management teams highlight the number of attacks that were blocked. This number can run from the tens or hundreds into the thousands. What is much more important, however, is to understand when the attack was detected and if any information was compromised during the attack.

Foresight

Foresight gives directors a sense the enterprise is anticipating who wants to compromise its data, what methods they may be using, and what protections have been put in place to help reduce the likelihood they will be successful. Companies can now purchase information from outside parties on “intelligence” or forward-looking data and on the methods used by those looking to compromise digital assets. Management should also report on the third parties with whom it is collaborating to gain information on the nature of attacks taking place in its industry. Working together with competitors is often necessary for the industry to strengthen its resilience.

Oversight

Governance elements are typically presented in the oversight section. These include how the cybersecurity program is structured and whether a qualified, accountable member of management is in place with appropriate succession planning, and whether the cybersecurity program is fully funded and operational and focused on those projects necessary to reduce future risks.

Insight

Finally, insight is what is gained by combining all the previous elements to show directors that management is acting on historical, future and operational information to reduce the impacts of an increasingly likely attack on an enterprise’s digital assets. In the near term, metrics will need to be provided to the board that speak to the enterprise’s ability to detect anomalous situations and how management is executing the appropriate response to those situations.

ILLUSTRATIVE MANAGEMENT REPORT

NIST Cybersecurity Framework (CSF) Function	2017 Highlight	2016*	2017	2018 Goal
Identity Develop the organizational understand to manage cybersecurity risk to systems, assets, data, and capabilities	↗ Policies, standards and governance processes are well-defined ↗ Risk management activities are continuously prioritizing areas of investment to meet existing and evolving threats	3.4	3.6	
Protect Develop and implement the appropriate safeguards to ensure delivery of critical infrastructure services	↗ Strong fundamentals (eg. Anti-virus, patching) and layers of defense to protect against current threats such as Ransomware and stop low-effort attacker → Recurring low risk Access Control deficiencies due to timely attestation and deprovisioning processes	3.4	3.5	
Detect	↗ Event monitoring and operations capability are being modernized			

Because directors often have hundreds of pages of material to read, they should insist that management do the hard work of condensing the material to suit the directors as a distinct audience. Repackaging management reports that are meaningful for running the enterprise is usually not appropriate for those who have to govern. The frequency of the reporting is also something directors should schedule. Today reporting is typically monthly to a sub-committee of the board, with quarterly in-person reporting to that same sub-committee and an annual presentation to the full board. As mentioned previously, this schedule of reporting will depend on the industry (e.g., more frequently with predominantly digital businesses) and the cybersecurity performance of the enterprise. For example, an entity that has suffered through a significant incident may choose to report performance to the board more frequently in response to that incident.



CPA

CHARTERED
PROFESSIONAL
ACCOUNTANTS
CANADA

277 WELLINGTON STREET WEST
TORONTO, ON CANADA M5V 3H2
T. 416 977.3222 F. 416 977.8585
WWW.CPACANADA.CA

ISBN-13: 978-1-5254-0350-7



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Student Perspective Report for the UPEI Board of Governors

March 25th, 2026

Athletics & Peer Engagement

Many students are upset about the Squash Courts being removed to make way for a high-performance centre. Most students are not athletes and do not feel like it is fair for these squash courts to be impacted - it is not just about playing squash, it is about building community and a sense of belonging for close to 5,000 students over a couple of hundred athletics. Many urge that if these changes are made, all students should be allowed to use this high-performance centre not just athletes.

Lack of Support for Academic Endeavours

Certain students in faculties such as Engineering or Arts would like to see more support for attending competitions and conferences that will benefit their academic experience and put UPEI in the spotlight for its great performance. Some students say it's odd to see athletics and sports teams receive most of the funding when UPEI aims to be a research- and academic-centric institution, not just recognized for sports performance. Students would like to receive more funding for academic activities. For example, engineering students lack funding for a BAJA Team, but they do have bright students who would be more than willing to put in the work.

Academics

Students feel it is unfair that professors don't provide timely feedback so they can make better decisions about their academic performance and course planning. Some students claimed to have performed poorly or failed classes with only one 100% assessment, or with assessments that only provide feedback towards the end of the semester, when it is impossible to take in the feedback and do better.

Another recurring concern is around the cost of course materials. We've heard from students who have spent over \$1,500 in one semester on course materials alone. Many students also expressed that they feel it is unfair to have to pay for an assessment platform or material, since they believe it should be included in their tuition.

Moreover, many students are upset that exams have been scheduled over the weekends without considering the transportation challenges faced by those who rely on public transportation. They hope for more changes in the coming semesters.

Food Bank

Students are grateful for the amazing support the Food Bank provides every week and all the partnerships it has secured. All of the issues they had before with the pick-up area in one of the zones with the most foot traffic on campus are now solved, with the new location inside the Student Centre offering more private entrances and exits.

University of Prince Edward Island

For the year ended April 30, 2026

Report to those in governance
Audit strategy

March 13, 2026

Chris Gallant, CPA, CA
Partner
T (902)-566-6326
E Chris.Gallant@doane.gt.ca

Ryan Innis, CPA, CA
Principal
T (902)-566-6318
E Ryan.Innis@doane.gt.ca

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Appendix A – Overview and approach
Appendix B – Draft Engagement letter
Appendix C – Letter of independence
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Executive summary

Purpose of report and scope

The purpose of this report is to engage in an open dialogue with you regarding our audit of the consolidated financial statements of University of Prince Edward Island (the "entity") for the year ended April 30, 2026. This communication will assist those in governance in understanding the terms of the audit engagement, our proposed audit strategy and the level of responsibility assumed by us.

The information in this document is intended solely for the information and use of Board of Directors, the Finance and Audit Committee and management. It is not intended to be distributed to or used by anyone other than these specified parties.

We have included our draft engagement letter in Appendix B, which outlines our responsibilities and the responsibilities of management.

Approach

Our audit approach requires that we establish an overall strategy that focuses on risk areas. We identify and assess risks of material misstatement of the consolidated financial statements, whether due to fraud or error. The greater the risk of material misstatement associated with an area of the consolidated financial statements, including disclosures, the greater the audit emphasis placed on it in terms of audit verification and analysis. Where the nature of a risk of material misstatement is such that it requires special audit consideration, it is classified as a significant risk.

Our approach is discussed further in Appendix A

Independence

We have a rigorous process where we continually monitor and maintain our independence. The process of maintaining our independence includes, but is not limited to:

- Identification of threats to our independence and putting into place safeguards to mitigate those threats. For example, we evaluate the independence threat of any non-audit services provided to the entity
- Confirming the independence of our engagement team members

We want to communicate certain information regarding our independence and have attached our letter of independence in the appendices.

MindBridge

As we continue to enhance our assurance services, we have adopted a new advanced data analytics platform, MindBridge. MindBridge's advanced data analytics software uses business rules, statistical methods, and machine learning to assign risk-based scoring to 100% of your financial transactions, which allows our audit professionals to focus their analysis on the areas of highest risk. We will be using this approach on your engagement this year. The data-driven insights that we identify will be discussed in our Audit Results Report.

Audit plan and risk assessment

We have planned our audit in accordance with our approach summarized in Appendix A.

Materiality

The purpose of our audit is to provide an opinion as to whether the consolidated financial statements are prepared, in all material respects, in accordance with Accounting Standards for not-for-profit organizations (ASNPO) as at April 30, 2026. Therefore, materiality is a critical auditing concept and as such we apply it in all stages of our engagement.

The concept of materiality recognizes that an auditor cannot verify every balance, transaction or judgment made in the financial reporting process. During audit planning, we made a preliminary assessment of materiality for the purpose of developing our audit strategy, including the determination of the extent of our audit procedures.

During execution of the audit, we will consider whether materiality should be re-assessed due to changes or events identified. At completion, we will consider not only the quantitative assessment of materiality, but also qualitative factors, in assessing the impact on the consolidated financial statements, our audit opinion and whether matters should be brought to your attention.

Considerations

The following is a summary of matters that relate to changes to the entity and its environment that were considered in preparing our audit plan.

Matter	Discussion and impact
Laws and regulations	<p>During the course of the audit, we will perform specified audit procedures to help identify instances of non-compliance with laws and regulations that may have a material effect on the consolidated financial statements. An audit of financial statements is not designed to detect all instances of non-compliance with laws and regulations and does not represent an audit of the entity's compliance with applicable laws and regulations.</p> <p>While we have not identified any instances of non-compliance, we would like to know if you are aware of any instances of non-compliance.</p>

Matter	Discussion and impact
Fraud	<p>We are responsible for obtaining reasonable assurance that the consolidated financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. However, owing to the inherent limitations of an audit, there is an unavoidable risk that some material misstatements may not be detected and this is particularly true in relation to fraud. The primary responsibility for the prevention and detection of fraud rests with those charged with governance and management.</p> <p>During our audit planning, we enquired of management as to their views on the risks of fraud and their processes for identifying and assessing fraud risks. We are not aware of any fraud-related matters that could affect our audit approach. However, we would like to obtain your input on the following areas:</p> <ul style="list-style-type: none"> • How you oversee management’s processes for identifying and responding to the risks of fraud and the related internal controls that management has put in place • Whether you are aware of any actual, suspected or alleged fraud affecting the entity

Significant risks

We identified the following significant risks on which we plan to focus our attention:

Area of risk	Why there is a risk	Planned audit response
Fraud risk from revenue recognition	<p>There is a presumed risk of fraud in revenue.</p> <p>The risk primarily relates to revenue recognized under tuition and student fee revenues.</p>	<p>See procedures below under the audit risks to be completed in revenue streams of the University</p>
Fraud risk from management override / segregation of duties	<p>This is a presumed fraud risk.</p> <p>The risk primarily relates to management’s ability to override internal controls to perpetuate fraud under Canadian Auditing Standards</p>	<ul style="list-style-type: none"> • Updated our understanding and documentation of journal entry controls; • Test a selection of journal entries with fraud risk characteristics from the general ledger and agree to evidence of appropriateness; • Test the appropriateness of journal entries recorded and other adjustments made in the preparation of the financial statements for appropriateness; and • Review accounting estimates for biases

Other audit risks

Other areas we have identified where we plan to focus our attention are as follows:

Area of risk	Why there is a risk	Planned audit response
Tuition and student fee revenues	Tuition and student fee revenues and receivables are not recorded correctly due to either fraud or error.	<ul style="list-style-type: none"> • Perform a proof in total and test of details from information provided from the Registrar's office and ensure the amount reported in the general ledger is within acceptance range to the calculation; • Obtain a listing of accounts receivable and inquire to management concerning accounts which are significant and have been outstanding for a period of time and determine if they are collectible; • Review and test student deposits on account; and • Review all significant write-offs processed during the year and trace to approval to ensure there were proper approvals for such transactions.
Research accounts	Grant revenue and receivables not accounted for properly in relation to the research contract.	<ul style="list-style-type: none"> • Statistically sample research accounts for testing; • For selected accounts, trace revenue to the contracts and supporting information in the research contract; • For significant research accounts in debit/receivable balances, ensure there is future funding in place through contracts and agreements with funding partners; and • Statistically sample expenditures in the research accounts and ensure they are appropriately approved and in accordance with the research agreement.
Employee Compensation	There is a risk that employee compensation costs for the year may be over/under stated due to either fraud or error	<ul style="list-style-type: none"> • Statistically sample employee wages paid during the year and trace to their employee files to verify existence and the wage paid during the year; • Perform a recalculation of benefits and compare to expectations; • Perform a recalculation of union accruals outstanding at year end, if any exist; • Review union agreements for liabilities not previously recorded; • Review estimates for expired union agreements, if any exist; and • Obtain actuarial reports for the Pension and Post-Retirement Benefit liabilities and test the underlying data, review and test the assumptions used.

Area of risk	Why there is a risk	Planned audit response
Grants and deferred revenues	There is a risk funds received from grants could be recognized in the current year which are not in accordance with the contract/agreement	<ul style="list-style-type: none"> Review management's process to recording grants and related deferred revenues; and Test contributions received during the year relating to operations and capital to ensure proper accounting in terms of the agreement.
Operating expenses	Payables related to the University's activities are understated or not recorded in the correct period.	<ul style="list-style-type: none"> Perform test of details procedures using a statistical sample on operating expenses to ensure the expense was properly authorized and accounted for in the general ledger; Compare actual expenditure to budgeted amounts and inquire to management for any variances outside acceptable ranges; Review all significant legal and professional fee expenditures to ensure there are no undisclosed or contingent liabilities; and Examine subsequent payments and ensure cut-off of expenses has been achieved.
Investments	Fair value measurements of investments not actively traded (bonds, closed funds) are not recorded correctly at fair value.	<ul style="list-style-type: none"> Obtain confirmations from third party investment custodians and brokers to verify investments are properly recorded at fair value; and Obtain audited financial statements for real estate and infrastructure investments and inquire and discuss with these investment managers to ensure fair value is properly determined at the University's year end.
Post-Retirement Benefits	There is a risk that the post-retirement benefit calculation is incomplete	<ul style="list-style-type: none"> Perform test of details on underlying information that is sent to the actuary to ensure that the information received is accurate; Assess the assumptions that are used in the actuarial valuation are appropriate including benchmarking of the assumptions used; and Review actuary report.
Revenues <ul style="list-style-type: none"> Bookstore Conference services Athletics AVC Vet Hospital Contributions / Donations 	Revenues and receivables are not recorded correctly due to fraud or error	<ul style="list-style-type: none"> Identify all significant sources of revenues received by the University throughout the year with balances greater than performance materiality and significant variations from prior years, not already tested in other key audit procedures selected, and perform test of details procedures using a statistical sample on the revenue transactions by doing the following: <ul style="list-style-type: none"> Trace to source documentation to ensure the existence of the transaction; and Ensure the revenue has been properly recorded in accordance with the revenue recognition policies put in place by the University For anything unusual identified follow up with client management to see if there are any adjustments to be made.

Other planning matters

The following is a discussion of relevant planning matters we have considered that are specific to University of Prince Edward Island.

Use of work of internal audit

We will review and consider the internal auditors' reports issued in the year and assess the consequences, if any, of their findings on our audit approach.

Use of experts

We intend to use the work of independent third-party specialists for the following:

- Future employee benefits; and
- Fair value measurements of investments and financial instruments

Audit and other services fees

Deliverables

Deliverable
Initial communication and audit planning
Audit report on the consolidated financial statements of the entity
Communication of audit results
Management letter that provides our observations and recommendations regarding internal controls based on matters identified during the course of the audit

Fee proposal considerations

Upfront and periodic discussions are central to our approach in dealing with fees. Our goal is to avoid surprises by having early and frank communication. We wish to provide you with a competitive price and fair value, while also allowing sufficient audit hours to conduct an effective audit and deliver quality service.

We have established a proposed fee for the audit for the year ended April 30, 2026 that is based on the level of activity and the anticipated complexity of the audit of the entity's consolidated financial statements. If there are any variances to the above plan, we will discuss them with you and agree on any additional fees before costs are incurred, wherever possible. Any unforeseen work outside the scope of this proposal will be billed separately after discussion with appropriate University Officials and/or the Finance and Audit Committee.

The proposed fee is based on receiving the following from management:

- Draft consolidated financial statements including the notes to the financial statements
- All working papers and schedules as outlined in our requirements letter at the agreed upon dates
- Trial balance together with reconciled control accounts
- All books and records when requested
- Use of entity staff to help us locate information and provide explanations

We are pleased to provide the following cost estimates and time budgets for services expected for 2026:

Audit Services	2025 Quote	2025 Actual	2026 Quote
Audit of the consolidated financial statements of the University of Prince Edward Island under CAS 315 for the year ended April 30, 2026, including: <ul style="list-style-type: none"> Attendance at Finance and Audit Committee meetings regarding audit planning, mid-audit meeting, audit completion meeting, preparation of audit planning report, communication of audit results report, planning meetings with management to review draft financial statements, review of adjustments with accounting staff; and Discussions, documentation and testing of the University's governance and operational controls in identified critical audit cycles 	\$80,200	\$80,200	\$75,000
Technology risk review of the controls surrounding the University's IT systems and discussions, documentation and testing of the University's governance and operational controls in identified critical audit cycles.	\$6,900	\$6,900	\$6,500
Handbook research, financial instruments, Not-for-Profit accounting and audit standards and other changes as required. See Appendix D & E	\$6,300	\$6,300	\$5,500
Audit disbursements - Use of Harvest Investments, as a valuation expert, to complete a fair value report relating to the closed / pooled funds and interest rate swaps held throughout the fiscal year ended.	\$4,800	\$4,800	-
TOTAL AUDIT SERVICES	\$98,200	\$98,200	\$87,000

Financial Reporting	2025 Quote	2025 Actual	2026 Quote
Assistance drafting cash flow statement and drafting/updating notes to financial statements	\$6,900	\$6,900	\$7,000
TOTAL FINANCIAL REPORTING	\$6,900	\$6,900	\$7,000

US Tax Services & US Financial Reporting	2025 Quote	2025 Actual	2026 Quote
Preparation of U.S. IRS Form 990 and review by Doane Grant Thornton International tax group	\$15,400	\$15,400	\$12,000
Translation of UPEI statements to U.S. GAAP, Preparation of U.S. GAAP Financials, Completion of separate audit file in compliance with U.S. GAAP reporting	\$37,200	\$37,200	\$35,000
Audit and reporting on compliance with specified requirements applicable to the US Staffor Loan Program for the year ended April 30, 2026	\$11,100	\$11,100	\$11,000
TOTAL US TAX SERVICES & US FINANCIAL REPORTING	\$63,700	\$63,700	\$58,000

According to our billing practice, we include an administration charge on all invoices. This practice is to cover costs such as copies, faxes, postage, supplies, delivery services, computer usage, software licensing, research and library database costs which we directly incur to provide services. The burden of tracking these costs and charging clients on a client-by-client basis is significant.

Given the quantity of work being performed with the University we have reduced this amount from 9% to 4% of fees.

Team, timing and communications

Timing and communications

We are committed to delivering exceptional client service and executing our audit in the most effective, efficient and timely manner. The planned timing of our audit work and the deliverables we will provide to those in governance are as follows:

Stage or deliverable	Timing/Status
Audit Planning	February – May 2026
Communication of audit planning	March 12, 2026
Performance of year-end fieldwork	July – August 2026
Communication of audit results	September 2026

In our communication of audit results, we will report on the following matters:

- Our views on significant accounting practices
- Significant difficulties, if any, encountered during the audit
- Misstatements, other than trivial errors
- Actual or suspected fraud or illegal acts
- Significant deficiencies in internal control
- Other significant audit matters, as applicable

Team

Engagement team member	Contact information
Chris Gallant, CPA, CA Partner	P +1 (902)-566-6326 E Chris.Gallant@doane.gt.ca
Ryan Innis, CPA, CA Principal	P +1 (902)-566-6318 E Ryan.Innis@doane.gt.ca
Jonathon Adams, CPA Senior Manager	P +1 (902)-432-3549 E Jonathon.Adams@doane.gt.ca
Olivia Falcone, CPA Manager	P +1 (902)-566-6358 E Olivia.Falcone@doane.gt.ca
Adam Ryan, CPA Manager	P +1 (902)-566-6348 E Adam.Ryan@doane.gt.ca
Connor Chapman, CPA Senior Accountant	P +1 (902)-566-6330 E Connor.Chapman@doane.gt.ca
Brandon Goguen Associate, Risk Services	P +1 (902)-835-5485 E Brandon.Goguen@doane.gt.ca

Technical updates – highlights

Accounting

Accounting standards issued by the Accounting Standards Board that may affect the entity in the current year and future years.

Further details of the changes to accounting standards, including management's preliminary comments on their applicability to the entity, are included in Appendix D. If you have any questions about these changes we invite you to raise them during our next meeting. We will be pleased to address your concerns.

Assurance

Assurance standards issued by the AASB may change the nature, timing and extent of our audit procedures on the entity and our communication with those in governance.

Further details of the changes to assurance standards, including management's preliminary comments on their applicability to the entity, are included in Appendix E. If you have any questions about these changes we invite you to raise them during our next meeting. We will be pleased to address your concerns.

Appendix A – Overview and approach

Our audit is planned with the objective of obtaining reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, so that we are able to express an opinion on whether the consolidated financial statements are prepared, in all material respects, in accordance with Accounting Standards for not-for-profit organizations (ASNPO). The following outlines key concepts that are applicable to the audit, including the responsibilities of parties involved, our general audit approach and other considerations.

Roles and responsibilities

Role of the finance, audit and risk committee

- Help set the tone for the organization by emphasizing honesty, ethical behaviour and fraud prevention
 - Oversee management, including ensuring that management establishes and maintains internal controls to provide reasonable assurance regarding reliability of financial reporting
 - Recommend the nomination and compensation of external auditors to the board
 - Directly oversee the work of the external auditors including reviewing and discussing the audit plan
-

Role of the board of governors

- Help set the tone for the organization by emphasizing honesty, ethical behaviour and fraud prevention
 - Oversee management, including ensuring that management establishes and maintains internal controls to provide reasonable assurance regarding reliability of financial reporting
 - Oversee the work of the external auditors including reviewing and discussing the audit plan
-

Role of management

- Prepare financial statements in accordance with Accounting Standards for not-for-profit organizations (ASNPO)
 - Design, implement and maintain effective internal controls over financial reporting processes, including controls to prevent and detect fraud
 - Exercise sound judgment in selecting and applying accounting policies
 - Prevent, detect and correct errors, including those caused by fraud
 - Provide representations to external auditors
 - Assess quantitative and qualitative impact of misstatements discovered during the audit on fair presentation of the financial statements
-

**Role of Doane Grant Thornton
LLP**

- Provide an audit opinion that the financial statements are in accordance with Accounting Standards for not-for-profit organizations (ASNPO)
 - Conduct our audit in accordance with Canadian Generally Accepted Auditing Standards (GAAS)
 - Maintain independence and objectivity
 - Be a resource to management and to those charged with governance
 - Communicate matters of interest to those charged with governance
 - Establish an effective two-way communication with those charged with governance, to report matters of interest to them and obtain their comments on audit risk matters
-

Audit approach

Our understanding of the entity and its operations drives our audit approach, which is risk based and specifically tailored to University of Prince Edward Island.

The five key phases of our audit approach



Phase	Our approach
1. Planning	<ul style="list-style-type: none">• We obtain our understanding of your operations, internal controls and information systems• We plan the audit timetable together
2. Assessing risk	<ul style="list-style-type: none">• We use our knowledge gained from the planning phase to assess financial reporting risks• We customize our audit approach to focus our efforts on key areas
3. Evaluating internal controls	<ul style="list-style-type: none">• We evaluate the design of controls you have implemented over financial reporting risks• We identify areas where our audit could be more effective or efficient by taking an approach that includes testing the controls• We provide you with information about the areas where you could potentially improve your controls

Phase	Our approach
4. Testing accounts and transactions	<ul style="list-style-type: none"> • We perform tests of balances and transactions • We use technology and tools, including data interrogation tools, to perform this process in a way that enhances effectiveness and efficiency
5. Concluding and reporting	<ul style="list-style-type: none"> • We conclude on the sufficiency and appropriateness of our testing • We finalize our report and provide you with our observations and recommendations

Our tailored audit approach results in procedures designed to respond to an identified risk. The greater the risk of material misstatement associated with the account, class of transactions or balance, the greater the audit emphasis placed on it in terms of audit verification and analysis.

Throughout the execution of our audit approach, we will maintain our professional skepticism, recognizing the possibility that a material misstatement due to fraud could exist notwithstanding our past experiences with the entity and our beliefs about management's honesty and integrity.

Internal control

Our audit will include gaining an understanding of the entity's internal control over financial reporting. Our understanding will focus on processes associated with the identified risk areas, as described in this report. We use this understanding to determine the nature, extent and timing of our audit procedures.

Our understanding may also result in valuable internal control findings for your consideration. Note that the auditor's objectives with regards to internal control are different from those of management and those charged with governance. For example, we primarily target controls that relate to financial reporting and not those that relate to the entity's operations or compliance which may also be relevant to its objectives. Therefore, management and those charged with governance cannot solely rely on our findings to discharge their responsibilities in this area.

Quality management

We have a robust system of quality management that forms a core part of our client service and is designed to ensure the firm is meeting its quality objectives by designing responses to address identified quality risks. We combine numerous specific responses including the application of our internationally developed audit methodology, advanced audit technology, rigorous review procedures, mandatory professional development requirements, and the use of specialists to consistently deliver high quality audit services to our clients. We also monitor the design, implementation and operating effectiveness of each element of our system of quality management to ensure that we are appropriately addressing the quality risks and to identify deficiencies and required remedial actions in the system of quality management. In addition to our internal processes, we are subject to inspection and oversight by standard setting and regulatory bodies. We are proud of our firm's approach to quality management and would be pleased to discuss any aspect with you at your convenience.

Data analysis software

We apply our audit methodology using advanced software tools. Doane Grant Thornton continues to invest in developing industry-leading advanced audit data analytics tools.

IDEA

IDEA Data Analysis Software is a powerful analysis tool that allows audit teams to read, display, analyze, manipulate, sample and extract data from almost any electronic source. The tool has the advantages of enabling the audit team to perform data analytics on very large data sets in a very short space of time, while providing the checks, balances and audit trail necessary to ensure that the data is not corrupted and that the work can be easily reviewed. SmartAnalyzer, an add-on to IDEA, further improves the efficiency and effectiveness of the audit by providing automated routines for certain common analytical tasks, such as identifying unusual and potentially fraudulent journal entries.

MindBridge

Advances in artificial intelligence and machine learning have changed the face of the accounting profession. Doane Grant Thornton has access to MindBridge's advanced data analytics platform. When used on appropriate engagements, MindBridge gives audit teams the capability to analyze 100% of the transactions included in the general ledger and, based on an assessment of each transaction against criteria based on traditional business rules, statistical methods and machine learning, the software assigns each transaction a risk score. This, in combination with the many powerful and customisable visual representations available in the software, enables audit teams to identify patterns and connections between transactions and across sub-ledgers and accounts. In appropriate circumstances, use of MindBridge may provide new insights and identify risks much more effectively and efficiently than was possible using traditional audit techniques, which facilitates a higher quality, more insightful and increasingly efficient audit.

Appendix B – Engagement letter



March 12, 2026

University of Prince Edward Island
550 University Avenue
Charlottetown
C1A 4R3

Attention: Tim Walker, VP Administration & Finance

Dear: Mr. Walker:

Thank you for reappointing Doane Grant Thornton LLP (“Doane Grant Thornton”, “we”, “us”, or “our”) to perform the audit of the consolidated financial statements and other related services for University of Prince Edward Island (the “University”, “you” or “your”) for the year ending April 30, 2026 (collectively, the “Services”). The purpose of this letter and the attached [Schedule A](#) (the “Engagement”) is to outline the nature of the Services and the terms under which you are engaging us to perform those Services.

Objective, scope and limitations

You have requested that we audit the consolidated financial statements of University of Prince Edward Island, which comprise the statement of financial position as at April 30, 2026, and the statement of operations, changes in fund balances and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information. We are pleased to confirm our acceptance and our understanding of this Engagement by means of this letter agreement.

Our audit will be conducted with the objectives of obtaining reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to error or fraud, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with

Doane Grant Thornton LLP
Suite 410
98 Fitzroy Street, PO Box 187
Charlottetown, PE
C1A 7K4

T +1 902 892 6547
F +1 902 566 5358

Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

The sole purpose of the Engagement is for us to conduct an audit of the University pursuant to the requirements of the statute pursuant to which the University is formed.

The audit will not be planned or conducted in contemplation of reliance by any third party or with respect to any specific transaction. Therefore, items of possible interest to a third party will not be specifically addressed and matters may exist that would be assessed differently by a third party, possibly in connection with a specific transaction.

Requests for additional services may arise while we are performing the Services that are specifically identified in this Engagement, including general business advice. The provision of additional services by us does not relieve management of their responsibility for determining what actions the University should take and performing adequate research and/or due diligence in relation to their decisions, including obtaining separate formal written advice from us in relation to complex or significant matters. Unless covered under a separate engagement letter, this Engagement will cover any such additional services we

provide you, which will be billed at our standard hourly rates for the type of services requested. Notwithstanding anything to the contrary herein, we shall bear no responsibility in the event that management makes significant decisions on the basis of advice provided by us that is not formal written advice (for greater certainty, e-mail does not constitute formal written advice for the purposes of this section).

Our responsibilities

We will conduct our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate for our audit opinion. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the auditor in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the consolidated financial statements that we have identified during the audit.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that

may cast significant doubt on the University's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the University to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatements may not be detected, even though the audit is properly planned and performed in accordance with Canadian generally accepted auditing standards.

Management's responsibilities

Our audit will be conducted on the basis that the University's management and, where appropriate, those charged with governance acknowledge and understand that they have responsibility:

- a) for the preparation and fair presentation of the consolidated financial statements in accordance with Canadian accounting standards for not-for-profit organizations;
- b) for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error; and
- c) to provide us with:
 - i. Access to all information of which the University's management is aware, that is relevant to the preparation of the consolidated financial statements such as records, documentation and other matters;

- ii. Additional information that we may request from the University's management for the purpose of the audit; and
- iii. Unrestricted access to persons within the University from whom we determine it necessary to obtain audit evidence.

As part of our audit process, we will request from the University's management and, where appropriate, those charged with governance written confirmation concerning representations made to us in connection with the audit. Those representations will include:

Financial statements

- a) communicating that all management's responsibilities, as set out in the terms of this Engagement, for the preparation of the consolidated financial statements in accordance with Canadian accounting standards for not-for-profit organizations have been fulfilled; in particular, responsibility for ensuring that the consolidated financial statements are fairly presented;
- b) communicating its belief that significant assumptions used in making accounting estimates, including those measured at fair value are reasonable;
- c) acknowledging that all events subsequent to the date of the consolidated financial statements and for which Canadian accounting standards for not-for-profit organizations require adjustment or disclosure have been adjusted or disclosed;

Completeness of information

- d) providing us with and making available complete financial records and related data, and copies of all minutes of meetings of shareholders, directors and committees of directors;
- e) acknowledging that all transactions have been recorded and are reflected in the consolidated financial statements;
- f) providing us with information relating to any known or probable instances of non-compliance with legislative or regulatory requirements, including financial reporting requirements;

- g) providing us with information relating to any illegal or possibly illegal acts, and all facts related thereto;
- h) acknowledging that all related party relationships and related party transactions have been appropriately accounted for and disclosed in accordance with the requirements of Canadian accounting standards for not-for-profit organizations;

Fraud and error

- i) the design and implementation of internal controls to prevent and detect fraud and error;
- j) an assessment of the risk that the consolidated financial statements may be materially misstated as a result of fraud;
- k) providing us with information relating to fraud or suspected fraud affecting the University involving:
 - i. management;
 - ii. employees who have significant roles in internal control; or
 - iii. others, where the fraud could have a material effect on the consolidated financial statements;
- l) providing us with information relating to any allegations of fraud or suspected fraud affecting the University's consolidated financial statements communicated by employees, former employees, analysts, regulators, or others;
- m) communicating its belief that the effects of any uncorrected financial statement misstatements aggregated during the audit are immaterial, both individually and in the aggregate, to the consolidated financial statements taken as a whole. A list of the uncorrected misstatements will be attached to the representation letter;

Recognition, measurement and disclosure

- n) providing us with its assessment of the reasonableness of significant assumptions underlying fair value measurements and disclosures in the consolidated financial statements;

- o) providing us with any plans or intentions that may affect the carrying value or classification of assets or liabilities;
- p) providing us with an assessment of all areas of measurement uncertainty known to management that are required to be disclosed in accordance with MEASUREMENT UNCERTAINTY, CPA CANADA HANDBOOK – ACCOUNTING Section 1508;
- q) acknowledging that no subsequent events occurred that require adjustment to the accounting estimates and disclosures included in the consolidated financial statements.
- r) providing us with information relating to claims and possible claims, whether or not they have been discussed with the University's legal counsel;
- s) providing us with information relating to other liabilities and contingent gains or losses, including those associated with guarantees, whether written or oral, under which the University is contingently liable;
- t) providing us with information on whether or not the University has satisfactory title to assets, liens or encumbrances on assets, and assets pledged as collateral;
- u) providing us with information relating to compliance with aspects of contractual agreements that may affect the consolidated financial statements;
- v) providing us with information concerning subsequent events; and

Written confirmation of significant representations

- w) providing us with written confirmation of significant representations provided to us during the Engagement on matters that are:
 - i. directly related to items that are material, either individually or in the aggregate, to the consolidated financial statements; and
 - ii. not directly related to items that are material to the consolidated financial statements but are significant, either individually or in the aggregate, to the Engagement.

The University's management agrees to make available draft consolidated financial statements, including appropriate note disclosures and any accompanying other information in time to allow for the audit to be completed within the proposed timeframe. In addition, the University's management agrees to inform us of any factors or circumstances that come to their attention during the period from the date of the auditor's report to the date consolidated financial statements are issued that may impact the consolidated financial statements; including their disclosures.

It is agreed that for any electronic distribution of your consolidated financial statements and our report thereon, the University's management is solely responsible for the accurate and complete reproduction of the consolidated financial statements and our report thereon.

While the report may be sent to the University electronically by us for your convenience, only the signed (electronically or manually) report constitutes the University's record copy.

If the University's management intends to publish or otherwise reproduce our report (or otherwise make reference to Doane Grant Thornton LLP) in a document(s) that contains other information (including in a document(s) that will be used in connection with a public offering of securities), the University's management agrees to (a) provide Doane Grant Thornton with a draft of such document(s) to read, and (b) obtain our approval for inclusion of our report in such document(s), before the document(s) are finalized and distributed. The University's management also agrees that if our name is to be used in connection with the consolidated financial statements, it will attach our auditors' report when distributing the consolidated financial statements to any third parties. The University's management agrees to provide us with adequate notice of the preparation of such document(s).

We look forward to full cooperation from your staff during our audit.

Non-audit services directly related to the audit

We will assist the University's management in preparation of the consolidated financial. However, the University's management remains at all times responsible for the preparation and fair presentation of the University's consolidated financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

General tax advisory

We will also provide to you general tax advisory services from time to time as requested by you. Some of these services may relate to general routine tax matters relating to the tax compliance work we have performed for you.

This Engagement does not include tax research or consultation with respect to other matters of tax significance that may arise. As items of this nature arise or as you request additional services, we will provide you with a fee estimate or an estimate of the required number of hours, before we invest significant professional time. In certain circumstances it may become necessary to issue a separate engagement letter and/or to render additional invoices for fees and expenses incurred. However, unless covered under a separate engagement letter, this Engagement will cover any such additional services we provide to the University which will be billed, on a monthly basis, at our standard hourly rates for the type of services requested.

Mandatory Disclosure Rules

Under the federal and Quebec mandatory disclosure rules ("Mandatory Disclosure Rules"), taxpayers, advisors, promoters and certain other parties may each be required to file one or more information returns with the Canada Revenue Agency and/or Revenu Quebec respectively.

The Mandatory Disclosure Rules generally require the disclosure of relevant information about certain types of transactions or series of transactions entered into by one or more taxpayers that are designated as a "Notifiable Transaction" and/or is a "Reportable Transaction" based on certain factors being present. The federal rules also require certain corporations to disclose the details of

"Uncertain Tax Treatments" reported in their (or a group member's) audited financial statements.

Responsibility for the fulfilment of any compliance requirements (including meeting any filing deadlines) under the Mandatory Disclosure Rules will remain the responsibility of the University. Failing to comply with the Mandatory Disclosure Rules generally has significant consequences, including large monetary penalties and extended reassessment periods.

The Services provided herein do not include the preparation of any information return, form or other document that you may be required to file under the Mandatory Disclosure Rules. If you request such out-of-scope services, we must be retained by you in advance under a separate engagement letter.

Furthermore, this Engagement does not include tax research or consultation with respect to Mandatory Disclosure Rules, including advice on whether any particular transaction that may be reflected in, or identified from information obtained during the course of providing the Services, is subject to the Mandatory Disclosure Rules. As items of this nature arise or as you request additional services, we will provide you with a fee estimate or an estimate of the required number of professional hours, before we invest significant professional time. In certain circumstances it may become necessary to issue a separate engagement letter (or to amend this engagement letter) and/or to render additional invoices for fees and expenses incurred.

We cannot guarantee that the Services provided herein or any advice we may provide regarding the Mandatory Disclosure Rules and/or filing requirements will avoid the imposition of any penalty or other sanction imposed on you under the Income Tax Act or related regulations or the Taxation Act (Quebec) or for failure to comply with such disclosure and filing obligations.

In connection with providing the Services, we may be an "Advisor" as defined under the Mandatory Disclosure Rules. As an Advisor, we may be required to collect certain information pertaining to your participation in a Notifiable Transaction or a Reportable Transaction, and file an information return with the Canada Revenue Agency or Revenue Quebec to disclose the required information. Such filings would only cover our reporting obligation as an Advisor (and would not fulfill the obligations required of you under the

Mandatory Disclosure Rules), as each party with a reporting requirement under these rules must report separately and on their own behalf.

By signing this engagement letter you confirm that to your knowledge our Services do not relate to a transaction or series of transactions that is reportable under the Mandatory Disclosure Rules.

You agree to promptly notify us if you become aware of a Reportable Transaction or Notifiable Transaction relating to our Services, either during the course of the Engagement or after the completion of the Engagement. This includes notifying us if you (or any of your advisors) become aware of any promoter, advisor or other party that has or intends to file an information return under the Mandatory Disclosure Rules for any transaction that may relate in any manner to our Services.

Reporting

Unless unanticipated difficulties are encountered, our report will be substantially in the following form:

INDEPENDENT AUDITOR'S REPORT

To the Board of Governors of
University of Prince Edward Island

Opinion

We have audited the consolidated financial statements of University of Prince Edward Island (the "University"), which comprise the statement of financial position as at April 30, 2026, and the statement of operations, changes in fund balances and cash flow statement for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies and other explanatory information.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of University of Prince

Edward Island as at April 30, 2026, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the consolidated financial statements* section of our report. We are independent of the University in accordance with the ethical requirements that are relevant to our audit of the consolidated financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information other than the consolidated financial statements and auditor's report thereon

Management is responsible for the other information. The other information comprises the information included in the consolidated schedule of Atlantic Veterinary college Operations and changes in fund balance and the consolidated schedule of faculty of medicine operations and changes in fund balances.

Our opinion on the consolidated financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of management and those charged with governance for the consolidated financial statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is responsible for assessing the University's ability to continue as a going concern, disclosing, as applicable, matters related to a going concern and using the going concern basis of accounting unless management either intends to liquidate the University or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the University's financial reporting process.

Auditor's responsibilities for the audit of the consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the University's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the University's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the University to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

- Plan and perform the group audit to obtain sufficient appropriate audit evidence regarding the financial information of the entities or business units within the Group as a basis for forming an opinion on the group financial statements. We are responsible for the direction, supervision and review of audit work performed for purposes of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Charlottetown, Canada

Chartered Professional Accountants

Date

The form and content of our report may need to be amended in the light of our audit findings.

Fees

Fees are based on the time required by the individuals assigned to perform the Services defined herein. Individual hourly rates vary according to the degree of responsibility involved and experience and skill required.

Other services

Depending on the nature and significance of requests for additional services, we may issue a separate engagement letter to cover the additional services and/or provide a fee estimate before we invest significant professional time in providing the additional services. As noted above, in the absence of such a separate engagement letter, the provisions of this Engagement shall apply to the additional services, which will be billed at our standard hourly rates for the types of services requested unless otherwise specified in a fee estimate.

University consent to production

The University hereby acknowledges that we may from time to time receive requests or orders from professional (provincial institutes) or other regulatory or governmental authorities (including the Canada Revenue Agency) to provide them with information and copies of documents in our files including working papers and other work-product relating to the University's affairs. The University consents to us providing or producing, as applicable, these documents and information without further reference to, or authority from, you.

When a regulatory authority requests access to our working papers and other work-product relating to the University's affairs, we will, on a reasonable efforts basis, refuse access to any document over which the University has expressly informed us at the time of delivery that the University asserts privilege, except where disclosure of documents is required by law or requested by a provincial Institute/Order of Canadian Chartered Professional Accountants pursuant to its statutory authority in which event the University expressly consents to such disclosure. The University must mark any document over which it asserts privilege as privileged and inform us of the grounds for the University's assertion of privilege (such as whether it claims solicitor-client privilege or litigation privilege).

We may also be required to provide information relating to the fees that we collect from the University for the provision of audit services, other accounting services and non-audit services, and the University consents to the disclosure of that information as may be required by the regulatory authority.

The University agrees to reimburse us, upon request, at our standard billing rates for our professional time and expenses, including reasonable legal fees, incurred in dealing with the matters described above.

Use of third-party service providers

Doane Grant Thornton intends to engage the following third-party service provider(s) to assist us as follows:

- [Harvest Investments, LTD. – valuation of investment portfolio](#)

You hereby authorize us to disclose University information to the above named third-party service providers.

Release and indemnification

You agree to release, indemnify and hold harmless Doane Grant Thornton, its affiliates and their respective directors, officers, partners, principals, employees, consultants and contractors from any and all claims, liabilities, costs and expenses (including any and all legal expenses incurred by Doane Grant Thornton) arising out of or based upon:

- a) any misstatement or omission in any material, information or representation supplied or approved by you;
- b) any third party claim relating to or arising out of this Engagement; or
- c) any other matter related to or arising out of this Engagement, except to the extent finally determined to have resulted from the negligence, wilful misconduct or fraudulent behaviour of Doane Grant Thornton.

Limitation of liability

In any action, claim, loss or damage arising out of the Engagement, you agree that Doane Grant Thornton's liability will be several, and not joint and several and you may only claim payment from Doane Grant Thornton of its proportionate share of the total liability based on its degree of fault as finally determined. Any action against us must be commenced on or before the date which is the earlier of i) eighteen months from the completion of the Services; and ii) the date by which an action must be commenced under any applicable legislation other than limitation legislation.

The total liability assumed by Doane Grant Thornton, whether to you or any other party, for any claim, loss or damage arising out of or in connection with the Engagement, regardless of the form of action, claim, loss or damage be it tort, contract or otherwise, shall in no event exceed the lesser of ten times the professional fees paid to Doane Grant Thornton under this Engagement or one million dollars (\$1,000,00). In addition, Doane Grant Thornton shall not under

any circumstances be liable for any special, indirect or consequential damages, including without limitation, lost profit or revenue, or similar damages.

Third party tools and data storage

We use third party cloud-based tools in connection with providing the Services. Certain information regarding the Engagement will be stored with such third parties.

Standard terms and conditions

This letter and our standard terms and conditions attached as [Schedule A](#), shall form the basis of the Engagement.

Survival of terms

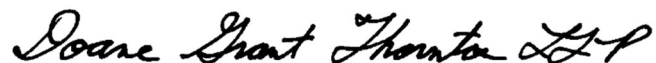
This engagement letter will continue in force for subsequent audits unless terminated by either party by written notice prior to the commencement of the subsequent audit.

Acceptance of engagement letter

Please confirm your acceptance of this Engagement by signing below and returning this letter to us.

We are proud to serve you and we appreciate your confidence in our work. If you have any questions about the contents of this letter, please raise them with us.

Yours sincerely,
Doane Grant Thornton LLP



Ryan Innis, CPA, CA
Principal

The services and terms as set forth in this letter are agreed to.

University of Prince Edward Island

By:

(Signature)

(Name)

(Title)

(Date)

Schedule A

Terms and conditions

Except as otherwise specifically stated in the Engagement, the following general terms and conditions apply to and form part of the Engagement.

Responsibilities – Doane Grant Thornton shall use all reasonable efforts to complete the Services within the time-frame, if any, stipulated in the Engagement. Doane Grant Thornton shall not be liable for failures or delays in performance of the Services that arise from causes beyond its control, including the untimely performance by the University of its obligations and responsibilities as set out in the Engagement.

In addition, Doane Grant Thornton reserves the right, in whole or in part, to decline the performance of any Service(s) if, in the sole discretion of Doane Grant Thornton, the performance of any of the Services may cause Doane Grant Thornton to be in violation of any applicable law, regulations, professional standards or obligations or which may otherwise result in damage to Doane Grant Thornton's reputation.

Information and announcements – The University shall cause to be provided or provide Doane Grant Thornton with all material information in its possession or control or to which it has access and such other information as Doane Grant Thornton deems relevant for the purposes of the Engagement. The University shall also provide where applicable, access to its directors, officers or professional advisers as required to complete the Services. The University undertakes that if anything occurs after the supply of any such information or documents which would render same inaccurate, untrue, unfair or misleading it will promptly notify Doane Grant Thornton and take all such steps as Doane Grant Thornton may require to correct such information or documents.

Unless otherwise contemplated or permitted by the Engagement, any advice, reports (including the audit report), compiled or reviewed financial statements, discoveries, information or opinions, whether written or oral, rendered or provided by Doane Grant Thornton to the University (and/or its affiliates) ("Deliverables"), or any communications between Doane Grant Thornton and the University (and/or its affiliates) in connection with the Engagement may not be disclosed to any third party without the prior written consent of Doane Grant Thornton with the exception of any applicable Canadian taxing authorities and the University's financial institution. Any Deliverables shall be solely for the benefit of the University and not for the benefit of any third party and may be relied upon only for the purpose for which the Deliverable is intended as contemplated or defined within the Engagement. Doane Grant Thornton recognizes no responsibility whatsoever,

other than that owed to the University as at the date on which the Deliverable is given to the University by Doane Grant Thornton, for any unauthorized use of or reliance on any Deliverables. Unless otherwise expressly provided for within the Engagement or upon written consent of Doane Grant Thornton, no Deliverables shall be used or relied on by the University as expert evidence or included as evidence in any litigation or court proceeding. Notwithstanding any term within the Engagement and by way of an exception to this paragraph, nothing within the Engagement shall prohibit the disclosure by the University or Doane Grant Thornton to any person or to the Minister of National Revenue, or the Quebec Minister of Finance as applicable, of the details, including the tax treatment or structure of any transaction or series of transactions, contemplated by the Deliverables, if the transaction or series or transactions would be, or would otherwise be if not for this exception, i) a reportable transaction or an avoidance transaction, as defined by subsection 237.3(1) of the *Income Tax Act* (Canada) ("ITA"), or a series of transactions including an avoidance transaction under which a tax benefit to the University results or would result but for section 237.3(1) of the ITA; ii) a notifiable transaction as defined by 237.4(1) of the ITA; iii) a confidential transaction under section 1079.8.6 of the *Taxation Act* (Quebec) ("TA"); or iv) any other type of reportable tax avoidance transaction or similar type of transaction requiring disclosure to a taxing authority as defined by any other applicable legislation or regulations.

The University acknowledges that the Services will involve analysis, judgement and other performance from time to time in a context where the participation of the University or others is necessary, where answers often are not certain or verifiable in advance and where facts and available information change with time. Accordingly, the University agrees that the evaluation of the Services provided by Doane Grant Thornton shall be based solely on Doane Grant Thornton's substantial conformance with any standards or specifications expressly set forth within this Engagement and applicable professional standards, and any claim of non-conformance (and applicably of such standards) must be clearly and convincingly shown. Unless the University or Doane Grant Thornton agree otherwise in writing, Doane Grant Thornton shall have no responsibility to update any of the Services or Deliverables after their completion, and any such updates will be billed at Doane Grant Thornton's then current hourly rates.

Independence – In the event, the University is (i) an entity that is registered with the United States Securities and Exchange Commission; or (ii) an affiliate of a registrant, and a provision(s) contained within the Engagement would be prohibited by, or impair the independence of, any member firm of Grant Thornton International Ltd ("Grant Thornton International") under any law or regulation applying to the University, such provision(s) shall not apply to the Engagement to the

extent that is necessary to avoid the prohibition against or impairment of the referenced independence of the respective Grant Thornton International member firm.

Independent contractor – Doane Grant Thornton shall provide all services as an independent contractor and nothing in this Engagement shall be construed as to create a partnership, joint venture or other similar relationship with the University or any other party. Neither the University nor Doane Grant Thornton shall have the right, power or authority to obligate or bind the other in any manner.

Subcontracting – The University agrees that Doane Grant Thornton may authorize, allow or require its affiliates and contractors to assist in the performance of the Services and to share in Doane Grant Thornton's rights under the Engagement, including any protections available thereunder, provided that such party(ies) shall commit (as applicable) to be bound by the obligations set forth in the Engagement.

Grant Thornton International Ltd – Doane Grant Thornton is a Canadian member of Grant Thornton International Ltd., a global organization of member firms in over 100 countries. Member firms are not members of one international partnership or otherwise legal partners with each other. There is no common ownership, control, governance, or agency relationship between member firms.

Assisting Firms – Unless otherwise stipulated within the Engagement, this Engagement is with Doane Grant Thornton. In the course of providing the Services, we may at our sole discretion, draw upon the resources of or subcontract a portion of the Services to another entity (including a partnership) which may carry on business under the name which may include within its name "Grant Thornton" or be another member firm of the worldwide network of Grant Thornton International Ltd. member firms (hereinafter "GTIL Member Firms").

Unless a GTIL Member Firm is directly contracted by you to provide any of the Services which are subject to this Engagement, the provision of those Services remain the responsibility of Doane Grant Thornton and the University agrees that it will not bring any claim, whether in contract, tort (including negligence) or otherwise against any GTIL Member Firm in respect of this Engagement or the Services defined herein. In these circumstances, any GTIL Member Firm that deals with you for the purpose of completing the Services does so on behalf of Doane Grant Thornton. The provisions of this clause have been stipulated for the benefit of GTIL Member Firms. GTIL Member Firms will have the right to rely on this clause as if they were parties to the Engagement and will have the right (subject to the discretion of the courts) to a stay in proceedings if you bring any claim against any GTIL Member Firms in breach of this clause.

Non-solicitation –The University agrees that it shall not solicit for employment or hire any of the partners, principals, employees or consultants of Doane Grant Thornton who are involved in the performance of the Services during the term of the Engagement and for a period of twelve (12) months thereafter.

Confidentiality – All information which Doane Grant Thornton receives from the University or the University's directors, officers, agents, advisors or counsel in connection with the Engagement and which is for the time being confidential ("Confidential Information"), will be held in strict confidence, provided that Doane Grant Thornton shall be free to, without the requirement to seek any further consent or authorization from the University, make disclosures (a) as a result of any applicable law or regulation (including any disclosure, notification or other reporting obligation under the *Income Tax Act* (Canada), *Taxation Act* (Quebec) or any other applicable legislation), court or other order binding upon it, under the laws of, or pursuant to any governmental action (including requests and orders), regulatory requirement, or professional standard obligations (including disclosure to a provincial institute of chartered professional accountants); (b) of such information to any professional advisers, consultants and contractors, including GTIL Member Firms it may consult in connection with the Engagement and the performance of the Services; and (c) as set out in the Engagement.

Doane Grant Thornton may disclose Confidential Information to GTIL Member Firms for the purposes of fulfilling its professional obligations to manage conflicts of interest and to maintain auditor independence. Confidential Information may also be disclosed as part of compliance reviews or to implement standardized performance measurement, client relationship management and documentation systems within the global Grant Thornton network. The Confidential Information disclosed may include ownership information and information about related entities and such information may be stored, processed and accessed from locations outside of Canada.

Notwithstanding anything to the contrary contained within the Engagement, Doane Grant Thornton shall not be obligated to treat as confidential, or otherwise be subject to any restrictions on use, disclosure or treatment as contained within the Engagement, of any information disclosed by the University which, (i) is rightfully known by Doane Grant Thornton on a non-confidential basis prior to its disclosure by the University; (ii) is independently developed by Doane Grant Thornton without reference to or use of the University's Confidential Information; (iii) is or later becomes publicly available without violation of the Engagement; or (iv) is lawfully obtained by Doane Grant Thornton from another party.

Working papers/reports – The advice or opinions of Doane Grant Thornton, including all materials, reports, information, data, and work created, developed or performed by Doane Grant Thornton during the course of the Engagement (“the Doane Grant Thornton Materials”) shall belong to Doane Grant Thornton, with the exception of final tax returns, original contracts, other documents of title held to the University’s order and any documents the return of which the University has stipulated, on or prior to their release to Doane Grant Thornton (the “University Materials”). Notwithstanding the foregoing, (i) Doane Grant Thornton may retain a copy of the University Materials (including Confidential Information) as required by Doane Grant Thornton, in its sole discretion, to meet any obligations imposed by professional standards; and (ii) nothing shall require the return, erasure or destruction of back-ups made in accordance with Doane Grant Thornton’s document-retention procedures.

Conflict of interest – Doane Grant Thornton, its associated entities and GTIL Member Firms are involved in a wide range of financial advisory activities out of which conflicting interests or duties may arise. Within Doane Grant Thornton, its associated entities and GTIL Member Firms, practices and procedures are maintained to restrict the flow of information and thereby manage or assist in managing such conflicts in a proper manner. Nothing within this Engagement will be interpreted to preclude Doane Grant Thornton, its associated entities and GTIL Member Firms from engaging in any transaction or representing any other party at any time or in any capacity, provided that Doane Grant Thornton shall not, knowingly provide services to another party under circumstances which would place Doane Grant Thornton in a direct conflict of interest during the term of the Engagement without the University’s prior written consent. In the event Doane Grant Thornton becomes conflicted, as determined in its discretion, Doane Grant Thornton shall be permitted, but not obligated to, terminate this Engagement without any additional liability to the University, upon fourteen (14) days prior written notice.

Access to and disclosure of information – Doane Grant Thornton is committed to the protection of personal information. During the course of planning, performing and reporting the result of the Services, Doane Grant Thornton, its employees, partners, contractors, consultants, and GTIL Member Firms may need to obtain, use and disclose University information (including Confidential Information and personal information) in the possession of, or under the control of the University. The University acknowledges this potential use and/or disclosure and agrees that it is responsible for obtaining, where required under applicable law or regulation, a court order or consent from any third party in order to permit Doane Grant Thornton, its employees, partners, contractors, consultants, and/or GTIL Member Firms, to access, obtain, use and/or disclose University information (including Confidential Information and personal information) accessed by us or provided to us by the University or a party authorized by the University for the purposes of

completing the Services, and/or other disclosure so defined within the Engagement or for those additional purposes as more fully explained within Doane Grant Thornton’s privacy policy, as it may be amended from time to time and available at www.doanegrantthornton.ca.

Electronic communication – Doane Grant Thornton and the University may need to electronically transmit confidential information to each other and to other entities engaged by either party during the Engagement. Electronic methods include, but are not limited to telephones, cellular telephones, electronic mail and facsimiles. These technologies provide for a fast and convenient way to communicate. However, all forms of communications have inherent security weaknesses and the risks of compromised confidentiality cannot be eliminated. Notwithstanding the inherent risks, the University agrees to the use of such electronic methods to transmit and receive information (including confidential information), between Doane Grant Thornton and the University and between Doane Grant Thornton and outside specialists, contractors or other entities engaged by either Doane Grant Thornton or the University. The University further agrees that Doane Grant Thornton shall not be liable for any loss, damage, expense, inconvenience or harm resulting from the loss, delay, interception, corruption or alteration of any electronic communication due to any reason whatsoever.

The University also agrees that Doane Grant Thornton professionals shall be authorized to connect their computers to the University’s IT network, subject to any specific restrictions the University provides to Doane Grant Thornton. Connecting to the University’s IT network or the internet via this network, while at the University’s premises, will be primarily for the purpose of conducting normal business activities, and those relating to the completion of the Services.

Expenses – If applicable, the University will reimburse Doane Grant Thornton for all reasonable out-of-pocket expenses incurred by Doane Grant Thornton in entering into and performing the Services, whether or not it is completed, including but not limited to, travel, telecommunications costs, fees and disbursements of other professional advisers, and other disbursements customary in engagements of this nature. Normal administrative expenses are charged on the basis of a percentage of professional costs. The administrative fee is equal to 4% of the total professional fees invoiced during the Engagement. All other out-of-pocket expenses will be charged at cost as incurred by Doane Grant Thornton.

Taxes – All fees and other charges payable to Doane Grant Thornton do not include any applicable federal, provincial, or other goods and services tax or sales tax, or any other taxes or duties whether presently in force or imposed in the future. All sums payable to Doane Grant Thornton hereunder shall be paid in full without withholding or deduction.

Billing – All invoices issued by Doane Grant Thornton hereunder are due within 30 days of the invoice date. Interest will be charged on all overdue accounts at a rate of 1.5% per month (18% per annum) until paid. Fees paid or payable to Doane Grant Thornton under this Engagement are non-refundable and shall not be subject to set-off. Unless otherwise directed by Doane Grant Thornton, all fees, expenses and other sums will be billed and payable in Canadian Dollars.

Termination – Either the University or Doane Grant Thornton may terminate the Engagement upon fourteen (14) days prior written notice to the other party. In addition to the foregoing, Doane Grant Thornton may also terminate the Engagement in the event of a breach of any term of the Engagement by the University which is not cured by the University within ten (10) days of receipt of written notice as to the breach. Upon termination for any reason, the parties shall return each other's confidential information, except that Doane Grant Thornton may retain one copy for its working papers and one copy of the University Data may also be retained by Doane Grant Thornton even if same may contain confidential information of the University. In addition to its rights of termination provided herein and notwithstanding anything to the contrary in the Engagement, Doane Grant Thornton shall also have the right (i) upon five (5) days prior written notice to the University, to suspend or terminate its Services in the event the University fails to pay Doane Grant Thornton any amount due to it under the terms of the Engagement; or (ii) immediately upon written notice to the University, terminate its Services in the event Doane Grant Thornton discovers any information which Doane Grant Thornton determines, in its sole discretion, may affect its reputation, integrity or independence. In the event of termination, the University agrees to compensate Doane Grant Thornton for all time expended and costs incurred up to and including the date of termination.

Severability – Each provision of this Engagement is severable and if any provision (in whole or in part) is or becomes invalid or unenforceable or contravenes any applicable regulations or laws, the remaining provisions and the remainder of the affected provision (if any) will not be affected.

Assignment – No assignment shall be made by either party of their respective obligations under this Engagement without the prior written consent of the other party.

Publication – Under no circumstances without the express prior written consent of Doane Grant Thornton, shall the University disclose, release, use, make reference to, or quote Doane Grant Thornton's name, logo or any Deliverable (whether written or verbal) within any press release, press conference, website update, media release or any other form of public disclosure ("Disclosure Document") other than for litigation purposes, but only to the extent and in the manner that such use is contemplated by the Engagement. In the event the University wishes to seek Doane Grant Thornton's consent as required by the Engagement, the University shall

provide to Doane Grant Thornton a copy of such Disclosure Document for prior approval, which approval may be unreasonably withheld. As aforementioned, notwithstanding the terms of this paragraph, the University is not prohibited from disclosing details, including the tax treatment or structure of any transaction, if the transaction or series or transactions would be, or would otherwise be if not for this exception, i) a reportable transaction or an avoidance transaction, as defined by subsection 237.3(1) of the ITA, or a series of transactions including an avoidance transaction under which a tax benefit to the University results or would result but for section 237.3(1) of the ITA; ii) a notifiable transaction as defined by 237.4(1) of the ITA; iii) a confidential transaction under section 1079.8.6 of the TA; or iv) any other type of reportable tax avoidance transaction or similar type of transaction requiring disclosure to a taxing authority as defined by any other applicable legislation or regulations.

University representations, warranties and covenants – The University represents, warrants and covenants to Doane Grant Thornton that:

- a. the execution, delivery and performance of the Engagement has been duly authorized and does not, and with the passage of time, will not conflict with or violate any contractual, statutory, common law, legal, regulatory or other obligation by which the University is bound; and
- b. the Engagement is the legal, valid and binding obligation of the University, enforceable in accordance with its terms.

Doane Grant Thornton representations, warranties and covenants – Doane Grant Thornton represents, warrant and covenants to the University that Doane Grant Thornton will provide the Services described within the Engagement in a professional and competent manner. Doane Grant Thornton makes no other representation or warranties and explicitly disclaims all other warranties and representations whether expressed or implied by law, usage of trade, course of dealing or otherwise.

Surviving provisions – The University's obligations in respect of confidentiality, payment of fees and expenses, limitation of liability and Release and Indemnification as outlined within the Engagement and these terms and conditions shall survive termination of the Engagement.

Governing law and forum – The Engagement, including these terms and conditions shall be governed by and construed in accordance with the laws of the Province in which the Engagement was signed by Doane Grant Thornton.

Other matters – The failure of either party to insist on strict performance of the Engagement, or to exercise any option herein, shall not act as a waiver of any right, promise or option, but the same shall be in full force and effect. No waiver of any term or provision or of any breach or default shall be valid unless in writing and signed by the party giving such waiver, and no such waiver shall be deemed a waiver of any other term or provision or any subsequent breach or default of the same or similar nature.

Complete agreement – This Engagement, including these terms and conditions and any schedules, sets forth the entire understanding of the parties relating to the subject matter hereof and supersedes and cancels any prior communications, understandings, and agreements between the parties. This Engagement may not be amended or modified except in writing between the parties and shall inure to the benefit of and be binding upon the parties and their respective successors and assigns.

Appendix C – Letter of independence

March 13, 2026

Independence letter – audit

The Finance and Audit Committee

University of Prince Edward Island

Dear Finance and Audit Committee Members:

We have been engaged to audit the consolidated financial statements of University of Prince Edward Island (the University) for the year ending April 30, 2026.

We have also been engaged to:

- Audit the University of Prince Edward Island Foundation (U.S.), Inc. for the year ended April 30, 2026;
- Audit and report on compliance with specified requirements applicable to the US Stafford Loan Program;
- Assist with the preparation and filing of the US tax returns (Form 990 and schedules and Massachusetts Form PC, and extensions if require) for the US Foundation; and
- Assist with the preparation and filing of the US tax return (Form 990 and schedules, and extensions if required) for UPEI.

Canadian generally accepted auditing standards require that we communicate at least annually with you regarding all relationships between the University, its subsidiaries and affiliates, and Doane Grant Thornton

LLP and its member firms (collectively, “ Doane Grant Thornton”) that, in our professional judgment, may reasonably be thought to bear on our independence.

In determining which relationships to report, these standards require us to consider relevant rules and related interpretations prescribed by the Chartered Professional Accountants of Prince Edward Island and applicable legislation, covering such matters as:

- a holding a financial interest, either directly or indirectly, in a client;
- b holding a position, either directly or indirectly, that gives the right or responsibility to exert significant influence over the financial or accounting policies of a client;
- c personal or business relationships of immediate family, close relatives, partners or retired partners, either directly or indirectly, with a client;
- d economic dependence on a client; and
- e provision of services in addition to the audit engagement.

We have prepared the following comments to facilitate our discussion with you regarding independence matters arising since May 5, 2025, the date of our last letter.

We are aware of the following relationships between the University, and Doane Grant Thornton LLP that, in our professional judgment, may reasonably be thought to bear on our independence. The following relationships represent matters that have occurred from May 5, 2025 to March 13, 2026.

- The partners and firm of Doane Grant Thornton LLP have established a \$50,000 endowment fund for a scholarship to be issued annually.
- The partners have committed \$100,000 to the Robertson Library upgrade capital campaign
- A partner is part of the advisory board for the McDougall Faculty of Business
- The engagement partner is contributed towards a soccer endowment fund.

The total fees charged to the Company for audit services were \$162,600 and for non-audit services were \$42,204 during the period from May 5, 2025 to March 13, 2026.

We confirm that we are independent with respect to the Company within the meaning of the Rules of Professional Conduct of the Chartered Accountants of Prince Edward Island as of March 13, 2026.

This report is intended solely for the use of the Finance and Audit committee, the board of directors, management, and others within the University and should not be used for any other purposes.

Yours sincerely,

Doane Grant Thornton LLP

A handwritten signature in black ink that reads "Doane Grant Thornton LLP". The signature is written in a cursive, flowing style.

Ryan Innis, CPA, CA
Principal

Appendix D – ASNPO

Accounting developments

Accounting – Standards issued by CPA Canada

Effective date

Preface to the CPA Canada Handbook – Accounting

The CPA Canada Handbook (the CPA Handbook) is structured to accommodate the different standards that apply to the different categories of organizations.

- Preface to the CPA Canada Handbook – Accounting
- Part I – International Financial Reporting Standards (IFRS)
- Part II – Accounting Standards for Private Enterprises (ASPE)
- Part III – Accounting Standards for Not-for-Profit Organizations (ASNPO)
- Part IV – Accounting Standards for Pension Plans

Not-for-profit organizations (NPOs) who report under Part III of the CPA Handbook are also required to follow the standards in Part II of the CPA Handbook for those areas that are not addressed in Part III of the CPA Handbook.

Amendments to Section 3400 Revenue – Upfront non-refundable fees or payments

The Section has been amended to indefinitely defer the effective date of previous amendments related to upfront non-refundable fees or payments. The new amendments also require the disclosure of the nature and amount of upfront non-refundable fees or payments recognized in revenue upon entering into the arrangement. The disclosure requirement is effective for fiscal years beginning on or after January 1, 2025, with earlier application permitted.

Fiscal years beginning on or after January 1, 2025. Early application is permitted.

Accounting Guideline (AcG) 20 *Customer's Accounting for Cloud Computing Arrangements*

This new Accounting Guideline provides guidance on how to account for a customer's expenditures in a cloud computing arrangement and, how to determine whether a software intangible asset exists in the arrangement.

Fiscal years beginning on or after January 1, 2024. Early application is permitted.

The key objectives of the accounting guideline are to:

- clarify that an enterprise must allocate the arrangement consideration to significant separable elements in a cloud computing arrangement on a rational and consistent basis
 - clarify that an enterprise must apply Section 3064 *Goodwill and Intangible assets* to account for any significant elements unless the elements are tangible assets or right-to-use assets
 - provide a simplified approach to allow an enterprise to expense expenditures (other than those related to tangible capital assets or rights to use a tangible capital asset) as they are incurred, treating them as a supply of services
 - provide factors to consider when determining whether the arrangement includes a software intangible asset or is software service; and
 - provide an accounting policy choice to either:
 - a) capitalize directly attributable expenditures on implementation activities when the arrangement is a software service; or
 - b) expense such expenditures as incurred
-

Proposed new contributions revenue recognition guidance in ASNPO

In March 2023, the Accounting Standards Board (AcSB) issued an Exposure Draft entitled [Contributions – Revenue Recognition and Related Matters](#). The Exposure Draft included a proposed new Handbook Section 4411 *Contributions received by not-for-profit organizations*, which would replace current Sections 4410 *Contributions – revenue recognition* and 4420 *Contributions receivable*, along with proposed amendments to Section 4400 *Financial statement presentation for not-for-profit organizations*. The proposed effective date of the new handbook section and related amendments in the Exposure Draft would have been for fiscal years beginning on or after January 1, 2026, with earlier application permitted. The deadline for stakeholders to respond to the Exposure Draft was September 30, 2023.

Given the numerous responses and concerns raised, the AcSB has decided to defer the proposed effective date to allow for further outreach to stakeholders and consultation with the NPO sector. Thus far, the Board has concluded that the single revenue recognition model proposed in the Exposure Draft (which would have replaced the current deferral method and restricted fund method) would not meet the needs of the NPO sector. Therefore, the AcSB will continue to allow an accounting policy choice for the recognition of contributions. A Re-Exposure Draft is currently in development that will re-introduce two methods of revenue recognition with improvements, with an objective to improve quality and understandability of ASNPO financial statements through improved consistency in the application of the standards. The Board will also consider the other comments and feedback received and determine whether additional changes in the Re-Exposure Draft are necessary.

Detailed review of Accounting Standards for Private Enterprises

As part of its 2022-2027 Strategic Plan, the Accounting Standards Board (AcSB) committed to exploring scaling the standards for private enterprises to better meet the different reporting needs of the wide variety of entities that apply domestic accounting standards in Canada. In 2023, the Board issued a Consultation Paper entitled [Exploring Scalability in Canada](#) to gather broad input on key issues and potential solutions related to scaling the standards. During its outreach, the AcSB heard that several standards in Part II of the CPA Canada Handbook – Accounting Standards for Private Enterprise (ASPE) are either complex to apply or result in information that is not decision-useful to financial statement users.

Based on this feedback, the AcSB decided to conduct a detailed review of ASPE to identify the most complex requirements and propose practical solutions, with the aim of increasing the understandability and accessibility of the standards for all entities.

A second Consultation Paper entitled [Detailed Review of ASPE](#) was issued in September 2025, which details the areas of complexity that were identified during the Board's previous outreach. The AcSB is conducting another outreach through this Consultation Paper to gather stakeholder feedback on the various issues identified within the scope of this project and the Board's preliminary decisions as to the areas of focus and potential changes. The more significant areas for NPOs that the AcSB noted may benefit from simplifications include revenue, inventories, and financial instruments. The objective of the project is to simplify recognition and measurement requirements in select standards, as well as reduce disclosure requirements, where the cost of preparation may exceed the benefit of decision-useful information to the users of ASPE financial statements. The Board now has the public's responses to the second Consultation Paper and will begin deliberating the findings.

NPOs applying ASNPO must also apply ASPE to the extent that ASPE addresses topics not addressed in ASNPO. As a result, if there are amendments to ASPE as a result of this project, some would also impact NPOs that are preparing ASNPO financial statements.

Appendix E – Auditing developments

Canadian Auditing Standards (CASs) and other Canadian Standards issued by the AASB	Effective date
<p data-bbox="130 524 512 548">Revisions to CAS 570 <i>Going Concern</i></p> <p data-bbox="130 565 1367 743">Auditors are required to obtain sufficient appropriate audit evidence on the appropriateness of management's use of the going concern basis of accounting and conclude on whether a material uncertainty exists in relation to going concern. Financial statement users raised questions about how much auditors should be able to detect from their audit procedures in this area, and what is communicated to users about the entity's ability to continue as a going concern. In response, the International Auditing and Assurance Standards Board (IAASB) issued a revised standard incorporating several key changes and, in June 2025, the Auditing and Assurance Standards Board (AASB) issued the equivalent Canadian standard with no Canadian-specific amendments. Key changes to the standard included:</p> <ul data-bbox="130 760 1381 1084" style="list-style-type: none"><li data-bbox="130 760 667 784">• Defining material uncertainty related to going concern<li data-bbox="130 800 1346 849">• Enhancing the risk identification and assessment requirements so they are consistent with those set out in CAS 315 (Revised) <i>Identifying and Assessing the Risks of Material Misstatement</i><li data-bbox="130 865 1360 914">• Enhancing the auditor's evaluation of management's going concern assessment, including requirements to support the auditor's application of professional skepticism<li data-bbox="130 930 1381 979">• Adding a requirement for the auditor to request management to extend its going concern assessment of the entity to cover at least 12 months from the date of approval of the financial statements if management has not already done so<li data-bbox="130 995 1367 1044">• Enhancing the auditor's consideration of information related to management's going concern assessment that becomes available to the auditor after the date of the auditor's report but before the date the financial statements are issued<li data-bbox="130 1060 1035 1084">• Adding requirements to enhance communications about going concern in the auditor's report.	<p data-bbox="1409 524 1654 573">Periods beginning on or after December 15, 2026.</p>

Canadian Auditing Standards (CASs) and other Canadian Standards approved by the AASB but not issued**Effective date****Revisions to CAS 240 *The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements***

Periods beginning on or after December 15, 2026.

High quality audits contribute to the efficiency of capital markets and financial stability. In recent years, corporate failures and scandals have brought the topic of fraud to the forefront and led to questions from stakeholders about the role and responsibilities of the auditor relating to fraud in an audit of financial statements. This led the IAASB to initiate a project to revise the standard. In June 2025, the IAASB approved its final standard, which will be issued in September 2025. Changes include:

- Clarifying the roles and responsibilities of the auditor with respect to fraud
 - Establishing more robust requirements if fraud or suspected fraud is identified
 - Reinforcing the importance of exercising professional skepticism in fraud-related audit procedures
 - Strengthening communications through the audit with management and those charged with governance about matters related to fraud
 - Adding transparency on fraud-related responsibilities and procedures in the auditor's report
-

Purpose: DISCUSSION/DECISION

Subject: Expenditure and Spending Authority Approval: Robertson Library Renovation

Prepared by: Tim J. Walker, Vice-President Administration and Finance

Prepared for: Board of Governors

Date: March 31, 2026

ISSUE

Upon referral by Properties and Environmental Sustainability Committee (PESC) and approval of the Finance, Audit and Risk Committee (FARC) recommend that Board authorize management to make expenditures with regard to this project?

BACKGROUND

Committee members will recall:

Pursuant to s.14.10 of FARC's [Terms of Reference](#)¹ (i.e., Expenditure Approval), "*The Committee shall review and recommend for approval to the Board any expenditures that require Board approval as per the University Spending Authority Policy.*"

Pursuant to the University [Spending Authority](#)² policy, the Board of Governors is the Spending Authority for Maximum Transaction Values greater than \$3.0M (s.5.2) but "*when the Board approves a capital project budget that is greater than \$3,000,000, the President will delegate a University Signing Authority to approve an expenditures that fall within the project budget on behalf of the Board*" (s.5.4).

OTHER IMPORTANT INFORMATION

See **Appendix One** for the Capital Project Proposal reviewed by PESC.

This project is estimated to cost approximately \$4.5M (including a modest 12% contingency) therefore exceeding the \$3.0M threshold requiring Board approval.

Allowing for additional unforeseen contingencies, management is proposing that Board authorize management to expend no more than \$5.0M on this project on condition that funding sources are available to do so.

This project is currently fully funded (even at a \$5.0M level) by donations raised from UPEI's Development and Alumni Engagement from prior campaign(s).

DISCUSSION/DECISION: OPTIONS AND RATIONALE

Option One: Recommend to Board that management be authorized to make expenditures to a Maximum Transaction Value of \$5.0M to execute this project.

Option Two: Do not recommend to Board that that management be authorized to make expenditures to a Maximum Transaction Value of \$5.0M to execute this project.

¹ https://files.upei.ca/governance/committees/upei_bog_far_committee_terms_of_reference.pdf

² https://files.upei.ca/policy/spending_authority_policy_admfingnl0009.pdf



DISCUSSION/DECISION: RECOMMENDATION

MOTION -

That management be authorized to make expenditures to a Maximum Transaction Value of \$5.0 Million as may be required to execute the renovation of the Robertson Library.

APPENDICES

Appendix One: Capital Project Proposal Form

³ https://files.upei.ca/governance/committees/upei_bog_far_committee_terms_of_reference.pdf

⁴ https://files.upei.ca/policy/spending_authority_policy_admfingnl0009.pdf

Project Title: Robertson Library Special Collections Expansion and Interior Renovation

Sponsoring Department: Development and Alumni Engagement

Project Sponsor: Special Collections and Archival

Project Manager: Peter Doiron, P.Eng, PMP

Date Submitted: February 17, 2026

Requested Approval Window: March 2026

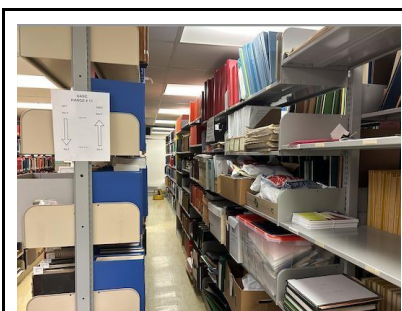
Project Type: Construction

1. Executive Summary

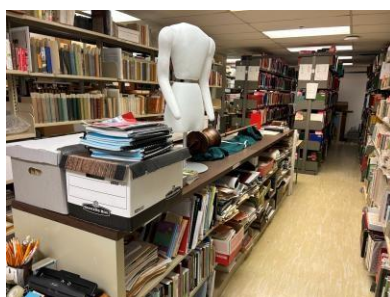
One of the Robertson Library's mandates includes the collection and stewardship of materials about Prince Edward Island, written by Islanders, or published on PEI. The Prince Edward Island Collection, the largest element of the Library's University Archives and Special Collections (UASC), represents decades of acquisitions, curation and research and continues to grow annually through new acquisitions and donations.

USAC also includes archival fonds and collections from UPEI and its founding institutions, SDU and PWC, a comprehensive collection of material by and about L.M. Montgomery, as well as cartographic records, sound and moving image records, serials, government documents, ephemera, a variety of artifacts and provides storage for UPEI's art collection. The current storage includes temperature and humidity controls and meets the requirements for a Category "A" certified institution as designated by the Canadian Cultural Property Export Review Board; without this designation, the centre would have been unable to accept some of our largest and most valuable donations.

The existing space is approximately 43'x43' resulting in 1,849 sqft of usable storage and it is not sufficient for existing materials let alone space for processing and expansion of the collection. The images below demonstrate some of our current issues and challenges due to lack of space.



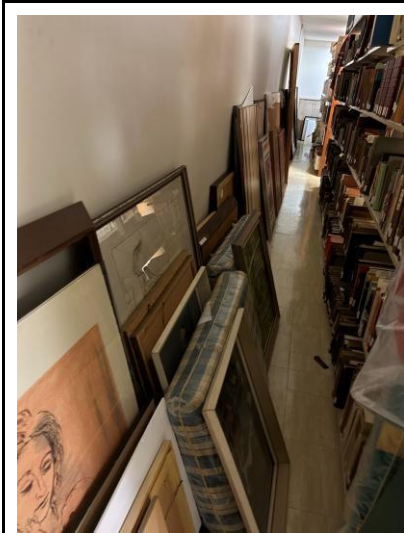
Narrow aisles that don't meet professional/industry standards. Materials shelved to the ceiling which doesn't meet fire regulations.



No space to process new acquisitions, which impacts staff capabilities to get their work done and to have an organized collection.



Filing cabinets used for "vertical file" storage - storage format that is not ideal for the materials we are trying to preserve.



Artwork on the floor, multiple pictures on top of pictures, diminished access to shelving. Dangerous for the works and presents a workplace hazard for staff trying to access them.



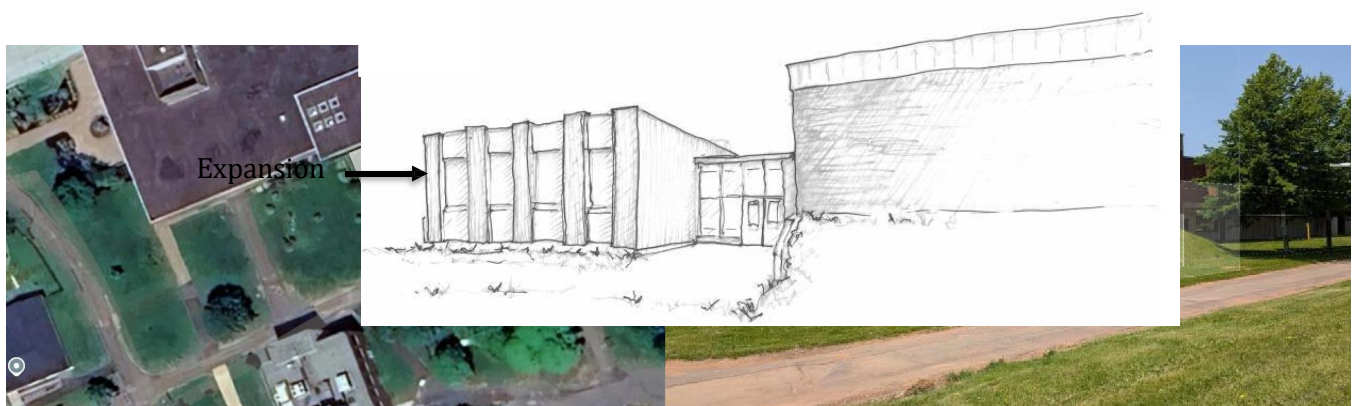
A diverse collection of sound and moving image records in many formats. Some date to the 1970s and ideally should be stored in cold or cool storage type conditions.



Artifacts, artworks, and other three dimensional objects need particular kinds of storage solutions and the lack of options has led to inappropriate storage that does not meet professional/industry standards.

2. Scope & Deliverables

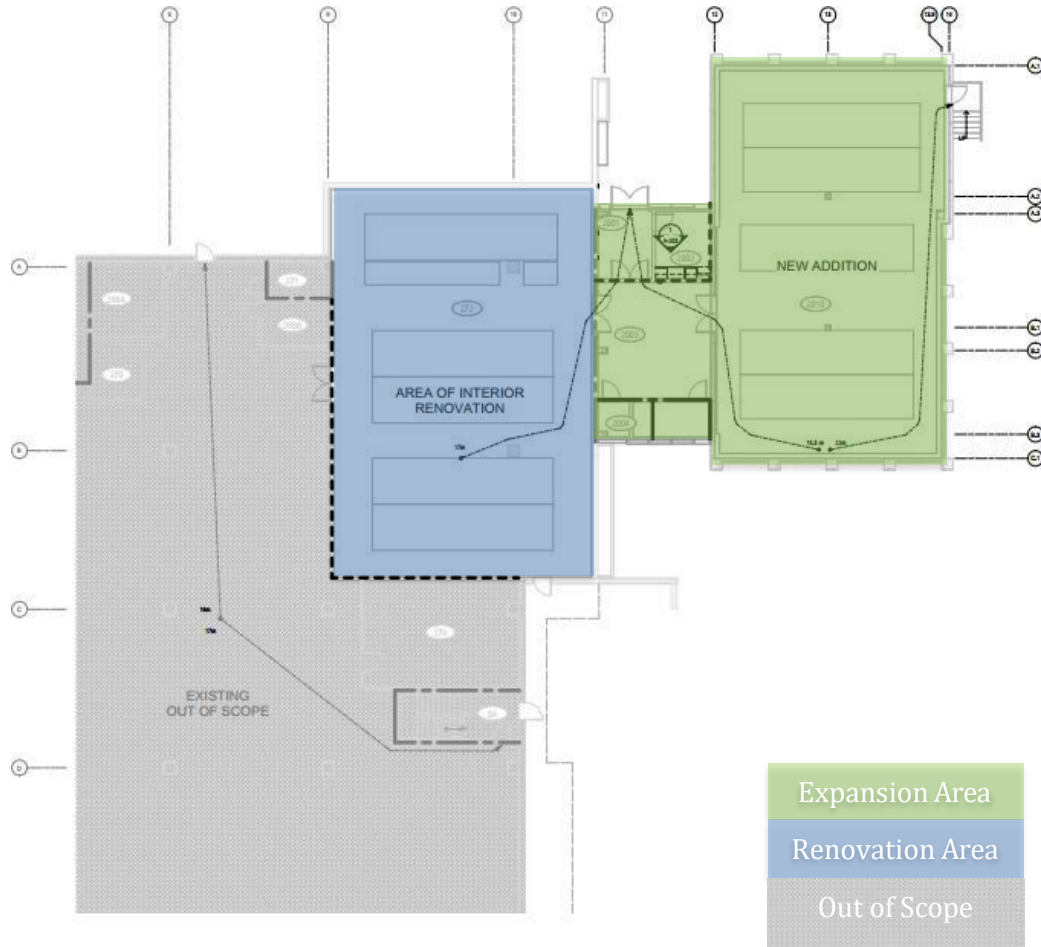
This project consists of a 3220 SQFT expansion and a 3550 SQFT internal expansion used entirely by the Special Collections and Archival team.



The proposed location is at the south-east corner of the library across from KCI.

Capital Project Proposal Form

The resulting renovation and expansion will provide the team with approximately double the holding space as well as proper receiving, processing and isolation areas.



3. Schedule & Milestones

Tender – End of March 2026

Construction Start – May 2026

Construction End – End of August 2027

Commissioning/Move In – End of December 2027

Capital Project Proposal Form

4. Financials

Description	QTY	Unit	Unit Price	Amount
Project Management	1	LS	\$ 105,543.53	\$ 105,543.53
Engineering Phase 1 - Design	5	%	\$ 3,032,700.00	\$ 151,635.00
Engineering Phase 2 - Construction	2.5	%	\$ 3,032,700.00	\$ 75,817.50
Contractor	1	LS	\$ 3,032,700.00	\$ 3,032,700.00
Controls	1	LS	\$ 100,000.00	\$ 100,000.00
Civil Engineering	1	LS	\$ 5,000.00	\$ 5,000.00
Salto	4	EA	\$ 1,150.00	\$ 4,600.00
Furniture	1	LS	\$ 300,000.00	\$ 300,000.00
Moving Cost	1	LS	\$ 20,000.00	\$ 20,000.00
Site work	1	LS	\$ 50,000.00	\$ 50,000.00
Contingency	12%	%	\$ 3,588,117.50	\$ 430,574.10
HST	11.65%	%	\$ 4,018,691.60	\$ 468,177.57
Total				\$ 4,486,869.17

Purpose:	DISCUSSION/DECISION
Subject:	Expenditure and Spending Authority Approval: AVC HVAC
Prepared by:	Tim J. Walker, Vice-President Administration and Finance
Prepared for:	Board of Governors
Date:	March 31, 2026

ISSUE

Upon referral by Property and Environmental Sustainability Committee (PESC) and approval by the Finance, Audit and Risk Committee (FARC) recommend that Board authorize management to make expenditures with regard to this project?

BACKGROUND

Regarding Expenditure Approval, Committee members will recall:

Pursuant to s.14.10 of FARC's [Terms of Reference](#)¹ (i.e., Expenditure Approval), "*The Committee shall review and recommend for approval to the Board any expenditures that require Board approval as per the University Spending Authority Policy.*"

Pursuant to the University [Spending Authority](#)² policy, the Board of Governors is the Spending Authority for Maximum Transaction Values greater than \$3.0M (s.5.2) but "*when the Board approves a capital project budget that is greater than \$3,000,000, the President will delegate a University Signing Authority to approve an expenditures that fall within the project budget on behalf of the Board*" (s.5.4).

Regarding Limitations on Spending Powers and Borrowing Powers of the Board, Committee members will recall:

Pursuant to the [University Act](#)³, "*The Board shall not incur any liability or make any expenditure for the purchase of land or the erection of buildings or for any other purpose ... unless the liability or expenditure is approved by the Lieutenant Governor in Council*" [s.17(1)(b)].

Also pursuant to the Act, "*The Board subject to the approval of the Lieutenant Governor in Council may borrow from any bank or lending institution such sum of money as is required to meet the expenses of the university until such time as the revenues for the current year are available*" [s.17.(3)].

OTHER IMPORTANT INFORMATION

See **Appendix One** for a brief synopsis of the project (as submitted to the Government of PEI in November 2024) and as submitted to PESC. This is a multi-phase plan for which the first phase of this plan is currently in the design phase.

¹ https://files.upei.ca/governance/committees/upei_bog_far_committee_terms_of_reference.pdf

² https://files.upei.ca/policy/spending_authority_policy_admfingnl0009.pdf

³ https://www.princeedwardisland.ca/sites/default/files/legislation/u-04-university_act.pdf

Regarding Expenditure Approval:

This project is estimated to cost approximately \$27.083M and therefore exceeds the \$3.0M threshold requiring Board approval.

Should unforeseen contingencies occur, management will adjust scope of the project rather than propose a higher amount for management authorization.

Regarding Limitations on Spending Powers and Borrowing Powers of the Board:

See **Appendix Two** for an Executive Council Order (EC2025-634) authorizing the Board of Governors to incur a liability and make expenditures by borrowing an amount not to exceed \$27.083M 'for the upgrade of the HVAC system at the Atlantic Veterinary College'.

Form of borrowing proposed by management:

As done for the construction of the Faculty of Medicine and Health Sciences Centre, management proposed (and Board approved) a revolving term credit facility during the period of construction to substantial completion. At the time of substantial completion, a long-term debt facility was put in place for the conversion of the revolving credit facility and its amortization over a longer period. In this case, the Government of Prince Edward Island is covering debt-service costs in their entirety as a result of a written agreement to that effect.

See **Appendix Three** for the proposed agreement with government through which they commit to cover debt-service costs for the AVC HVAC project. Management has reviewed this agreement and finds it satisfactory.

DISCUSSION/DECISION: OPTIONS AND RATIONALE

Regarding Expenditure Approval:

Option One: Recommend to Board that management be authorized to make expenditures to a Maximum Transaction Value of \$27.083M to execute this project.

Option Two: Do NOT recommend to Board that that management be authorized to make expenditures to execute this project.

Regarding Limitations on Spending Powers and Borrowing Powers of the Board:

Option Three: Recommend to Board that management be authorized to:

- Contract with Royal Bank of Canada for a revolving term credit facility up to \$27.1 Million to finance hard and soft costs directly associated this project pursuant to s.17(1) (b) and 17(3) of the [University Act](#)⁴ (i.e., Limitations on spending powers).
- Initiate a competitive process to procure a long-term debt facility replacing the revolving term credit facility upon substantial completion of the project in an amount up to \$27.1 Million; having an amortization period of up to twenty (20) years pursuant to s.17(1) (b) and 17(3) of the [University Act](#) (i.e., Limitations on spending powers).

⁴ https://www.princeedwardisland.ca/sites/default/files/legislation/u-04-university_act.pdf

Option Four: Do NOT recommend to Board that management be authorized to contract for a revolving credit facility and/or long-term debt facility.

DISCUSSION/DECISION: RECOMMENDATION

MOTION- That management be authorized to:

- i. **Make expenditures to a Maximum Transaction Value of \$27.1 Million as may be required to execute this project, and**
- ii. **Contract with Royal Bank of Canada for a revolving term credit facility up to \$27.1 Million to finance hard and soft costs directly associated with this project pursuant to s.17(1) (b) and 17(3) of the University Act⁷ (i.e., Limitations on spending powers), and**
- iii. **initiate a competitive process to procure a long-term debt facility replacing the revolving term credit facility upon substantial completion of the project in an amount up to \$27.1 Million; having an amortization period of up to twenty (20) years.**

⁷ https://www.princeedwardisland.ca/sites/default/files/legislation/u-04-university_act.pdf

APPENDICES

Appendix One: Brief Synopsis of the Project

Appendix Two: Executive Council Order (EC2025-634)

Appendix Three: Proposed Agreement with Government

⁵ https://files.upei.ca/governance/committees/upei_bog_far_committee_terms_of_reference.pdf

⁶ https://files.upei.ca/policy/spending_authority_policy_admfingnl0009.pdf

⁷ https://www.princeedwardisland.ca/sites/default/files/legislation/u-04-university_act.pdf



APPENDIX ONE: Brief Synopsis of the Project

The American Veterinary Medical Association Council on Education visited the Atlantic Veterinary College on November 17-21, 2024, and assessed the college against eleven standards. As a result of their assessment of Standard 3: Facilities, the site team disclosed the following findings:

- “Multiple individuals commented on the inadequacy of the HVAC and roof (leaks)”

These findings led to the following conclusion:

- **“The college must control the temperature and humidity in all areas of the college for people and animals”**

The use of the word “must” indicates a current deficiency of the program. The deficiency will be assessed as Minor or Major as described on the AVMA website ([AVMA COE Accreditation](#)), with the following consequences:

- **“Minor deficiencies** have minimal or no effect on student learning or safety; nevertheless, warrant being corrected for the program to be in full compliance with the Standards. A college that has one or more minor deficiencies in one or more of the Standards of Accreditation will be assigned the **status of Accredited with Minor Deficiencies**. Minor deficiencies must be corrected in one year to avoid a change in accreditation status.
- **Major deficiencies** have more than minimal impact on student learning or safety. A college that has one or more major deficiencies in one or more Standards will be placed on **Probationary Accreditation**. The deficiencies **must be corrected in two years** from the date of the letter notifying the college of Probationary Accreditation.”

In both cases, “the college is required to submit a plan to the COE within 30 days of the status notification. The plan outlines steps to correct deficiencies and provides a timetable for completion.”

The AVC Dean expects to receive a written report of the site team’s findings in the first week of December 2024 and will have 30 days to respond. Further **amendments may be submitted until February 1, 2025, including plans to remedy deficiencies that cannot be addressed before this date**. The Council of Education will meet in March 2025 to evaluate the report of the site team and our response, before deciding on our accreditation status. This status will be shared in the public domain, on the AVMA and the College’s websites (required), so that prospective candidates and current students are informed.

AVC’s deferred maintenance currently approximates \$29M (listed in Appendix 1). This deferred maintenance reflects a previous Interprovincial funding agreement (IPFA 2014-2024) providing to 1.5% per year, thereby lagging significantly behind inflation rates. The new IPFA (2024-2029) will only address ongoing alteration and repairs in AVC’s aging building.

Appendix 1: AVC's deferred maintenance and estimated costs are listed below:

AVC Deferred Maintenance List											
Budget and Cash Flow											
Central projects affecting AVC											
Ongoing projects											
Group (TSS or Facilities)	Project	Sq. Footage	Estimated Capital Cost	2024-25	2025-26	2026-27	2028-29	2029-30	2030-31	2031-2032	Project Notes
				Cash Flow by year							
Facilities	AVC Roof	Building	\$2,120,000	\$620,000	\$0	\$400,000	\$400,000	\$400,000	\$300,000		The majority of the roof is original to the building and is approaching 40 years old. There are certain sections that are experiencing frequent leaks and other sections that have been heavily damaged by ice buildups. The green roof covering (under surgery)...So it was replaced in the summer of 2024. The remainder of the roof will need assessment and a repair plan with the priorities sequenced.
Facilities	AVC Ventilation (See Appendix for further information)	Building	\$25,000,000	\$640,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,360,000	\$4,000,000	The ventilation system for the AVC is original to the building, making it 40 years old for the majority of the building. An assessment that was done in 2022 concluded that the majority of the equipment has reached end of life and is running at severely reduced capacity. This would be a phased approach with air handles and associated ductwork being replaced based on current needs. The ventilation system of the lecture halls is ongoing and will be completed by the end of the summer, 2025
Facilities	AVC Transformer-	NA	\$800,000	\$0	\$400,000	\$400,000	\$0	\$0	\$0		Remove the existing dry-type transformer and the supply and installation of a new exterior pad mounted transformer(s). The project would be designed and installed in a manner to allow the placement of a new exterior pad mounted transformer(s) to feed the existing switchboard while the existing high voltage switches and dry type transformer are removed. Phase 1 cost could be spread over 2 years. In year 1 the transformers could be purchased and installed in year 2.
Facilities	AVC Switch Gear	NA	\$1,200,000	\$0	\$0	\$600,000	\$600,000	\$0	\$0		Replace the existing switchgear with a new 600 Volt, 2000 ampere double ended "Main-The Main switchboard complete with 2000 ampere, 100k rated the breaker. Upon removal of the existing transformer, the new non-essential switchboard would be installed, and the building loads shifted one by one from the old service to the new service. Upon completion the existing switchboard would be removed, and the new essential switchboard installed. During this process existing emergency loads would be fed through temporary distribution panels to maintain emergency services and allow the existing equipment to be removed.
Facilities	North Addition Humidifiers	NA	\$63,000	\$63,000	\$0	\$0	\$0	\$0	\$0		Replace the Humidifiers for AHU21/22 and AHU19/20. AHU 19/20 replacement is required due to WCB order. Humidifiers have arrived and are in the Penhouse. Replacement to commence the week of Nov 18th
TOTAL COSTS			\$29,203,000	\$1,343,000	\$4,400,000	\$5,400,000	\$5,000,000	\$4,400,000	\$4,660,000		

APPENDIX TWO: Executive Council Order (EC2025-634)



Executive Council
Prince Edward Island

Certified to be a true copy of an Order of His Honour the
Lieutenant Governor in Council dated June 24, 2025.

EC2025-634

UNIVERSITY ACT
UNIVERSITY OF PRINCE EDWARD ISLAND
APPROVAL TO INCUR A LIABILITY

Pursuant to clause 17(1)(b) of the *University Act* R.S.P.E.I. 1988, Cap. U-4, Council authorized the Board of Governors of the University of Prince Edward Island to incur a liability and to make expenditures by borrowing an amount not to exceed twenty-seven million eighty-three thousand (\$27,083,000.00) dollars for debt servicing of the capital requirements for the upgrade of the HVAC system at the Atlantic Veterinary College.

A handwritten signature in black ink, appearing to read 'James Aiken', written over a circular stamp.

James Aiken
Clerk of the Executive Council
and Secretary to Cabinet



APPENDIX THREE: Proposed Agreement with Government

FUNDING AGREEMENT

UPEI ATLANTIC VETERINARY COLLEGE DEBT SERVICE FOR CAPITAL REQUIREMENTS RESTRICTED GRANT FUNDING

THIS AGREEMENT made this _____ day of _____, 20_____.

BETWEEN: **GOVERNMENT OF PRINCE EDWARD ISLAND**, as represented by
the Minister of Workforce and Advanced Learning

(hereinafter referred to as "Government")

OF THE FIRST PART

AND: **UNIVERSITY OF PRINCE EDWARD ISLAND**, established as a university
under the *University Act*, R.S.P.E.I. 1988, Cap. U-4, a body corporate of
550 University Avenue, Charlottetown, Queens County, Province of Prince
Edward Island

(hereinafter referred to as "UPEI")

OF THE SECOND PART

FUNDING FOR 2025-26 to 2044-45

WHEREAS UPEI has requested funding to help finance capital requirements related to the HVAC system at the Atlantic Veterinary College (AVC).

AND WHEREAS the Government has committed up to a maximum of \$42,375,800 in funding to cover a portion of UPEI's debt service costs related to the project, subject to the terms and conditions as more particularly set out herein;

NOW THEREFORE in consideration of the mutual promises contained in this Agreement, the Parties agree that the terms and conditions of their relationship are as follows:

Definitions

1. In this Agreement the following definitions apply:

- a) "Agreement" means this funding agreement between the Parties and includes Schedule "A" attached hereto;
- b) "Debt Service Grant" has the meaning provided in section 4(d);

Initials _____ / _____
Date _____ / _____

- c) "Government Fiscal Year" means the period commencing April 1st in one year and ending with March 31st in the next year;
- d) "UPEI Fiscal Year" means the period commencing May 1st in one year and ending with April 30th in the next year;
- e) "UPEI" means the University of Prince Edward Island;
- f) "AVC" means the Atlantic Veterinary College
- g) "Parties" means Government and UPEI; and
- h) "Loan" has the meaning provided in section 4(b);

Covenants of UPEI and Government

- 2. The Parties agree that the purpose of the funding provided to UPEI under this Agreement is to assist UPEI with the following projects at AVC to address accreditation requirements: AVC ventilation, AVC transformer, AVC switch gear and north addition humidifiers, and UPEI agrees to apply the funding towards same Debt Servicing. UPEI will complete the Project as described in Schedule "A" and comply with all of the terms and conditions of this Agreement in a manner satisfactory to the Government.
- 3. a) Subject to the termination clause contained in the Termination section of this Agreement, the term of this Agreement shall commence on the 1st day of April 2025, and end on the 31st day of March 2045 ("Term").

Payments, Records and Accounts

- 4. Government will provide UPEI with a non-repayable debt service grant as hereinafter defined:
 - a) For Years #1 to #5, UPEI will obtain a line of credit from a recognized financial institution to finance initial project expenses for AVC capital requirements. The maximum payment will be \$1,085,000 in 2025-26, and \$2,173,200 per year from 2026-27 to 2029-30.
 - b) In Year #6, UPEI will enter into a 15-year debt agreement for the remainder of the principal plus interest for 15 years, through a recognized financial institution for AVC capital requirements. The "Loan" will be amortized over a period of not greater than 15-years at an interest rate that results in annual debt service payments of no more than \$2,173,200 per year from 2030-31 to 2044-45.
 - c) UPEI will provide an amortization schedule from the lending institution once the 15-year loan is finalized.
 - d) Government will provide UPEI with a maximum of \$1,085,000 in 2025-26, and annual payments of up to \$2,173,200 from 2026-27 to 2044-45 (the "Debt Service Grant"), to

Initials _____ / _____
 Date _____ / _____

assist UPEI in repaying the line of credit and the Loan, provided the conditions in Section 5 of this agreement are met.

- e) At the discretion of the Government, the Debt Service Grant may be disbursed in four installments per year that will occur in advance of UPEI's line of credit or Loan Payment, in consultation with UPEI.
- f) Notwithstanding the amount of a Debt Service Grant payable in a Fiscal Year under Paragraph 5(c), government may agree to increase the Debt Service Grant in that Fiscal Year provided:
 - i. Government determines it has the necessary funds to increase the Debt Service Grant in that Fiscal Year;
 - ii. Any increase in the Debt Service Grant will only be considered after December 1st of the Fiscal Year;
 - iii. The Debt Service Grant payable in that fiscal year under section 5c has been paid; and
 - iv. Any increase to a Debt Service Grant pursuant to the above will in no event ever increase the maximum total Debt Service Grant of \$42,375,800.

Conditions Precedent to Payments

- 5. Government will provide the Debt Service Grant to UPEI for a 20-year term, beginning in fiscal year 2025-26 and ending in Fiscal Year 2044-2045 providing the following requirements are met:
 - a) UPEI provides Government with a copy of enforceable credit agreement, amortization schedule (beginning in Year #6) and copies of the offer with a recognized financial institution evidencing the Loan.
 - b) The line of credit and the Loan entered into by UPEI are for the maximum amount of \$27,083,000 combined.
 - c) The line of credit is in place for the first five years (2025-30), and the subsequent Loan is amortized over a period of no more than 15 years at an anticipated interest rate of 5% or lower (2030-45).
 - d) UPEI will provide evidence, satisfactory to Government, of the required amount of the line of credit payments and Loan payments in the Fiscal Years for which the Debt Service Grant is being sought. Once the Loan has been finalized; UPEI will inform Government regarding the accrual amount of payments made on the Loan by UPEI in the prior Fiscal Year.

Initials _____ / _____
Date _____ / _____

- e) UPEI shall not alter the scope of the Project without prior written approval by Government.
- f) UPEI shall permit any authorized representative of Government reasonable access to UPEI's premises to inspect and assess the progress and results of the Project
- g) UPEI shall obtain all necessary environmental clearances, building permits approvals and licenses for the Project, as required by applicable provincial regulatory bodies and agencies.

Conditions of Agreement

- 6. a) The Parties agree that UPEI shall act as an independent recipient and that it is entitled to no other benefits or payments whatsoever than those specified in the Payments section of this Agreement.
- b) The Parties agree that entry into this Agreement will not result in the appointment or employment of UPEI, or any officer, clerk, employee or agent of UPEI, as an officer, clerk, employee or agent of Government, nor shall the *Civil Service Act*, R.S.P.E.I. 1988, Cap. C-8 apply.
- 7. a) UPEI agrees to accept sole responsibility to submit any applications, reports, payments or contributions for sales taxes, income tax, Canada Pension Plan, Employment Insurance, Workers' Compensation assessments, goods and services tax, harmonized sales tax, or any other similar matter which UPEI may be required by law to make in connection with this Agreement.
- b) UPEI agrees to accept sole responsibility to comply with all federal, provincial and municipal legislation which have application to this Agreement.
- c) UPEI, before undertaking this Agreement, shall provide to Government either a certificate of good standing by the Workers Compensation Board, or written confirmation from the Workers Compensation Board that such certificate is not required.
- d) UPEI shall comply with all provincial and federal legislation affecting conditions of work and wage rates including the *Employment Standards Act*, R.S..PE.I. 1988, c. E-6.2, the *Workers Compensation Act*, R.S.P.E.I. 1988 c. W- 7.1 or any other laws that impose obligation in the nature of the employers' obligations.
- e) UPEI agrees to accept the full cost of doing those things required under subparagraphs (a), (b), (c), and (d) and will not charge or seek reimbursement from Government in any way, such costs having been taken into consideration and included in the rates of payment stipulated in the Payments, Records, and Accounts section of this Agreement.
- h) Subject to statutory limitations, UPEI shall not dispose of the accounts, records,

Initials _____ / _____
 Date _____ / _____

invoices, receipts and vouchers related to the completion of the Project, but shall preserve and keep the same available for audit, copying, extracting information and inspections a any time for seven (7) years after the expiry of this Agreement.

- i) It is acknowledged by the Parties that UPEI may receive other funding from Government from time to time. The terms and conditions of UPEI receiving other such funding do not form part of this agreement.
 - j) Funds payable under this Agreement may, at the option of Government, be retained and set off against any of UPEI's obligations due to or Government or a Crown corporation of Government.
8. Any payment under this Agreement is subject to a provincial appropriation for the payment being approved by the Legislative Assembly of Prince Edward Island for Government's Fiscal Year in which the payment is to be made.

Reports

9. a) UPEI shall make interim reports if and as directed by Government.
- c) UPEI shall advise Government if the rate of borrowing on the Loan exceeds 5% per annum.
- d) UPEI shall advise Government if there is any change in the intended use of the building or the structure of the Loan.
- d) UPEI shall provide annual and final reports to the Government as outlined in Schedule "A".

Administration

10. Government shall provide such support, direction, decisions and information to UPEI as it deems necessary or appropriate under this Agreement and may appoint a person to administer this Agreement and communicate with UPEI.

Termination

11. a) Notwithstanding other provisions of this Agreement, Government may terminate this Agreement in its entirety, or any part thereof, at any time by a notice in writing, signed by or on behalf of Government and delivered to UPEI by hand delivery, mailed to the UPEI's last known place of business, facsimile transmission, or electronic communication. This Agreement shall be determined to have ended upon the date of delivery, sending by electronic communications or mailing of such notice in which event UPEI shall have no further claim against Government, except that the UPEI will not be paid pursuant to and in accordance with the provisions of the Payments, Records and Accounts, section of this agreement for any Annual Debt Service Grant payment owing

Initials _____ / _____
Date _____ / _____

up to the date of termination by written notice.

12. Notice in this Agreement is deemed to have been affected on the day of delivery in person, facsimile, electronic communication, or upon mailing of the notice.

To UPEI:

University of Prince Edward Island
550 University Avenue
Charlottetown, PE
C1A 4P3
e-mail: vpaf@upei.ca
Attention: Vice-President, Administration & Finance

To Government:

Department of Workforce and Advanced Learning
176 Great George Street
2nd floor, Atlantic Technology Ctr, Suite 212, PO Box 2000
Charlottetown, PE C1A 7N8
e-mail: nmbellefleur@gov.pe.ca
Attention: Director, Post-Secondary and Continuing Education

Confidentiality

13. a) Any and all information, knowledge or data made available to UPEI as a result of this Agreement shall be treated as confidential information. UPEI shall not directly or indirectly disclose or use the information, knowledge or data for purposes unrelated to the Agreement at any time without first obtaining the written consent of Government, unless the information, knowledge or data is generally available to the public.
- b) Any and all information, knowledge or data made available to Government as a result of this Agreement shall be treated as confidential information. Government shall not directly or indirectly disclose or use the information, knowledge or data for purposes unrelated to the Agreement at any time without first obtaining the written consent of the UPEI, unless the information, knowledge or data is generally available to the public.

Conflict of Interest

14. UPEI warrants that as at the date of this Agreement, no conflict of interest, or any circumstance that might interfere with independent and objective exercise of judgment, exists or is likely to arise in relation to execution of this Agreement or its subject matter. UPEI shall immediately notify Government, in writing, if any such actual or potential conflict of interest should arise at any time during the Term. In the event Government discovers or is notified by UPEI of an actual or potential conflict of interest, Government, shall allow UPEI to resolve the actual or potential conflict to the satisfaction of Government. If no resolution is reached, Government may terminate the Agreement in accordance with Section 12 of this Agreement.

Initials _____ / _____
Date _____ / _____

Freedom of Information and Protection of Privacy Act

- 15. Both parties acknowledge that this Agreement and information provided in respect of this Agreement, may be subject to release under the *Freedom of Information and Protection of Privacy Act*, R.S.P.E.I. 1988, Cap. F-15.01. Prior to the release of any information, the disclosing party will consult with the other party.
- 16. Both parties acknowledge and agree that, in the event this Agreement involves the collection or use of personal information, it is subject to the *Freedom of Information and Protection of Privacy Act*, and that personal information may not be released to any third party or unauthorized individual.

Indemnification and Insurance

- 17. UPEI shall indemnify and hold harmless Government, its agents, representatives and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings of every nature and kind whatsoever arising out of or resulting from the performance of this Agreement (herein called the "Claim"), provided that any such Claim is caused in whole or in part by any act, error or omission, including, but not limited to, those of negligence, of UPEI or anyone directly or indirectly employed by UPEI or anyone for whom UPEI may be liable. This clause will not apply to any claims, demands, losses, costs, damages, actions, suits or proceedings of every nature and kind whatsoever that is caused, in whole or in part, by the Government or anyone directly or indirectly employed by the Government or anyone for whom the Government may be liable.
- 18. UPEI shall, without limiting its obligations or liabilities under this Agreement and at its own expense, provide and maintain Commercial General Liability insurance and in an amount not less than Five Million Dollars Canadian (\$5,000,000 CAD) inclusive per occurrence against bodily and personal injury and property damages. The Government of Prince Edward Island is to be added as an additional insured under this policy.
 - a) The policy or policies required by this Agreement shall be in a form and with insurers satisfactory to Government. All required insurance shall be endorsed to provide government with 30 days' advance written notice of cancellation. The foregoing insurance shall be primary and not require the sharing of any loss by any insurer of Government nor by any other form of recovery available such as the Provincial Self Insurance and Risk Management Fund. A certificate of Insurance and any renewals thereof shall be delivered to Government prior to execution of this Agreement. Default of delivery to Government or receipt by Government shall not be construed as acknowledgement or concurrence that there has been compliance with the terms of this Agreement.

Initials _____ / _____
Date _____ / _____

General

19. This Agreement shall not be assigned or subcontracted in whole or in part by UPEI without the prior written consent of Government.
20. This Agreement shall enure to the benefit of and be binding upon the Parties hereto and, subject to the above assignment and subcontracting clause, their executors, administrators, successors and assigns.
20. This Agreement shall be interpreted and applied in accordance with the laws and in the Courts of the province of Prince Edward Island.
21. This Agreement, including Schedule "A", constitutes and expresses the entire agreement of the Parties hereto and any amendment or addition thereto shall be in writing and signed by the respective Parties.
22. The headings are inserted in this Agreement for reference only and shall not form part of the Agreement.
23. The provisions of this Agreement which, by their terms, are intended to survive or which must survive in order to give effect to continuing obligations of the Parties, shall survive the termination or expiry of this Agreement.
24. If any provision of this Agreement is, for any reason, invalid, that provision shall be considered separate and severable from this Agreement, and the other provisions of this Agreement shall remain in force and continue to be binding upon the Parties as though the invalid provision had never been included in this Agreement.

Initials _____ / _____
Date _____ / _____

IN WITNESS WHEREOF the Parties thereto have duly executed this Agreement as of the date first above written.

SIGNED, SEALED & DELIVERED)
in the presence of:)
)
)
)
)
)
_____)

Government of Prince Edward Island,
as represented by the Minister of
Workforce and Advance Learning

Name:
Position:

SIGNED, SEALED & DELIVERED)
in the presence of:)
)
)
)
)
_____)

University of Prince Edward Island

Authorized Signing Officer
Name:
Position:

Authorized Signing Officer
Name:
Position:

Initials _____ / _____
Date _____ / _____

SCHEDULE "A"

**TO AGREEMENT
BETWEEN
GOVERNMENT OF PRINCE EDWARD ISLAND
AND
UNIVERSITY OF PRINCE EDWARD ISLAND**

DATED THE _____ DAY OF _____, 20__

REPORTING

Funding in this Agreement is being provided for the following projects at AVC to address accreditation requirements: AVC ventilation, AVC transformer, AVC switch gear and north addition humidifier, and reporting is expected by the Government until the end of term of the Agreement.

UPEI shall prepare and submit reports to the Government as outlined in Section 9 of this funding agreement; failure to submit reports may impact future funding agreements and/or the timeliness of future payments.

1. Metrics:
 - a. Final project costs

2. Financing:
 - a. Amortization schedule from the lending institution once the 15-year loan is finalized
 - b. Annual loan statement provided by lending institution

Initials _____ / _____
Date _____ / _____

Purpose: DISCUSSION

Subject: Appointment and Reappointment of Members of the BOG

Prepared by: Pascal Robichaud, University Secretary

Prepared for: Board of Governors

Date: March 31, 2026

ACTION

Review the need for appointment of members of the Board, committee members and committee Chairs

BACKGROUND

As per the *University Act* and the Board of Governors General Bylaws (Bylaws), several members of the Board have terms ending on May 31, 2026, with four members eligible for renewal and two members who will have completed their maximum number of terms.

Recruitment of new members

The following members can be reappointed by the Province (LGIC):

- Mary Anne McMahon
- Karen Creighan
- Lynn Ellsworth
- Pam Montgomery

Mary Anne, Karen and Pam have confirmed their willingness to continue to serve on the Board. Lynn will be stepping off on May 31.

Geraldine Johnston, who is appointed by the LGIC, has served for nine years and is ineligible for reappointment.

Therefore, there is a need for the Province to renew the terms of three members and appoint two new members by May 31, 2026. With the consent of the Chair, the Secretariat has written to the Province to start the process of appointment by the LGIC.

Shannon MacDonald, who is appointed by the Board, has served for nine years and is ineligible for reappointment. The Secretariat has started the process of recruiting a new member to be appointed by the Board by May 31.

Two new members, Chad Mann and Kathy Martin, have been appointed by the LGIC to terms to start immediately and end on May 31, 2029.

In the recruitment of new members, considering the skills leaving the Board and the current skills gap, priority should be given to recruit members with the following skills:

- Expertise in Capital Project Management
- Law and policy
- Human Resources Management
- Cybersecurity
- Technology Governance

Committee Complement

As of May 31, 2026, the following Standing Committees will require new members to be appointed:

Campus Culture Oversight Committee: new Chair to replace Mary Anne McMahon.

Finance Audit and Risk Committee: new member to replace Mary Anne MacMahon and an in-coming Chair to replace Alex MacBeath later in 2026.

Property and Environmental Sustainability Committee: new Chair, a new member to replace Lynn. Clare Cole adds some much-needed expertise in real estate and the financing of construction projects, but the committee needs more depth of knowledge in the management or oversight of capital projects, especially in the public or para-public sector. Kathy Martin was recruited to the Board in part for her expertise in Environmental Sustainability; one of the key areas of responsibility of PESC.

Development, Fundraising and External Relations Committee: new member from Governors appointed by the Board.

Summary of need:

- Two members for PESC, ideally with one having broad experience in public sector capital project management or oversight. One member could be Kathy Martin.
- A Chair of PESC, possibly Clare Cole or Pam Montgomery. If Pam moves to PESC, a new Chair of DFER would have to be appointed.
- A member of FARC to replace Mary Anne. Chad Mann's experience in business might be a good asset.
- A Chair of FARC. Appointment can be in May and come into effect when Alex leaves.
- A Chair of CCOC. With Mary Anne stepping off, the only other external member is Ajay Sahajpal. There is no requirement that the Chair be an external member.
- A member of DFER, among Governors appointed by the Board.
- A member of HRC. Possibly among prospective LGIC appointees.

RECOMMENDATION

1. That Kathy Martin be appointed to PESC and Chad Mann to FARC with immediate effect.

APPENDIX A

Projected Committee Complement as of May 31, 2026

Campus Culture Oversight Committee

Current Members	Proposed Members	Composition as per Terms
Mary Anne McMahon	?	Chair appointed by Board
Ajay Sahajpal	Ajay Sahajpal	Member of the Board
John McIntyre	John McIntyre	Member of the Board
Bill Montelpare	Bill Montelpare	One faculty member of the Board
Erica Kyalo	Student to be elected	One student member of the Board
Wendy Rodgers	Wendy Rodgers	President, member of all committees
Shannon MacDonald	Mary Anne McMahon	CoB, member of all committees
Adewale Alaba	Graduate Student (non-voting)	A graduate student, not a member of the Board, non-voting

Must have at least four governors, of which one is a student and one a faculty member. At least two members have experience working in post-secondary. Also one graduate student who is non-voting.

Development, Fundraising & External Relations Committee

Current Members	Proposed Members	TOR Composition
Pam Montgomery	Pam Montgomery?	Chair appointed by the Board
Brian Affouan	Brian Affouan	One Alumni Board member
Kateri Coade	Kateri Coade	One LGIC Board member
Bill Montelpare	Faculty member to be elected	One faculty member of the Board
Luciana Quiroa Paredes	Student to be elected	One student member of the Board
	?	One Board member elected by the Board
Wendy Rodgers	Wendy Rodgers	President, member of all committees
Shannon MacDonald	Mary Anne McMahon	CoB, member of all committees
		<i>Must have at least one member with a background in fundraising and one in communications. Members shall include: one or more elected by the Board; one or more elected by the LGIC; one or more elected by Alumni Assoc.; one faculty member; and one UPEI student.</i>

Executive Committee

Current Members	Proposed Members	TOR Composition
Shannon MacDonald	Mary Anne McMahon	Chair of the Board
Alex MacBeath	Alex MacBeath	First VC of the Board
Brian Thompson	Brian Thompson	Second VC of the Board
Mary Anne McMahon	?	Chair of CCOC
Pam Montgomery	Pam Montgomery?	Chair of DFER
Alex MacBeath	Alex MacBeath	Chair of FARC
Brian Thompson	Brian Thompson	Chair of GNAC
Don MacKenzie	Don MacKenzie	Chair of HRC
Geraldine Johnston	?	Chair of PESC
Wendy Rodgers	Wendy Rodgers	President, member of all committees

Finance, Audit and Risk Committee

Current Members	Proposed Members	TOR Composition
Alex MacBeath	Alex MacBeath	Chair appointed by the Board
Karen Creighan	Karen Creighan	Member of the Board
Kevin Magee	Kevin Magee	Member of the Board
Mary Anne McMahan	Chad Mann	Member of the Board
Shannon MacDonald	Mary Anne McMahan	CoB, member of all committees President, member of all committees
Wendy Rodgers (non-voting)	Wendy Rodgers (non-voting)	<i>Must have three members. All Committee members shall be independent of the University and financially literate. At least two members shall be a financial expert, as an accountant or financial professional, and an active member of a recognized professional body.</i>

Governance, Nominating and Appeals Committee

Current Members	Proposed Members	TOR Composition
Brian Thompson (Chair)	Brian Thompson (Chair)	Chair appointed by the Board
Karen Creighan	Karen Creighan	
Gary Evans	Gary Evans	
Richard Raiswell	Richard Raiswell	
Kate Vangerven	Kate Vangerven	
Wendy Rodgers	Wendy Rodgers	CoB, member of all committees
Shannon MacDonald	Mary Anne McMahon	President, member of all committees

Must have at least four members, with at least one member with background in policy development & one with expertise or a designation in board governance.

Human Resources Committee		
Current Members	Proposed Members	TOR Composition
Don MacKenzie (Chair)	Don MacKenzie (Chair)	Chair appointed by the Board
Lynn Ellsworth	?	
Pam Montgomery	Pam Montgomery	
Vacant	?	
Wendy Rodgers	Wendy Rodgers	CoB, member of all committees
Shannon MacDonald	Mary Anne McMahon	President, member of all committees
		<i>Must have at least three members and all should be independent from the university. At least two members should have a professional human resources background.</i>

Property and Environmental Sustainability Committee		
Current Members	Proposed Members	TOR Composition
Geraldine Johnston (Chair)	Pam Montgomery?	Chair appointed by the Board
Clare Cole	Clare Cole	
Lynn Ellsworth	?	
Vacant	Kathy Martin	
Wendy Rodgers	Wendy Rodgers	CoB, member of all committees
Shannon MacDonald	Mary Anne McMahon	President, member of all committees
		<i>Must have at least three members, with at least two members with background in capital project management & one member in environmental sustainability</i>

APPENDIX B

Committee Assignments as of March 11, 2026

Governor	Committee assignment
Shannon MacDonald	Chair of the Board, Chair of Executive Committee, member of all committees
Brian Thompson	Second Vice Chair Elect, Secretary, Chair of GNAC, member of Exec
Alex MacBeath	First Vice Chair, Chair of FARC, member of Exec
Diane Griffin	None
Wendy Rodgers	Member of all committees
Geraldine Johnston	Chair of PESC, member of Exec
Don MacKenzie	Chair of HRC, member of Exec
Mary Anne McMahon	Chair of CCOC, member of FARC and Exec
Pam Montgomery	Chair of DFER, member of HRC and Exec
Brian Affouan	Member of DFER
Kateri Coade	Member of DFER
Clare Cole	Member of PESC
Karen Creighan	Member of FARC and GNAC
Lynn Ellsworth	Member of HRC and PESC
Gary Evans	Member of GNAC
Erica Kyalo	Member of CCOC
Sandy MacDonald	None
Kevin Magee	Member of FARC
John McIntyre	Member of CCOC
William Montelpare	Member of CCOC and DFER
Luciana Paredes	Member of DFER
Richard Raiswell	Member of GNAC
Ajay Sahajpal	Member of CCOC
Kate VanGerven	Member of GNAC

Purpose: DECISION

Subject: Selection of Student Members of the Board

Prepared by: Pascal Robichaud, University Secretary

Prepared for: Board of Governors

Date: March 31, 2026

ACTION

Determine whether student members of the Board are to continue to be selected by the UPEISU.

BACKGROUND

Section 8 (1) (g) of the University Act prescribes that there are to be “two members elected by and from the student body of the University by such democratic procedures as shall be specified in the student body constitution.” This not only implies that there are two student members on the Board, but that the Student Union regulates their election.

As part of the Governance Review, Cheryl Foy recommended that student members of the Board no longer be officers of the UPEISU, as she felt that they would be in conflict as their term of office as student leaders obliges them to defend the positions of a particular constituency instead of participating in deliberations of the Board in the interests of the University. This recommendation could be seen as contradicting the Act, as it clearly vests in the Student Union the determination of the manner by which students are elected, providing that the process is democratic. Regulation of elections normally includes the determination of eligibility.

In enacting bylaws, the Board provided the following definitions:

“Student” means a student who is registered as a full-time student and who maintains a good standing in accordance with the academic regulations of the University.

“Student Association” means the University of Prince Edward Island Student Union or the University of Prince Edward Island Graduate Students Association or a successor thereof.

“Student Board Member” means a Student elected as a Board Member by the student body pursuant to s. 8 (1) (g) of the Act.

In a further provision under s. 4.3 of the By-Laws, the Board states that “Effective September 1, 2027, a Student holding a leadership role with a university Student Association, will be ineligible to stand for election as a Student Board Member.”

That provision was originally meant to come into force in February 2025, but its enactment was deferred as students requested, and the Board agreed, that the question of the exclusion of officers of the UPESU from the Board be further discussed.

If this provision comes into effect, the Board will have to agree with the UPEISU a process for the election of student members of the Board and have it come into effect no later than the Winter of 2027. To have sufficient time to develop that process and run elections, a decision would ideally be taken at the forthcoming meeting of the Board.

If this provision is retracted, the By-Laws would be amended by removing s. 4.3 c. and continuing with the practice of having the SU appoint members, normally its President and one Vice President.

RECOMMENDATION

That the Board repeal section 4.3. c. of the By-Laws.

Senate Report to the Board of Governors

March 31, 2026

The Senate has met 3 times since the last meeting of the Board. The following comments summarize the outcome of those meetings.

1. Senate Meeting of December 19, 2025

- The President and Vice-President Academic and Research delivered their reports to the Senate.
- The Senate then heard reports from its Standing Committees:
 - The Senate Steering and Nominating Committee reported on analysis that had been done concerning the current composition of Senate and confirmed that there are currently too few full-time faculty seats to meet the requirements under the University Act. Senate approved a modification to the Processes and Procedures of Senate to provide that four members be elected at large among all full-time faculty, for a term ending June 30, 2027. They also moved that a working group be formed to review the allocation of these seats between faculties.
 - The Academic Planning and Curriculum Committee proposed recommendations for modifications to courses in the Faculty of Arts and the Faculty of Science and these were approved by Senate.

2. Senate Meeting of January 30, 2026

- The President and Vice-Presidents delivered their reports to the Senate:
 - The President's report included comments regarding consultations with the University community which were designed to bring out a consistent message about how we wish to live our values. The consultations showed that there is a need to enhance our communication and dispel a sense of secrecy. It was noted that the University is working hard on the improvement of governance records,

where the absence of robust records has not served the University well. Much is being done to ensure that all governance bodies, including the Senate, are well informed in support of their work.

- The Vice President Academic and Research report started with good news of significant year-over-year increase in federal support to UPEI through the annual Research Support Fund, from \$1.17M to \$1.39M, up 18% or \$220K. It was noted that these additional funds will mostly go back into greater institutional support for research.

As regards enrolment for the Fall 2026 term, offers of admission to domestic undergraduate applicants have increased by 26% and 51% for international applicants. Receiving more qualified applications is a good sign. However, it was noted that there is concern that acceptance of admissions among domestic undergraduate applicants has diminished by 4%. The reason for this is yet unknown, but we are investigating via admission funnel data. International undergraduate acceptance of admission offers is up 9%. There are also more accepted admissions from graduate applicants, which seems to result from changes to provincial attestation letters. The Prioritization and Implementation Committee struck under the Strategic Enrolment Management (SEM) Plan is developing an implementation plan, as the SEM governance structure is finalized.

- The Vice -President People and Culture Report included comments re: the University's efforts on implementation of Year 2 of the Action Plan, with the second round of the audit by Deloitte coming up May 1. It was noted that the University is communicating much more frequently on the implementation of the Action Plan, and the Communication Service has published several Action Plan Impact stories, which share how the University is weaving our actions into how we operate from now on. An example of a new way of doing things is the implementation of an exit interview for every employee leaving their post at the University, which helps the University deliver better informed managerial processes. Leadership development is also an important goal. The Human Rights office has delivered a lot of training to fulfill the EDI Plan.
- The Senate then considered the new *Policy on Sale of Course Materials* which is a Board policy, but which is obviously of great concern to faculty and other members of Senate. The policy, which is scheduled for consideration by the Board during this March 31st meeting, has been deliberated at great length by the Senate. The principal issue to be addressed was the fact that students had raised concerns about how current practices have

placed required course assessment materials behind a paywall. A review committee considered these issues and made further revisions to the policy.

- The Senate Steering and Nominating Committee also delivered its report, which included comments re: the deliberations which are taking place regarding the additional faculty seats to be added to Senate. The Senate approved a motion to postpone the annual election of Senators until March and to codify the additional seats at Senate under the Processes and Procedures of Senate.
- The Academic Planning and Curriculum Committee proposed motions to make a number of changes to course descriptions, calendar entries and course pre-requisites across a number of faculties and programs, and these were approved by Senate.
- The Report of the Committee on Scholarships and Awards was also received by the Senate.
- In a closed session, the Senate approved the credentials for 272 candidates listed as having completed the requirements for graduation in a number of faculties.

3. Senate Meeting of February 27, 2026

- The President's report included congratulations to Panthers for great performances across multiple men and women's sports, a sign of depth in our teams and athletic leadership. President Rogers also reported upon her participation, along with twenty other Canadian University Presidents and Universities Canada staff, in a mission to India to enhance Canada's relation with India and convey that we are a welcoming country for international students. The mission was an opportunity to have prolonged and valuable engagement with other university presidents and from that engagement, it became clear that majority of Canadian Universities are not large research-focused institutions, while also not being small primarily undergraduate liberal arts universities. That middle ground needs to be defined, to clearly state what kind of institution UPEI is - we have strength in research with a special mandate to serve our province.

The President also noted that New Brunswick and Nova Scotia have taken strong steps to cut costs in the postsecondary education sector. They are keeping all options on the table, with discussions arising over amalgamations and cuts. Our University leadership had a positive first meeting with the new Provincial Minister of Workforce and Advanced Learning. The goal is to be a partner in the prosperity of the province, while maintaining our autonomy. Although the Province has not yet told us what is likely coming for us in

the provincial budget, the University is forging ahead with the best information available to us. The reduction in international student enrolment continues to hit our bottom line. We have done our best to offset this through attribution and savings and some fee increases. However, these strategies are not repeatable. The University remains committed to limiting the human impact of these challenges.

- The Vice-President Academic and Research spoke to some updates on research initiatives, noting that several new research grants have been received by members of faculty. He provided an update on the Curricular Coherence Initiative, which is part of the University's Strategic Enrolment Management Plan and aims to improve student retention and remove unnecessary obstacles to student progress to graduation. A new research funding program from the Federal Government called Impact + Research Chairs was announced in December with an aim to attract researchers from outside of Canada who are active in areas of importance to Canada. Several of these areas align well with UPEI's strengths. UPEI has been granted up to three Impact Chairs valued at up to \$8M each at a rate of \$1M per year over eight years.
- The Vice-President People and Culture reported on the implementation of the Action Plan. Preparations for the Year 2 audit to start on May 1, 2026, are underway. To assess the cultural impact of the Action Plan, researchers have been invited to apply for a grant to develop a validated UPEI-specific cultural assessment instrument. It was also noted that the University has reached an important milestone with the completion of the work of the Fair Treatment Replacement Policy Committee after 15 months. She noted the committee's commitment in discussing complex and contentious issues to come up with two new policies to replace the Fair Treatment Policy: a Policy on Harassment and a Policy on Sexual Violence. It was noted that the VP's listening tour is continuing and a key theme emerging was the need for alternative approaches to conflict resolution. Community members expressed frustration with an over-reliance on rights-based processes and requested capacity-building in alternative methods. This feedback aligns with the VP's vision for a people-centric UPEI that places community at the center of how we address challenges and celebrate success. Recent sessions have included training in navigating difficult conversations. Intensive restorative justice training is underway for managers and supervisors will roll this out over the coming months.

Vice President Ngobia also noted that collective bargaining is upon us. Management is taking a transparent approach to planning and communication about bargaining. Regular updates will be provided through established communication channels.

- The report of the Senate Steering and Nominating Committee on the conduct of elections to Senate and committees of Senate was received. The Senate approved certain changes to the Processes and Procedures of Senate.

- The Sixth Curriculum Report of the Academic Planning and Curriculum Committee was received and the Senate approved changes to calendar entries, course descriptions and prerequisites across a number of faculties.

Subject: Revised Sale of Course Materials Policy

Prepared by: Greg F. Naterer, Vice-President Academic and Research

Prepared for: Board of Governors

Date: February 4, 2026

ISSUE

A Review Committee has proposed a revised Sale of Course Materials Policy based on feedback from three meetings of Senate and broad consultation with the university community. The enclosed revision of the policy is presented to the Board for review / approval.

BACKGROUND

The Sale of Course Materials Policy was created in 2002 and due for review in 2007. This review was long overdue so a committee was formed in March 2024 to review and recommend updates to the policy. The committee consisted of Dr. John McIntyre (Chair, English), Katelyn Brown (Library), Dr. Bill Montelpare (AHS), Whitney Jenkins (Bookstore), Dr. Sharon Myers (Dean of Arts), and initially Adam MacKenzie (student), replaced by Noah Mannholland (student) after Adam's convocation in 2025.

The review committee completed its proposed revision of the policy in February 2025. This revision was presented at the April 2025 meeting of Senate. At the meeting, substantial feedback and suggestions were provided. Further consultation with the university community provided additional feedback. The committee considered that feedback to make additional substantive revisions of the policy over the summer 2025.

A revised version was then presented at the October 2025 and subsequently January 2026 meetings of Senate after which further feedback was received. The committee reconvened after each meeting to discuss the additional feedback and prepare revisions to address feedback and comments.

RECOMMENDATION

A Review Committee has consulted extensively with the university community and Senate on a proposed revision of the Sale of Course Materials Policy. The final enclosed version of the revised policy is recommended to the Board for approval.

RATIONALE

Numerous changes were made to the policy since the initial proposed revision in April 2025. A point of confusion that had arisen was a misunderstanding about "free course materials" and "the instructor selecting course materials". It has been clarified in the scope of the revised policy (Section 3) that the policy "pertains to the financial matters of course and assessment materials - not the selection or content of those materials - which lies under the purview of academic freedom of instructors as pursuant to the Faculty Collective Agreement".

Another concern has been the principle of "assessment materials free of charge". Some feedback has been that bundling of assessment and course materials through software may not allow free grading materials.

The committee reviewed this matter and recommended alternative ways for the student to access an assessment (such as a free access code obtained from the publisher, a free centralized platform for secure sharing, or OER) or an alternative way for a student to demonstrate proficiency of the relevant course material. The committee's perspective has been a student-centered approach.

Further feedback from the October 2025 Senate meeting reiterated that special circumstances may exist where assessment materials cannot be readily separated from the course materials themselves.

To address this ongoing concern, the final version of the revised policy includes a mechanism for the review and approval of exceptions through a committee. A new Section 5.7 was added for cases in which an instructor or Academic Unit (for a course that requires additional fees for Assessment) suggests that no assessment alternative is possible, free of charge. In such cases, they may request an exception, with their rationale explained in a letter to a Review Committee sufficiently in advance of the start of the semester.

University of Prince Edward Island Policy	Policy No. admfingnl0003	Revision No. 0
Policy Title Course Materials, Sale Of		Page 1 of 1
Creation Date February 6, 2002	Version Date October 1 February 2, 2026, 2025	
Authority Board of Governors	Review Date October 1 February 2, 2031, 2030	
Responsibility Vice-President, Academic and Research		Access W

Current Policy (2002)	Proposed Revision (2026)
<p>1 Purpose</p> <p>The purpose of this policy is to establish rules governing the sale of course materials to students and any associated reimbursement of costs to faculty.</p> <p>2 Scope</p> <p>This policy applies to University faculty, instructors and staff.</p> <p>3 Policy</p> <p>3.1 Responsibility for establishment and amendment of this policy rests with the Senior Management Group.</p> <p>3.2 Responsibility for enforcement of this policy within each Faculty rests with the dean of that Faculty.</p> <p>3.3 General responsibility for enforcement of this policy rests with the Vice President Finance & Facilities and the Comptroller.</p>	<p>1 Purpose</p> <p>The purpose of this policy is to establish rules governing the sale of course materials to students and any associated reimbursement of costs to faculty.</p> <p><u>2 Definitions</u></p> <p><u>2.1 Academic Unit</u> refers to the Faculty in non-departmentalized faculties, or a Department / School in departmentalized faculties.</p> <p><u>2.2 Assessments</u> refer to any task or resource used to measure student learning in a course, including both the content of the assessment (e.g., questions, rubrics, criteria) and the format in which it is delivered (e.g., assignments, projects, presentations, quizzes, tests, exams). Assessments exclude course accessory materials which refer to items that students must purchase or bring in addition to the main textbook(s) in order to participate fully in labs, studios, or practical components, e.g., lab supplies, studio / art supplies, field course gear.</p> <p><u>2.3 Closely Associated Person and University Member</u> have the definitions established in the Conflict of Interest Policy.</p> <p><u>2.4 Course Materials</u> are physical items, digital materials, and subscriptions that students are required or encouraged to</p>

4 Policy on the sale of course materials to students:

Sale of course materials to students shall be handled through the University Bookstore; or, in the case of incidental cost recovery of photocopied or other materials, by or on behalf of the University department or School. In no case is a faculty member permitted to collect and keep fees for course materials. Course materials include published materials, photocopies, compiled manuals, tapes, CD ROMs and access to on-line web sites.

Reimbursement for course material costs incurred by a faculty member (or individuals or companies related to that faculty member) must be approved by the Dean and must be on a cost recovery basis only. For further clarity, cost recovery does not include development time of the faculty member. Only direct out of pocket expenses may be claimed and these must be supported by receipts submitted to the University Accounting department.

use in a course and include books and other published materials, photocopies, compiled manuals, supplies, software, recordings, and access to online websites or courseware.

2.5 Open Educational Resources (OER) means learning, teaching and research materials in any format or medium that reside in the public domain, or under copyright, that have been released under an open license, and that permit no-cost access, re-use, re-purpose, adaptation and redistribution by others.

3 Scope

This policy applies to University faculty, instructors and staff. It pertains to the financial matters of Course Materials and Assessments – not the selection or content of those materials – which lies under the purview of academic freedom of instructors as pursuant to the Faculty Collective Agreement.

4 Administration

4.1 The Vice-President, Academic and Research is responsible for the administration of this policy.

5 Policy

5.1 Sale of Course Materials to students shall be handled through the University Bookstore; or, in the case of incidental cost recovery of photocopied or other materials, by or on behalf of the University department or School. In no case is a faculty member permitted to collect and keep fees for Course Materials. Course Materials shall be made available for purchase by students through the University Bookstore.

5.2 Reimbursement for Course Material costs incurred by a faculty member (or individuals or companies related to that faculty member) must be approved by the Dean and must be on a cost recovery basis only. For further clarity, cost recovery does not include development time of the faculty member. Only direct out of pocket expenses may be claimed and these must be supported by receipts submitted to the University Accounting department.

5.3 In cases where a University Member or Closely Associated Person assigns a Course Material from which one or the other will receive a royalty payment or sales revenue, whether personally or to a corporate or investment fund, a declaration shall be made as per the Conflict of Interest Policy.

5.4 The University encourages the creation and adoption of Open Educational Resources where possible and reasonable. It further supports instructors in securing or developing open-access Course Materials and Assessments.

5.5 Instructors must include a list in the syllabus or course outline of all required Course Materials, including costs and whether they include Assessments that will be part of a student's grade in the course. The University Bookstore shall compile a list of courses requiring additional fees for Assessments and make that list publicly available. If an instructor's role in authoring, editing, publishing, or distributing a Course Material with required costs is not

listed on the Course Material itself, that role must also be disclosed in the syllabus.

5.6 In cases where students are required to purchase or license a Course Material to access an Assessment, the instructor must either provide an alternative way for the student to access the Assessment, free of charge (such as a free access code obtained from the publisher, a free centralized platform for secure sharing, or OER), or demonstrate proficiency of the relevant course material in an alternative way, provided that the student makes such a request within the first week of the semester.

5.7 Where an instructor or Academic Unit (for a course that requires additional fees for Assessment) suggests that no Assessment alternative is possible, free of charge, they may request an exception, with their rationale explained in a letter to a Review Committee sufficiently in advance of the start of the semester. The committee consists of two (2) faculty members / librarians (one elected, one appointed), two (2) students (one elected, one appointed), and a faculty member / librarian appointed by the VPAR (or designate) as the committee chair. The committee shall set its own procedures to conduct an investigation and issue its determination of whether there is any viable alternative way for the student to access the Assessment materials, free of charge.

University of Prince Edward Island Policy	Policy No. admfingnl0003	Revision No. 0
Policy Title Course Materials, Sale Of		Page 1 of 1
Creation Date February 6, 2002	Version Date February 2, 2026	
Authority Board of Governors	Review Date February 2, 2031	
Responsibility Vice-President, Academic and Research (VPAR)		Access W

1 Purpose

The purpose of this policy is to establish rules governing the sale of course materials to students and any associated reimbursement of costs to faculty.

2 Definitions

- 2.1 **Academic Unit** refers to the Faculty in non-departmentalized faculties, or a Department / School in departmentalized faculties.
- 2.2 **Assessments** refer to any task or resource used to measure student learning in a course, including both the content of the assessment (e.g., questions, rubrics, criteria) and the format in which it is delivered (e.g., assignments, projects, presentations, quizzes, tests, exams). Assessments exclude course accessory materials which refer to items that students must purchase or bring in addition to the main textbook(s) in order to participate fully in labs, studios, or practical components, e.g., lab supplies, studio / art supplies, field course gear.
- 2.3 **Closely Associated Person** and **University Member** have the definitions established in the Conflict of Interest Policy.
- 2.4 **Course Materials** are physical items, digital materials, and subscriptions that students are required or encouraged to use in a course and include books and other published materials, photocopies, compiled manuals, supplies, software, recordings, and access to online websites or courseware.
- 2.5 **Open Educational Resources (OER)** means learning, teaching and research materials in any format or medium that reside in the public domain, or under copyright, that have been released under an open license, and that permit no-cost access, re-use, re-purpose, adaptation and redistribution by others.

3 Scope

This policy applies to University faculty, instructors and staff. It pertains to the financial matters of Course Materials and Assessments – not the selection or content of those materials – which lies under the purview of academic freedom of instructors as pursuant to the Faculty Collective Agreement.

4 Administration

- 4.1 The Vice-President, Academic and Research is responsible for the administration of this policy.

5 Policy

- 5.1 Sale of Course Materials to students shall be handled through the University Bookstore; or, in the case of incidental cost recovery of photocopied or other materials, by or on behalf of the University department or School. In no case is a faculty member permitted to collect and keep fees for Course Materials. Course Materials shall be made available for purchase by students through the University Bookstore.
- 5.2 Reimbursement for Course Material costs incurred by a faculty member (or individuals or companies related to that faculty member) must be approved by the Dean and must be on a cost recovery basis only. For further clarity, cost recovery does not include development time of the faculty member. Only direct out of pocket expenses may be claimed and these must be supported by receipts submitted to the University Accounting department.
- 5.3 In cases where a University Member or Closely Associated Person assigns a Course Material from which one or the other will receive a royalty payment or sales revenue, whether personally or to a corporate or investment fund, a declaration shall be made as per the Conflict of Interest Policy.
- 5.4 The University encourages the creation and adoption of Open Educational Resources where possible and reasonable. It further supports instructors in securing or developing open-access Course Materials and Assessments.
- 5.5 Instructors must include a list in the syllabus or course outline of all required Course Materials, including costs and whether they include Assessments that will be part of a student's grade in the course. The University Bookstore shall compile a list of courses requiring additional fees for Assessments and make that list publicly available. If an instructor's role in authoring, editing, publishing, or distributing a Course Material with required costs is not listed on the Course Material itself, that role must also be disclosed in the syllabus.
- 5.6 In cases where students are required to purchase or license a Course Material to access an Assessment, the instructor must either provide an alternative way for the student to access the Assessment, free of charge (such as a free access code obtained from the publisher, a free centralized platform for secure sharing, or OER), or demonstrate proficiency of the relevant course material in an alternative way, provided that the student makes such a request within the first week of the semester.
- 5.7 Where an instructor or Academic Unit (for a course that requires additional fees for Assessment) suggests that no Assessment alternative is possible, free of

charge, they may request an exception, with their rationale explained in a letter to a Review Committee sufficiently in advance of the start of the semester. The committee consists of two (2) faculty members / librarians (one elected, one appointed), two (2) students (one elected, one appointed), and a faculty member / librarian appointed by the VPAR (or designate) as the committee chair. The committee shall set its own procedures to conduct an investigation and issue its determination of whether there is any viable alternative way for the student to access the Assessment materials, free of charge.

Purpose: **DECISION**

Subject: Harassment and Discrimination Policy and Sexual Violence Policy –
Faculty Association Position, Governance Implications, and
Recommended Approach

Prepared by: Jane Ngobia PhD, Vice-President, People & Culture

Prepared for: Board of Governors

Date: March 24, 2026

ISSUE

This briefing note provides the Board of Governors with an overview of the current status of the Fair Treatment Policy replacement process and the University’s proposed Harassment and Discrimination and Sexual Violence policies. It outlines the Faculty Association’s position, the University’s legal and governance considerations, and the recommended approach for advancing the policies in a manner that balances compliance obligations, labour relations risk, and institutional integrity.

BACKGROUND

Over the past fifteen months, the University has undertaken a comprehensive review and modernization of its Fair Treatment Policy, resulting in the development of a new Harassment and Discrimination Policy and a companion Sexual Violence Policy.

This work was conducted through a broad representative Fair Treatment Policy Review Committee, including Faculty Association participation, and was supported by external legal expertise and campus-wide consultation. The modernization effort was driven by:

- evolving legislative requirements in Prince Edward Island;
- commitments arising from the Rubin Thomlinson investigation and the University’s Action Plan; and
- the need to ensure clearer, more transparent, and trauma-informed processes for all members of the University community.

Article A17.1 of the collective agreement provides that the existing Fair Treatment Policy forms part of the agreement and may not be amended without the express written consent of the Faculty Association.

OTHER IMPORTANT INFORMATION

Current Situation

The University and the Faculty Association have now agreed on the substance of the proposed policies. Specifically, the Association has confirmed that the review process addressed its concerns around the policies. However, the Association has declined to provide the required express written consent for the adoption of the policies unless the University agrees to a Memorandum of Understanding that would amend or reinforce collective agreement provisions relating to future policy changes.

As a result, policies that are complete, compliant, and substantively agreed are unable to proceed to implementation.

The core issue at this stage is no longer the content of the policies. Rather, the issue is whether the University should agree, outside of the bargaining process, to amend or reinforce collective agreement language in exchange for the Faculty Association's consent to policies that are already agreed on their merits.

The University's position is that the proposed amendments to collective agreement provisions of this nature are appropriately addressed at the bargaining table.

Recommended Governance Approach: Endorsement of Policies

Considering the current impasse, it is recommended that the final versions of the Harassment and Discrimination and Sexual Violence policies be endorsed by the Board of Governors, rather than formally adopt them at this time.

Rationale for Endorsement

The policies have undergone a comprehensive and collaborative development process over approximately fifteen months, including Faculty Association participation, external legal review, and broad campus consultation.

The Faculty Association has now confirmed that the policies address its substantive concerns. Accordingly, there is a clear record that the policies reflect broad-based consensus on their content.

The remaining barrier to implementation is procedural, not substantive.

Board endorsement appropriately recognizes the completion and legitimacy of the policy development process, while acknowledging the constraint imposed by Article A17.1, which forms part of the Collective Agreement between the University and the Faculty Association.

Endorsement vs. Adoption: Legal and Governance Distinction

It is important to distinguish between endorsement and adoption in this context.

Adoption would constitute formal approval of the policies as operative University policies and would typically authorize their implementation. However, in the absence of Faculty Association consent, adoption may constitute a breach of Article A17.1 and associated labour relations consequences.

Endorsement, by contrast, does not bring the policies into force. Rather, it:

- affirms the Board's support for the content and direction of the policies.
- acknowledges that the policies have been developed through a thorough and inclusive process.
- signals that the policies meet the University's governance, legal, and institutional standards; and
- preserves the Board's ability to adopt the policies once the procedural constraint is resolved.

While it remains within the Board's authority to proceed unilaterally with the adoption of the policies, the decision not to do so at this time reflects a disciplined and principled approach. It demonstrates the University's commitment to sound governance, accountability and engagement with the Faculty Association through appropriate bargaining channels.

DISCUSSION OR DECISION: OPTIONS AND CHOICES

Motion: Endorsement of Harassment and Discrimination and Sexual Violence Policies

WHEREAS the University has undertaken a comprehensive review and modernization of its Fair Treatment Policy, resulting in the development of a Discrimination Harassment Policy and a Sexual Violence Policy;

AND WHEREAS these policies have been developed through an extensive and collaborative process, including participation from faculty, staff, students, and external legal advisors;

AND WHEREAS the Faculty Association has confirmed that the policies address its substantive concerns;

AND WHEREAS the implementation of the policies is currently subject to the consent requirement under Article A17.1 of the collective agreement;

BE IT RESOLVED THAT the Board of Governors hereby **endorses** the Discrimination and Harassment Policy and Sexual Violence Policy as presented;

AND FURTHER THAT such endorsement affirms the Board's support for the content, direction, and institutional importance of these policies;

AND FURTHER THAT endorsement does not constitute formal adoption or implementation of the policies at this time, pending resolution of the procedural requirements under the collective agreement.

AND FURTHER THAT the Board affirms its intention to proceed to formal adoption of the policies at the earliest appropriate opportunity, consistent with the University's legal obligations and governance responsibilities.

INFO ITEM: CONCLUSION

Endorsement of the policies allows the Board to affirm the integrity of the policy review process, maintain a principled governance posture, and support a disciplined strategy for resolving the current impasse while preserving robust consultation for future policy changes if needed.

University of Prince Edward Island	Policy No. TBA	Revision No. 0
Policy Title: Harassment & Discrimination Policy		Page 1 of 32
Creation Date: TBA	Version Date: TBA	Review Date: TBA
Policy Approval Authority: Board of Governors	Designated Executive Officer: Vice-President People and Culture	WWW Access: Yes

A. Preamble

1. This Policy has been developed by and for our University community. It is rooted in the right and responsibility we all share to a culture of trust, safety and inclusion in our teaching, learning, research, work and all that we do at the University. We all have a role to play in building that culture; our community thrives when we treat each other with respect, and value each other's contributions.
2. The University has the ethical and legal responsibility to maintain an environment free of Discrimination and Harassment. That responsibility includes awareness of what constitutes Discrimination and Harassment, delivering proactive education, ensuring persons occupying positions of authority are monitoring the environment in their area(s) and are knowledgeable of Disclosure and Reporting procedures and are responding to Harassment and Discrimination in a timely and effective manner. Nothing in this Policy precludes the right of the University to take action as may be necessary to meet this ethical and legal responsibility, as outlined in this Policy.
3. The University recognizes that Discrimination and Harassment are inherently connected to historical disadvantage and power imbalances on campus and in our society, including the intersection of social oppressions such as racism, sexism, homophobia, transphobia, classism, ableism, and the legacies of colonization and residential schools.
4. This Policy protects against the 'silencing' of those who make a Disclosure or Report of Discrimination or Harassment, by restricting the use of non-disclosure agreements and prohibiting Reprisal and threats of Reprisal.
5. This Policy protects the agency and choices of the person making a Disclosure or Report, while affording procedural fairness to all Parties.

B. Purpose

6. The purpose of this Policy is to increase awareness and education about Discrimination and Harassment and their impacts; to prevent Discrimination and Harassment at the University and in the conduct of University business; and to provide a process to investigate and address Reports of Discrimination and Harassment in a fair, timely, consistent, and Trauma-Informed manner.
7. This Policy has been developed to outline the measures the University is taking to prevent, investigate, and address Discrimination and Harassment consistent with the requirements of applicable legislation, including but not limited to the *Employment Standards Act, Human Rights Act, Occupational Health and Safety Act Workplace Harassment Regulations, and the Non-disclosure Agreements Act.*

C. Scope and Application

8. This Policy applies to all Members of the University Community with respect to alleged incidents of Discrimination or Harassment that occur, whether on or off campus and through any medium (including electronic):
 - a. In the course of University-related programs, operations, or activities;
 - b. Using University-owned or run property or equipment;
 - c. While participating in University-sponsored or sanctioned activities, events or organizations; or
 - d. In the context of non-University activities where the conduct has a material negative impact on a Member of the University Community's living, learning or working environment and in a context where the conduct has a substantial connection to the University.
9. When allegations of Sexual Harassment are raised, the Safe Disclosure Officer will consult the Sexual Violence Policy to determine which policy best applies to the matter. Allegations of Sexual Harassment will normally proceed under the Sexual Violence Policy unless the matter also includes intersecting issues of Discrimination and Harassment falling within the scope of this Policy. In such circumstances, the Investigator's terms of reference may include consideration of all relevant and appropriate intersecting issues and policies. For greater clarity, a party is not permitted to make separate Reports under both policies or, after exhausting the processes in one policy, to proceed under the other policy.

D. Definitions

10. In this Policy:

- a. “Academic Freedom” has the meaning set out in the Collective Agreement between the University and the University of Prince Edward Island Faculty Association, and includes the freedom to teach and conduct scholarly work guided by curiosity and intellectual inquiry, without deference to prescribed doctrine and free from institutional censorship. The right to academic freedom carries with it the duty to use that freedom in a responsible way.
- b. “Accommodations” means reasonable adjustments to a person’s own living, learning, or working environment to eliminate barriers to their participation in University life. Examples of accommodations include student residence relocation, class schedule changes, academic accommodations, temporary work location reassignment, and work scheduling changes.
- c. “Appropriate Vice-President” means the Vice-President within the reporting line of the Reporter or Respondent, as the context requires.
- d. “Bullying” means repeated, unreasonable behavior directed towards a Member of the University Community that can cause humiliation or intimidation.
- e. “Conflict of Interest” has the meaning set out in the University’s Conflict of Interest Policy, and includes any situation where a person with responsibilities under this Policy has a private or personal interest that does, may be perceived to, or has the potential to influence the objective exercise of their responsibilities. A Conflict of Interest exists where a person with responsibilities under this Policy is a Process Participant.
- f. “Day” means a day from Monday to Friday, and excluding holidays, on which the offices of the administration of the University are open, unless otherwise specified.
- g. “Disclosure” refers to the sharing of information by a Member of the University Community with a Safe Disclosure Officer about an experience of Discrimination or Harassment. A Disclosure may be made by someone who believes they are a witness to a violation of this Policy, but who is not the subject of that violation.
- h. “Discrimination” refers to a distinction, whether intentional or not but based on a Protected Ground of the individual or group, which has the effect of

imposing burdens, obligations, or disadvantages on such individual or group not imposed upon others, or which withholds or limits access to opportunities, benefits, and advantages available to other members of society.

- i. “Harassment” means any inappropriate conduct, comment, display, action or gesture or any bullying that the person responsible for the conduct, comment, display, action or gesture or the bullying knows, or ought reasonably to know, could have a harmful effect on the psychological or physical health or safety of a Member of the University Community, and includes (not an exhaustive list):
 - i) conduct that is based on any personal characteristic or Protected Ground;
 - ii) inappropriate sexual conduct that is known, or ought reasonably to be known, to the person responsible for the conduct to be unwelcome, including, but not limited to, sexual solicitations or advances, sexually suggestive remarks, jokes or gestures, circulating or sharing inappropriate images, or unwanted physical contact;
 - iii) stalking, including cyber-stalking.

Harassment may arise from the accumulation of repeated inappropriate conduct, comments, displays, actions or gestures or incidents of bullying, or from a single occurrence of sufficient severity, assessed on an objective standard.

For greater clarity, reasonable, non-discriminatory actions related to the management, direction, evaluation, grading, supervision, or discipline of Members of the University Community in the normal course of work and study do not constitute Harassment.

- j. “Immediate Measures” are non-disciplinary conditions that may be imposed upon a Respondent where there are allegations in a Disclosure or Report that would, if proven, constitute Discrimination or Harassment, and the measures are necessary to maintain the safety, security, or academic, residence, or employment well-being of any Member of the University Community; preserve the confidentiality and integrity of this policy and its processes; or discourage or prevent retaliation or other disruption to, or interference with, the operations of the University or activities of Members of the University Community.
- k. “Intersectional” refers to an approach that acknowledges the integrative nature of social identities and social oppressions (e.g., experiences of sexism, homophobia, transphobia, racism, classism and ableism). An intersectional approach to Discrimination and Harassment recognizes that

people have multiple interrelated identities, and that Discrimination and Harassment can exist because of how these identities intersect or overlap, producing something unique and distinct from any one form of Discrimination or Harassment standing alone.

- l. “Investigator” means a qualified, experienced and trained individual external to the University and available to conduct an Investigation under this Policy.
- m. “Member of the University Community” means alumni, contractors, employees (faculty, including Department Chairs, Coordinators and Directors, and staff), members of the Board of Governors, students, union employees, union representatives, University Administrators, and visitors. “Member of the University Community” may include individuals who are no longer Members of the University Community but who were Members of the University Community at the time an alleged incident of Discrimination or Harassment occurred.
- n. “Party” or “Parties” refers to the Reporter(s) and/or Respondent(s) named in a Disclosure or Report.
- o. “this Policy” means the University of Prince Edward Island Harassment and Discrimination Policy.
- p. “Poisoned Environment” refers to a work or study environment in which insulting or degrading comments, actions or microaggressions cause individuals or groups to feel that the environment is hostile or unwelcoming. When comments or conduct of this kind have an influence on others and how they are treated, this is known as a poisoned environment. The essential feature of a poisoned environment is that it is experienced by or impacts on more than just one individual such that it can be considered a practice. Discrimination and Harassment may result in a poisoned work or study environment.
- q. “Process Participant” means an individual who participates in any process outlined in this Policy, including but not limited to the Parties, individuals with relevant knowledge of alleged events, or those directly affected by alleged events.
- r. “Protected Ground” means (listed alphabetically): age, ancestry or place of origin, colour, creed, disability, ethnic or national origin, family status, gender expression, gender identity, marital status, nationality, physical size or weight, political belief, pregnancy, race, religion, romantic orientation, sex, sexual orientation, or source of income of any individual or class of individuals, and any other grounds or personal characteristics protected under the *Human Rights Act* or the *Workplace Harassment*

Regulations. Protected Grounds may intersect to create a unique experience of Discrimination or Harassment.

- s. “Reprisal” means any retaliation or negative consequence, or threat of retaliation or negative consequence, against any person on account of making a Disclosure, Report, or an expressed intention to make a Disclosure or Report under this Policy, or on account of evidence or assistance given with respect to a Report under this Policy. Reprisal may include any action that adversely affects an employee with respect to terms or conditions of employment or opportunity in employment; or any action that adversely affects a student’s academic opportunity or assessment. Reprisal is prohibited by this Policy.
- t. “Report” means an allegation, made or captured in writing, to a Safe Disclosure Officer alleging a violation of this Policy. A Report may be made by a Reporter or a Surrogate, or may be initiated by the University.
- u. “Reporter” means a Member of the University Community:
 - i. who is the subject of an alleged violation of this policy and who makes a Disclosure or Report under this policy; or
 - ii. is one of a group of people who are the subject of the same alleged violation of this policy, for which a Report has been submitted under this policy with the consent of everyone in the group.
- v. “Respondent” means the person or University office identified in a Disclosure or Report who is alleged to have violated this Policy. It is understood that the use of the singular Respondent does not preclude the possibility of multiple Respondents in context.
- w. “Safe Disclosure Officer”, for the purposes of this Policy, means one or more employees of the Department of Equity, Diversity, Inclusion and Human Rights designated and trained to receive and respond to Disclosures and Reports under this Policy, and may include the Human Rights Officer.
- x. “Sexual Harassment” means any conduct, comment, gesture or contact of a sexual nature (a) that is likely to cause offence or humiliation to a Member of the University Community; or (b) that might, on reasonable grounds, be perceived by that Member of the University Community as placing a condition of a sexual nature on their role at the University, including, for example, as a student, or employee or in their participation in University activities.

- y. “Substituted Authority” means a supervisor or next level of authority who assumes the responsibilities of a person or Office under this Policy in circumstances where the person or Office is a Process Participant.
- z. “Surrogate” means a person who, on behalf of a Reporter and with their consent, submits a Report under this policy, and may include a supervisor, a University Administrator, or a union representative.
- aa. “Systemic Discrimination” is discrimination inherent in, or the result of, attitudes, patterns of behaviour, informal or formal policies, practices, or procedures, that are part of the social or administrative structures of the University, and that create or perpetuate a position of relative disadvantage for people with a personal characteristic identified by a Protected Ground.
- bb. “Trauma-Informed” refers to an approach that takes into consideration the profound and complex physical, psychological, and social (biopsychosocial) impacts of trauma on an individual. Trauma-Informed practices are intended to minimize the negative impacts of sharing Disclosures and Reports, recognizing that the processes for responding to Discrimination and Harassment may, in themselves, be stressful, traumatizing and harmful for Process Participants. Examples of Trauma-Informed practices include, but are not limited to:
 - i. providing choice and flexibility whenever practicable, subject to reasonable limits identified in this Policy;
 - ii. providing as much information in advance as possible, including clarity about choices regarding confidentiality and privacy;
 - iii. providing regular updates to and check-ins with Parties, as appropriate;
 - iv. making best efforts to minimize process delays;
 - v. eliciting sensitive information from Process Participants on a need-to-know basis so that they are not required to share their experiences multiple times;
 - vi. refraining from asking irrelevant questions or making assumptions based on irrelevant factors such as immutable characteristics or identity expression; and
 - vii. facilitating processes and communications under this Policy with sensitivity to any Intersectionalities, given the social identities of participants.

- cc. “University” means the University of Prince Edward Island, its related companies, institutions and organizations, including any entities it partially or wholly owns or controls;
- dd. “University Administrator” means the President, a Vice-President, an Associate Vice-President, the Chief Information Officer, the Director of Human Resources, the Chief of Staff, a Dean, the University Librarian, or an Associate Dean.
- ee. “Good Faith” means, in the context of making a Disclosure or submitting a Report, the genuine belief by the Reporter that the Disclosure or Report is accurate and with merit. A Report may have been made in Good Faith even if it is ultimately found to be unsubstantiated.

E. Principles of Application (presented in alphabetical order)

- 11. Academic Freedom: The freedom to teach and conduct scholarly work guided by curiosity and intellectual inquiry, without deference to prescribed doctrine, is fundamental to our University. Academic freedom can only be achieved in an environment in which Discrimination and Harassment are not tolerated.
- 12. Confidentiality: the University recognizes the importance of confidentiality for everyone involved in an allegation of Discrimination or Harassment. The University will make every reasonable effort to balance confidentiality with its legal responsibility to provide a work and study environment free from Discrimination and Harassment, as outlined in this Policy.
- 13. Cumulative impact: It is important for the University to track trends and cumulative incidents that contribute to risk of violations of this Policy so that proactive measures may be taken.
- 14. Freedom from Reprisal: Members of the University Community have a right to participate in proceedings under this Policy without fear of Reprisal.
- 15. Freedom of expression: Freedom of expression, protected under the *Canadian Charter of Rights and Freedoms*, encourages the search for truth through the open exchange of ideas, and fosters individual self-fulfillment through expression and participation in social and political decision-making. Freedom of expression is a cornerstone of scholarship at the University. The *PEI University Act* also specifies the freedom of the University to be a place open to expression of all doctrines and creeds, religious, political or philosophical. Like other rights, freedom of expression is not an absolute right, nor is it a defence to Discrimination or Harassment.

16. Intersectionality: this Policy recognizes that various identities come together to shape a person or group's experience in the world and their treatment by others, and that Discrimination and Harassment disproportionately impact Members of the University Community with intersecting identities protected under this Policy.
17. Power imbalances: Power imbalances exist in organizations that can be exploited or prevent the reporting and management of Discrimination and Harassment. Power imbalances can also obscure or exacerbate proper and improper behaviour and interpersonal relations. The University strives to create policy that respects all Members of the University Community without deference to power. The University recognizes that one of the purposes of human rights laws and policies is to assist members of groups that have been historically disadvantaged and disempowered in our society.
18. Procedural fairness: Parties have the right to procedural fairness at every stage or point of decision under this policy, including the right to an unbiased decision-maker, the right to notice, the right to be heard, the right to a timely process, and the right to reasons for decisions. Procedural fairness also requires the avoidance of Conflicts of Interest. When Conflicts of Interest arise in any process under this Policy, they will be identified and addressed in accordance with this Policy and the University's Conflict of Interest Policy.
19. Safe disclosure: Members of the University Community who experience or witness incidents of Discrimination or Harassment have the right to disclose or report those incidents in a manner where they feel safe, without fear of Reprisal, particularly in circumstances of a power imbalance between individuals.
20. Trauma-Informed: This Policy acknowledges the harm endured by Reporters and survivors along with having awareness of the impacts that trauma has on an individual's emotional, cognitive, physical and sexual wellbeing.¹ All processes under this Policy will be consistent with Trauma-Informed practice.

F. Statement of Commitment

21. All Members of the University Community are entitled to a working, studying and living environment free from Discrimination and Harassment as defined by this Policy.

¹ (source: Eerkes, D., De Costa, B. & Jafry, Z. (2021). A Comprehensive Guide to Campus Gender-Based Violence Complaints: Strategies for Procedurally Fair, Trauma-Informed Processes to Reduce Harm. Possibility Seeds' Courage to Act: Addressing and Preventing Gender-Based Violence at Post-Secondary Institutions in Canada, page 18)

22. All Members of the University Community have a right to participate in processes under this Policy without fear of Reprisal or retribution.
23. As required by law, the University commits that it will:
 - a. prevent Discrimination and Harassment as far as reasonably practicable;
 - b. take corrective action to address incidents of Discrimination and Harassment;
 - c. prevent and remedy Systemic Discrimination;
 - d. not reprimand, seek Reprisal, or discriminate against a Member of the University Community who has made a disclosure or Report in Good Faith;
 - e. take corrective action against those who reprimand, seek Reprisal, or discriminate against a Member of the University Community who has made a disclosure or Report in Good Faith.

G. Prevention and Education

24. The Department of Equity, Diversity, Inclusion, and Human Rights will develop and disseminate information and training specific to the culture, conditions, and activities of the University, to Members of the University Community about the following topics:
 - a. Discrimination;
 - b. Harassment;
 - c. How to recognize, minimize, prevent, and respond to Discrimination and Harassment in the University;
 - d. this Policy and its processes;
 - e. relevant elements of related University policies and legislation;
 - f. available supports; and
 - g. Trauma-Informed practices and how to appropriately support and refer individuals who share information about an experience of Discrimination or Harassment.
25. The Department of Equity, Diversity, Inclusion, and Human Rights shall develop and disseminate information and training for University Administrators,

Department Chairs and others in supervisory roles on their roles and responsibilities under this Policy.

26. The Department of Equity, Diversity, Inclusion, and Human Rights shall ensure that information and training are regularly reviewed and updated; that all faculty, staff, and students receive appropriate training as soon as possible upon joining the University community; that faculty and staff receive appropriate training no less than every four years; and that students receive appropriate training at least once during their degree.

H. Roles and Responsibilities (presented in alphabetical order)

27. All Members of the University Community, including faculty, staff, and students, have a shared responsibility to foster and maintain University working, learning, and living environments that are free from Discrimination and Harassment. Members are responsible generally to inform themselves of this Policy, attend mandatory training, and refrain from behaviour that violates this Policy. Members who experience or witness conduct that may be prohibited by this Policy are encouraged to share their concerns with a Safe Disclosure Officer.
28. Board of Governors: has the fiduciary duty to perform the powers laid out in the *University Act* to ensure the success, integrity, financial, and administrative sustainability of the University. Within that broad duty, the Board of Governors has the responsibility to approve this Policy and periodic renewals of this Policy, and to address allegations of violations of this Policy where the Respondent is the President or a member of the Board of Governors.
29. Department of Equity, Diversity, Inclusion, and Human Rights: reports to the Vice-President, People & Culture and has a communication line directly to the Board of Governors with respect to matters of this Policy. The Department is generally responsible for administering this policy, including:
 - a. ensuring a copy of this Policy is readily available to Members of the University Community;
 - b. establishing and publishing rules, plain-language companion materials, summaries, guidelines and forms in respect of processes under this Policy;
 - c. establishing and delivering training, which may be mandatory or optional, for the University community in the interpretation and application of this Policy and the prevention of Discrimination and Harassment;

- d. maintaining appropriate records both by incident and cumulative, and maintaining confidentiality over those records, subject to all applicable policies, processes, and laws;
- e. tracking trends, patterns, or cumulative incidents to identify and address risks of Discrimination and Harassment in the University;
- f. aggregate reporting to the Vice-President, People & Culture on matters relating to this Policy; and
- g. undertaking those responsibilities expressly set out in this Policy.

The contact information (phone numbers, email and mailing addresses) and location on campus for the Department of Equity, Diversity, Inclusion and Human Rights will be included on the University website, along with information about the individuals working in the Department.

- 30. Safe Disclosure Officers are the first point of contact on campus for Members of the University Community to address questions about this Policy, and to assist with engaging the Policy. Safe Disclosure Officers are responsible to coordinate supports and services available at the University to Members of the University Community and Reporters who are affected by Discrimination and Harassment, as well as to Respondents under this Policy. The contact information (phone number, email and mailing addresses) and location on campus for Safe Disclosure Officers will be included on the University website.
- 31. University Administrators, Department Chairs, and others in supervisory roles: University Administrators, Department Chairs, and others in supervisory roles are expected to personally uphold the Policy at all times, to monitor the environment in their area(s), to be knowledgeable of this Policy and its processes, and to inform those who share concerns about Discrimination or Harassment about this Policy and Safe Disclosure Officers. In some circumstances, University Administrators have an obligation to consult confidentially with the Department of Equity, Diversity, Inclusion and Human Rights about concerns of Discrimination or Harassment that are brought to their attention.
- 32. Unions: are advocates for building a culture of safety, trust and inclusion. They build awareness of this Policy, and represent and support their members throughout its processes.
- 33. Vice President, People and Culture: has the responsibility to monitor the effectiveness of this policy and recommend amendments for approval of the Board of Governors, to oversee the effectiveness of the Department of Equity, Diversity, Inclusion and Human Rights in its administration of this Policy, and to report to the President and Board of Governors in that regard, as may be directed by the President or Board of Governors.

34. Vice-Presidents: Vice Presidents are responsible for remedial and/or corrective action following the investigation of a Report.

I. Confidentiality

35. The University shall not disclose any identifying information about any person involved or the circumstances relating to a Disclosure or Report unless disclosure is necessary for the purposes of administering the procedures of this Policy, including investigating a Report, providing supports and accommodations, or implementing Immediate Measures. In all cases, the least amount of information possible will be shared.
36. Confidentiality may also be limited in circumstances where a serious safety risk exists or the University has a legal obligation to share information. Examples of these circumstances include:
- a. where the Department of Equity, Diversity, Inclusion, and Human Rights, in consultation with University Administrators as appropriate, has identified a serious and credible risk of harm to a Member of the University Community or another person;
 - b. where there is a legal duty to report to authorities, such as a duty to report abuse under the *Child, Youth and Family Services Act*;
 - c. to respond to a subpoena or otherwise where the University has a legal obligation to cooperate in an extra-University judicial process.
37. In any event, the disclosure of identifying information shall be subject to the University's obligations pursuant to the law, including but not limited to, the *Freedom of Information and Protection of Privacy Act*.
38. Process Participants have a duty to maintain confidentiality to preserve the integrity of the processes under this Policy. Process Participants may discuss matters with support persons and professional advisors, who will be required to maintain confidentiality in accordance with this Policy.
39. All records produced under this Policy shall be maintained by the Department of Equity, Diversity, Inclusion, and Human Rights as required and permitted by the law, applicable collective agreements, and any applicable University policies governing data and record collection and retention.
40. For reporting purposes, the Department of Equity, Diversity, Inclusion, and Human Rights may disclose aggregate information about Disclosures and

Reports and their outcomes so long as information is provided without personal information or other information that may identify individuals.

41. The use of non-disclosure agreements is prohibited under this Policy except in the limited circumstances permitted by the *Non-disclosure Agreements Act* and the University's Policy on Non-Disclosure Agreements in Harassment and Discrimination.

J. Process and Reporting – General Principles

42. This section of the Policy sets out a process for addressing allegations of Discrimination and Harassment. The process allows for intervention that is proportionate to the circumstances and reflects the seriousness of the matter, the level of readiness of the Reporter, and other considerations.
43. The processes for making a Disclosure or Report are set out as options or stages to promote a clear and accessible process. The processes or stages outlined in this Policy are not necessarily sequential and not all stages are required.

Sharing or receiving a concern

44. A Member of the University Community who believes they may have witnessed or experienced Discrimination or Harassment at the University may choose to share their concern or seek assistance from a trusted friend, mentor, colleague, union representative, professor, supervisor, Department Chair, University Administrator, or human resources. Sharing a concern or seeking assistance informally does not constitute a Disclosure or Report under this Policy.
45. A Member of the University Community who learns of a concern of Discrimination or Harassment should listen compassionately without judgment, apply Trauma-Informed practices, and inform the individual about this Policy and Safe Disclosure Officers.
46. A Member of the University Community who learns of a concern of Discrimination or Harassment may seek advice, in confidence, from a Safe Disclosure Officer about how best to respond and provide support.
47. A University Administrator who learns of a concern of Discrimination or Harassment must consult with a Safe Disclosure Officer if:
 - a. there is a reasonable prospect that a Party poses a serious and credible risk of harming themselves and/or another person;

- b. there is a reasonable prospect that one or more Members of the University Community poses a serious and credible risk of harm based on information that has been provided;
 - c. there may be a legal obligation to investigate, such as under the *Occupational Health and Safety Act Workplace Harassment Regulations*;
 - d. the concern relates to the alleged conduct of another University Administrator;
 - e. the concern involves three or more potential Reporters or Respondents;
 - f. the concern is similar to another concern previously raised about the same individual; or
 - g. the concern may substantially impact the learning or working environment for a significant proportion of members of the affected unit.
48. A Member of the University Community who believes they may have violated this Policy is encouraged to proactively disclose the matter to a Safe Disclosure Officer for advice and possible early resolution.

Individual supports

49. Process Participants may choose to have a support person present at all steps in the processes of this Policy. A support person may include, for example, a trusted friend, colleague, union representative, Elder, translator, therapist, spouse, parent, or lawyer. The chosen support person takes the role of observer or emotional support and should not be a likely witness in any Investigation of the matter.
50. The Process Participant may speak freely about their experiences with their support person at any time during the process. Support persons are subject to confidentiality provisions in Section I of this Policy.

Alternative or external proceedings

51. Nothing in this Policy is intended to discourage, prevent, or preclude a Member of the University Community from initiating an alternative proceeding, such as a complaint with the PEI Human Rights Commission in accordance with the *Human Rights Act*, a civil action, or grievance arbitration, or from accessing supports provided for students. If an alternative proceeding has commenced, the University retains the discretion to suspend the procedures outlined in this Policy pending resolution of the alternative proceeding. This discretion must be exercised with regard to the University's obligation to maintain a safe, Discrimination-free and Harassment-free environment.

52. If a matter is subject to a criminal investigation or proceeding, the Vice-President, People and Culture may decide to defer any process in this Policy until such time as the criminal investigation or proceeding has concluded.
53. Despite the initiation of any alternative proceeding, the University has an obligation to maintain a safe environment free from Discrimination or Harassment, and to ensure that an investigation appropriate to the circumstances is conducted where required by law.
54. Immediate Measures may be implemented despite a deferral of process under sections 51 or 52.

Conflicts of Interest

55. A Safe Disclosure Officer, the Vice-President, People and Culture or their delegate, a Substituted Authority, or any other Member of the University Community who receives information to carry out their responsibilities under this Policy, shall disclose any actual or potential conflict of interest with respect to a Disclosure or Report in accordance with the University's Conflict of Interest Policy.
56. Where a Process Participant is aware or has reasonable grounds to believe that an undisclosed actual or potential conflict of interest exists with respect to a Disclosure or Report, they shall report the matter to a Safe Disclosure Officer (or their Substituted Authority). In such circumstances, the Safe Disclosure Officer (or their Substituted Authority) shall be deemed to be the Conflicts Officer for purposes of the University's Conflict of Interest Policy, and the matter shall be addressed in accordance with that policy. Appeals under the Conflict of Interest Policy shall be determined by the Vice-President, People and Culture, or their Substituted Authority.

Substituted Authorities

57. No Disclosure or Report under this Policy will be evaluated, investigated, or administered by a person who is a direct or indirect report of a Respondent to that Disclosure or Report.
58. If the Respondent is a Safe Disclosure Officer or a member of the Department of Equity, Diversity, Inclusion and Human Rights, the person may make a Disclosure or Report to the Vice-President, People and Culture, or another University Administrator. The responsibilities usually assigned to the Safe Disclosure Officer and/or Department of Equity, Diversity, Inclusion, and Human Rights, will be assumed by the Vice-President, People and Culture or another University Administrator selected by the President, who can then in turn delegate as appropriate and in a manner that avoids Conflicts of Interest.

59. If the Respondent is a Vice-President, the Reporter may make a Disclosure or Report directly to the President.
60. If the Respondent is the President, the Reporter may make a Disclosure or Report directly to the Chair of the Board of Governors.
61. If the Respondent is a member of the Board of Governors, the Reporter may make a Disclosure or Report directly to the Chair of the Board of Governors.
62. If the Respondent is the Chair of the Board of Governors, the Reporter may make a Disclosure or Report directly to the Vice-Chair of the Board of Governors or, via the University Secretary, the Board of Governors.
63. If a Disclosure or Report is made to the President, Chair of the Board of Governors, Vice-Chair of the Board of Governors, or the Board of Governors under sections 59-62, all responsibilities usually assigned to the Department of Equity, Diversity, Inclusion and Human Rights and Vice-Presidents will be assumed by an ad hoc committee of the Board of Governors, who may seek external advice and/or delegate their authority to external expert(s) or consultant(s).

Timeliness

64. Where this Policy prescribes timelines for action, timelines may be altered by request of a Party to the Department of Equity, Diversity, Inclusion, and Human Rights or Substituted Authority, as applicable. The University may also alter timelines where necessary to preserve the integrity of this Policy and its processes; to ensure procedural fairness; or as may be required by law.

K. Disclosures of Discrimination or Harassment

65. A Member of the University Community who believes they have been the subject of, or a witness to, a violation of this Policy, should make a Disclosure to a Safe Disclosure Officer.
66. A Disclosure does not result in a Report being made and does not initiate an Investigation under this Policy.
67. The Safe Disclosure Officer will listen compassionately without judgment, apply Trauma-Informed practices, and inform the Member of the University Community about this Policy.
68. If requested, the Safe Disclosure Officer shall provide advice to the person regarding their options under this Policy, which include:
 - a. requesting supports, services, or Accommodations; and/or

- b. requesting Immediate Measures; and/or
- c. engaging Early Intervention; and/or
- d. submitting a Report for Investigation.

L. Supports, Services, and Accommodations

69. On receiving a Disclosure or Report, the Safe Disclosure Officer will ask the Reporter what their needs are, and will inform the Reporter of additional supports and services available, including:
- a. Safety planning and protective measures;
 - b. Advocacy and counselling services; and
 - c. Accommodations.
70. Appendix A contains information about the supports and services available at the University to Members of the University Community who are affected by Discrimination or Harassment, and to Respondents under this Policy.
71. Accommodations are reasonable adjustments to a person's own living, learning, or working environment to eliminate barriers to their participation in University life. Examples of accommodations include student residence relocation, class schedule changes, academic accommodations, temporary work location reassignment, and work scheduling changes. If a Reporter requests accommodations, the Safe Disclosure Officer will assist the Reporter in accessing accommodations while maintaining confidentiality.

M. Immediate Measures

72. The Department of Equity, Diversity, Inclusion and Human Rights, in consultation with appropriate University Administrators or offices, may coordinate the implementation of Immediate Measures at any time following a Disclosure or Report.
73. Immediate Measures are non-disciplinary conditions that may be imposed upon a Respondent where there are allegations in a Disclosure or Report that would, if proven, constitute Discrimination or Harassment, and the measures are necessary to:
- a. maintain the safety, security, or academic, residence, or employment well-being of any Member of the University Community;

- b. preserve the confidentiality and integrity of this policy and its processes;
- c. discourage or prevent retaliation or other disruption to, or interference with, the operations of the University or activities of Members of the University Community.

Immediate Measures shall be reasonable and justifiable having regard to the interests of the Respondent and the purpose of the Immediate Measures.

74. The following factors will be considered in determining whether to impose Immediate Measures:
- a. the wishes and expressed needs of the Reporter, if any;
 - b. the impact of the proposed measures on the Respondent;
 - c. if available, the views of the Respondent, including any views as to the availability of alternate, less restrictive measures;
 - d. the nature and seriousness of the alleged conduct and its impact on the Reporter and/or University community; and
 - e. compliance with any applicable collective agreement or contract of employment.
75. Options for Immediate Measures may include, but are not limited to, one or more of the following:
- a. changes to class schedules or university-run living arrangements;
 - b. no contact agreements;
 - c. restrictions on attendance on campus, or parts of campus;
 - d. restrictions on participation in University-affiliated activities or other campus privileges;
 - e. temporary administrative (non-disciplinary) leave without loss of pay;
 - f. temporary removal of employment duties, without loss of pay;
 - g. temporary removal or transfer of a person;
 - h. the cancellation or rescheduling of an event;
 - i. the issuance of a notice or communication to individuals or groups;

but shall not include, prior to an Investigation, sanctions impeding progress in an academic or research program, or disciplinary action of any individual for an alleged violation of this Policy.

76. The Department of Equity, Diversity, Inclusion & Human Rights will give written notice to the Respondent of any Immediate Measures being imposed without delay. In the case of a unionized Respondent, the notification shall include a statement informing them of their right to consult with their union. Immediate Measures come into effect upon notice to the Respondent. The Reporter shall be provided with information about the terms of Immediate Measures that impact the Reporter.
77. A person subject to Immediate Measures may challenge them by submitting a written request for reconsideration to the Appropriate Vice-President within ten (10) days of their imposition, or within ten (10) days of any material change in circumstances. The Vice-President will deliver a written decision on the request. Where the person upon whom Immediate Measures have been imposed is a unionized employee, the employee may take steps under the provisions of the applicable collective agreement. Immediate Measures will remain in effect during any period of request for reconsideration.
78. In circumstances where no Report has been made and no Investigation initiated, Immediate Measures may remain in place indefinitely where:
 - a. The Respondent consents to the continuation of the Immediate Measures;
 - b. The Immediate Measures meet the needs of the Reporter and that person consents; and
 - c. The Immediate Measures address the safety, remedial, and other responsibilities of the University.

N. Early Intervention

79. Early Intervention may be initiated after either a Disclosure or a Report. Early Intervention is voluntary, requiring the informed consent of all Parties involved.
80. An Early Resolution Officer in the Department of Equity, Diversity, Inclusion and Human Rights will work with involved Parties to identify desired outcomes. The Department will design and coordinate remedial, educational, and/or facilitated processes to achieve those outcomes, appropriate to the nature of the Disclosure or Report, the circumstances, and the Parties' needs. Examples of Early Intervention could include:

- a. supporting the Reporter to address their concerns directly with the individual or Office that the person believes is responsible for the Discrimination or Harassment;
 - b. impact statement, letter, or video, in which the Reporter communicates to the Respondent about their experience and impact of the Respondent's conduct;
 - c. facilitation or mediation: an Early Resolution Officer or other employee in the Department of Equity, Diversity, Inclusion and Human Rights or other qualified person facilitates a discussion or mediation between the Parties with the goal of developing mutual understanding of the incident(s) and mutually agreeable resolution;
 - d. no contact: Parties agree to have no contact for a period of time or as long as one or both of them are Members of the University Community;
 - e. education: the Department arranges coaching, support, or remedial educational opportunities for the Respondent or Members of the University Community;
 - f. apology: the Respondent offers an apology which is accepted by the Reporter;
 - g. written agreement: the Parties agree to measures for a period of time or as long as one or both of them are Members of the University Community; or
 - h. any other process or intervention that incorporates a restorative approach, or one or both Parties' cultural or community values.
81. Early Intervention processes shall normally be completed within six (6) weeks of the receipt of a Disclosure or Report. A Reporter may choose to submit a Report for investigation if Early Intervention does not result in desired outcomes.

O. Report and Investigation

Report by a Member of the University Community

82. A Member of the University Community who believes they have experienced Discrimination or Harassment may:
- a. submit a Report directly with a Safe Disclosure Officer; or
 - b. give their consent to a Surrogate to submit a Report on their behalf, anonymously or non-anonymously.

83. Reports will be submitted or captured in writing and include a detailed description of the behaviour that forms the basis of the Report, including where and when incident(s) occurred, and an indication of the redress sought by the Reporter.
84. The person who gave their consent to submit a Report through a Surrogate has the right to decline to participate in any investigation that may occur as a result of the Report.
85. An anonymous Report through a Surrogate will be processed in accordance with the principles of procedural fairness, which may impact the potential outcomes available following an Investigation.
86. Information provided anonymously may inform a process aimed at addressing Systemic Discrimination or other institutional culture concerns.

Initial Assessment of a Report by a Member of the University Community

87. Where the Department of Equity, Diversity, Inclusion & Human Rights receives a Report with a request for investigation, the Department will undertake an initial assessment of the Report to determine whether:
 - a. it is within the Scope and Application of this Policy; and
 - b. the alleged facts, if proven, could amount to Discrimination or Harassment;
 - c. either of the Reporter or Respondent is identifiable; and
 - d. the matter is not more appropriately addressed through the Sexual Violence Policy or another University policy;in which case, the Report will be considered to be accepted for Investigation.
88. The following factors will not be considered in assessing whether a Report is accepted for Investigation:
 - a. it is or will be inconvenient;
 - b. it will negatively impact the reputation of the University;
 - c. it will be costly to investigate and/or to remedy;
 - d. the Respondent is unavailable (for whatever reason);
 - e. the Reporter has left the University.
89. If the Report is not accepted for Investigation, the Department of Equity, Diversity, Inclusion and Human Rights will notify the Reporter in writing, identifying why the Report was not accepted for Investigation, and the process by

which the Reporter may request a reconsideration of the determination. If new information is subsequently provided, this decision may be re-evaluated.

90. A decision not to accept a Report for investigation does not preclude the availability of Early Intervention processes, or Accommodations or other supports and services for affected Members of the University Community.
91. Information provided in a Report that is not accepted for investigation may inform a process aimed at addressing Systemic Discrimination or other systemic or institutional culture concerns.

Withdrawal of Report

92. The Reporter may decide to stop participating in the Report process or withdraw their Report at any time. The University will decide whether the investigation shall proceed as a University-Initiated Report based on its analysis of the considerations in section 93 of this Policy.

University-Initiated Reports

93. The University respects a Reporter's choice not to proceed with a Report under this Policy. In limited circumstances, the University may determine it necessary to initiate a University Report where:
 - a. One or more Members of the University Community, by name or anonymously, have provided information about an occurrence of Discrimination or Harassment by a Member of the University Community;
 - b. There has been more than one Disclosure about more than one alleged occurrence of Discrimination or Harassment by the same Respondent;
 - c. The allegations name a Respondent who is no longer a Member of the University Community, and failure to address those allegations could negatively impact the culture, working or learning environment, or reputation of the University;
 - d. An Investigation is required by law, such as under the *Occupational Health and Safety Act Workplace Harassment Regulations*; or
 - e. The allegations raise concerns of Systemic Discrimination or other institutional culture concerns;

and the Vice-President, People and Culture or their delegate determines that:

- f. Proceeding with a University-Initiated Report is in the interests of the health and safety of Members of the University Community and consistent with the University's obligations and responsibilities; and

- g. In circumstances where the Reporter has chosen or is likely to choose not to be involved, it is reasonably likely that sufficient evidence can be obtained to determine if the Respondent has committed an act of Discrimination or Harassment in a way that respects procedural fairness.
- 94. The Reporter will not be required to participate in a University-Initiated Report. Communication with the Reporter about the University-Initiated Report will occur only if the Reporter has indicated that they wish to be kept informed.
- 95. A University-Initiated Report will be processed and responded to by the University in the same manner as a Report, except that the Reporter shall be the relevant University Administrator.

Investigation

- 96. An Investigation will be initiated on acceptance of a Report for investigation by the Department of Equity, Diversity, Inclusion & Human Rights under section 87, or on submission of a University-Initiated Report under section 93.
- 97. The Department of Equity, Diversity, Inclusion & Human Rights shall select an Investigator from a pre-established list of investigators external to the University. The list shall consist of professionals with previous experience in conducting Harassment or Discrimination investigations at universities or institutions of similar size or complexity, with training in Trauma-Informed practice, and who are culturally competent. To the extent possible, the list shall have broad representation across Protected Grounds.
- 98. The selection shall be made considering the Investigator's capacity to complete an investigation in a timely manner, their particular expertise relative to the circumstances of the matter at hand, and whether or not there is an actual or perceived Conflict of Interest concerning Process Participants. If necessary, the selection of an external Investigator may be made outside the list where required to meet the criteria set out above.
- 99. The Department of Equity, Diversity, Inclusion and Human Rights will provide written notice to the Parties that the allegations in the Report will be investigated by the Investigator. Notice to the Respondent will include:
 - a. That a Report has been brought against them and will be investigated under this Policy, the details of the Report, and a copy of this Policy;
 - b. Information about University supports and services, including contact information for an advisor within the Department of Equity, Diversity, Inclusion and Human Rights, or other office on campus, to whom they may direct questions about the Policy or process;

- c. In the case of a unionized Respondent, a statement informing them of their right to consult with their union;
 - d. A reminder that this Policy prohibits Reprisal.
- 100. If a Party is of the view that the Investigator presents an actual or perceived Conflict of Interest, they may request that an alternative Investigator be selected. The request shall be made within three (3) days of having been notified of the initial selection. After considering any request, the decision of the Department of Equity, Diversity, Inclusion and Human Rights regarding the selection of Investigator shall be final.
- 101. The Department of Equity, Diversity, Inclusion and Human Rights will provide the Investigator with all relevant materials in its possession, including any materials submitted by Process Participants.
- 102. The Investigator will conduct an investigation in a manner consistent with Trauma-Informed practice and the principles of procedural fairness, including each Party's right to know, understand, and respond to the Report.
- 103. The Investigator will provide each Party with a reasonable opportunity to schedule an interview. Parties may provide names of potential witnesses, and may submit any written response or additional information they wish to have considered by the Investigator. The Investigator may interview other individuals the Investigator considers likely to possess information relevant to the Report.
- 104. If any Party declines to participate in the investigation, the Investigator may determine the findings on the basis of the information otherwise available.
- 105. The Investigator shall produce an Investigation Outcome containing:
 - a. a statement of the process followed;
 - b. findings of fact, assessed on the balance of probabilities standard (more likely than not);
 - c. a determination of whether, on a balance of probabilities, there has been a violation of this Policy and reasons for the determination;
 - d. where there is a determination of a violation, recommended remedial and/or corrective action(s).
- 106. The timeline for completion of an Investigation Outcome is dependent on the complexity of the matter, the volume of evidence and number of witnesses and other circumstantial matters as they may arise. The normal timeline for completion of an investigation is sixty (60) days from the appointment of the Investigator. This timeline may be extended by the Department of Equity,

Diversity, Inclusion and Human Rights upon written request of the Investigator and with notice to the Parties.

107. Upon completion, the Investigation Outcome shall be provided to the Appropriate Vice-President.

Actions following an Investigation Outcome

108. Within five (5) days of receipt of the Investigation Outcome, the Appropriate Vice President shall notify the Parties of the result, and shall provide a copy of the Investigation Outcome, redacted where required by law.
109. The Parties shall have ten (10) days to provide written comments on the Investigation Outcome to the Appropriate Vice-President, including but not limited to any comment on the reasonableness of the Investigator's findings, the fairness of the process followed by the Investigator, or comment on appropriate remedial and/or corrective outcomes.
110. The Appropriate Vice-President shall consider the Investigation Outcome and any comments received from the Parties.
111. Where the Investigator has determined that there has been a violation of this Policy, the Appropriate Vice-President may initiate remedial and/or corrective actions as they deem appropriate, in consideration of the recommendations in the Investigation Outcome and any comments received from the Parties. Remedial and/or corrective actions shall be initiated within ten (10) days of the expiry of the timeline for providing comments on the Investigation Outcome under section 109.
112. The Appropriate Vice-President shall notify the Parties of all remedial and/or corrective actions initiated.
113. Any remedial and/or corrective action shall be subject to University policies and/or collective agreements, as may be applicable.
114. Remedial and/or corrective actions shall recognize the harm to the Reporter and others, taking into account the seriousness of the violation, and any mitigating or aggravating factors. The goal of remedial and/or corrective action shall be to:
- a. enhance a culture of trust, safety and inclusion at the University and among Members of the University Community;
 - b. enhance accountability and transparency at the University;
 - c. remove any ongoing violations of this Policy;
 - d. prevent future violations of this Policy by the Respondent and others;

but shall not take into account:

- e. the extent to which the remedial action is inconvenient, will negatively impact the reputation of the University, or will be costly to implement;
 - f. that the Respondent has left the University, except that any disciplinary action of the Respondent since-departed would be foreclosed;
 - g. the potential for appeal under this Policy or any alternatively available appeal or review.
115. Remedial and/or corrective actions may include, but are not limited to:
- a. those actions contemplated as Immediate Measures;
 - b. education and training;
 - c. workplace or academic accommodation;
 - d. resident relocation or suspension;
 - e. probation;
 - f. discipline, up to and including termination;
 - g. suspension or expulsion.

Appeal from Investigative Outcome

116. Subject to section 123, a Party may appeal the outcome and/or remedial/corrective action on one or more of the following grounds:
- a. there was a fundamental procedural error seriously prejudicial to the appellant;
 - b. there is new relevant evidence that could not have been reasonably presented earlier.
117. An Appeal is not a rehearing of the evidence.
118. An Appeal shall be filed with the Department of Equity, Diversity, Inclusion and Human Rights within fifteen (15) days of the appellant's receipt of the Investigation Outcome or decision on remedial and/or corrective action from the appropriate Vice-President, whichever is later.
119. An Appeal shall be heard by an appeal committee consisting of three members. Two members shall be selected from a pre-established roster of Members of the University Community having appropriate training and qualifications with respect to human rights principles, procedural fairness, and Trauma-Informed practices.

One member shall be selected from the roster by the Reporter, and one member selected from the roster by the Respondent. The third member shall be selected by the University who shall be an external lawyer, other than the University's regular counsel and subject to the Conflict of Interest Policy, and who has expertise in human rights and administrative law.

120. The Appeal will be heard in writing except where the appeal committee decides that an oral hearing is warranted to ensure procedural fairness, such as for the most severe penalties such as expulsion, or dismissal.
121. The other Party to the Report will be given notice of any Appeal and will be entitled to make submissions, should they wish to participate.
122. The decision of the appeal committee shall be a decision of the majority, and shall be final and binding. Written reasons for the decision will be communicated to the Parties.
123. Parties with access to grievance rights under a collective agreement may not file an Appeal under this Policy. The grievance and arbitration provisions of the applicable collective agreement will instead serve as the appeal process for unionized employees.

P. Complex or Systemic Issues of Discrimination or Harassment

124. Discrimination or Harassment involving a large number of individuals, or issues of Systemic Discrimination involving entrenched or institutionalized practices, systems, or structures, should be reported to a Safe Disclosure Officer.
125. In the absence of a Report from a Member of the University Community, a Safe Disclosure Officer may recommend a University-initiated Report and investigation to address Systemic Discrimination or other complex issues of Discrimination or Harassment.
126. Alternatively, in consultation with appropriate University Administrators, a Safe Disclosure Officer may recommend that the University initiate a systemic review or assessment of a work or learning environment, including to understand and respond to patterns or trends identified by the Department of Equity, Diversity, Inclusion, and Human Rights.
127. The Department of Equity, Diversity, Inclusion, and Human Rights will communicate a summary with the affected individuals, community, faculty, or unit, as appropriate, of any process or actions taken, and outcomes resulting from, the University's steps to address Systemic Discrimination, subject to the confidentiality requirements of this Policy.

Q. Annual Reporting and Collection and Use of Data for Statistical Purposes

128. The Department of Equity, Diversity, Inclusion and Human Rights will provide a written report, annually, to the Vice-President, People and Culture, regarding:
- a. the number of Disclosures and Reports in the preceding academic year;
 - b. the type of Disclosures and Reports in the preceding academic year (Harassment or Discrimination, Report or University-Initiated);
 - c. subject to section 129, Reports by party status (faculty, staff, student, visitor);
 - d. subject to section 129, Reports by kind of outcomes (e.g., dismissal of Reports, Early Intervention, Investigation);
 - e. subject to Section 129, Investigation outcomes (e.g., finding or no finding of Discrimination or Harassment);
 - f. subject to section 129, outcomes applied as a result of a finding that an act of Harassment or Discrimination occurred;
 - g. any systemic issues of Discrimination or Harassment identified following Investigation or other process under Section O, along with an action plan for addressing such systemic issues;
 - h. the average, median and maximum number of days required to complete procedures under this Policy (e.g., Early Intervention, Investigation, implementation of remedial and/or corrective actions), and to resolve Disclosures and Reports;
 - i. subject to section 129, observed trends, such as with respect to the locations of incidents of Discrimination and Harassment or demographics, relevant to identifying systemic points of weakness or risk;
 - j. educational and other activities related to this Policy; and
 - k. other matters as may be directed by the Vice-President, People and Culture.
129. Statistics for the report, or for other purposes, may be derived from confidential records, but will be reported in a non-identifiable format so as to maintain the anonymity of the persons involved, and in a manner compliant with the University's obligations pursuant to the law, including but not limited to, the *Freedom of Information and Protection of Privacy Act*.

130. The Vice-President, People and Culture, will release the annual report to the University community, and will report annually to the Board of Governors on the implementation of this Policy.

R. Administrative Provisions

131. This Policy shall come into force on a date to be determined by the Board of Governors. On this date the Fair Treatment Policy shall be retired except that matters having commenced under the processes of the Fair Treatment Policy shall continue under that Policy until resolved or concluded.
132. This Policy shall be reviewed by the Board of Governors one year following its effective date, and no later than every three years thereafter. The review shall occur in consultation with representatives of the University's elected student governing bodies, and consider input from a diverse selection of students, including those most vulnerable. The review shall also involve consultation with other Members of the University Community, such as faculty, staff, unions, and the Joint Occupational Health and Safety Committee.
133. Related University policies include:
- a. Sexual Violence Policy
 - b. Academic Accommodations for Students with Disabilities
 - c. Violence Prevention and Response; Ensuring a Safe Campus Community
 - d. Health, Safety, and Environment Policy
 - e. Student Code of Conduct
 - f. Conflict of Interest
 - g. Non-Disclosure Agreements in Harassment and Discrimination
 - h. Access to Information and Protection of Personal Information and Privacy
134. Related statutes include:
- a. Employment Standards Act
 - b. Human Rights Act
 - c. Freedom of Information and Protection of Privacy Act

- d. Occupational Health and Safety Act including the Occupational Health and Safety Act Workplace Harassment Regulations
- e. Non-disclosure Agreements Act

Appendix A

Supports and services available at the University to Reporters and students who are affected by Discrimination, Harassment and/or Sexual Harassment, and to Respondents under this policy, include:

[list to be maintained and updated on *Department of Equity, Diversity Inclusion and Human Rights* website]

- Department of Equity, Diversity Inclusion and Human Rights
- Mawi'omi Indigenous Student Centre
- Counselling Services
- Academic Support Services
- Office of Student Culture and Community Standards
- Accessibility Services
- International Student Office
- PEI Human Rights Commission
- Emergency Response (call 911)
- UPEI Security Services (call 902-566-0384)

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Policy Title: Sexual Violence Policy		Page 1 of 34
Creation Date: TBA	Version Date: TBA	Review Date: TBA
Policy Approval Authority: Board of Governors	Designated Executive Officer: Vice-President People and Culture	WWW Access: Yes

A. Preamble

1. This Policy has been developed by and for our University community. It is rooted in the right and responsibility we all share to a culture of trust, safety and inclusion in our teaching, learning, research, work and all that we do at the University. We all have a role to play in building that culture; our community thrives when we treat each other with respect, and value each other's contributions.
2. The University has the ethical and legal responsibility to maintain an environment free of Sexual Violence. That responsibility includes awareness of what constitutes Sexual Violence, delivering proactive education, ensuring persons occupying positions of authority are monitoring the environment in their area(s) and are knowledgeable of Disclosure and Reporting procedures and are responding to Sexual Violence in a timely and effective manner. Nothing in this Policy precludes the right of the University to take action as may be necessary to meet this ethical and legal responsibility, as outlined in this Policy.
3. The University recognizes that Sexual Violence is inherently connected to historical disadvantage and power imbalances on campus and in our society, including the intersection of social oppressions such as racism, sexism, homophobia, transphobia, classism, ableism, and the legacies of colonization and residential schools. Sexual Violence can affect individuals of all gender identities, gender expressions, and sexual orientations.
4. The University recognizes that Sexual Violence is underreported for a variety of reasons, including shame, stigmatization, self-blame, and fear of re-traumatization, Reprisal, isolation, ostracism or of being dismissed or disbelieved.
5. This Policy protects against the 'silencing' of those who make a Disclosure or Report of Sexual Violence, by restricting the use of non-disclosure agreements and prohibiting Reprisal and threats of Reprisal.
6. This Policy protects the agency and choices of the person making a Disclosure or Report, while affording procedural fairness to all Parties.

B. Purpose

7. The purpose of this Policy is to:
 - a. increase awareness, education, and mandatory training about Consent, including in the context of power imbalances; Sexual Violence; and the impact of Sexual Violence;
 - b. to provide a mechanism for the prevention of Sexual Violence at the University and in the conduct of University business; and
 - c. to provide a process to investigate and address Reports of Sexual Violence in a fair, timely, consistent, and Trauma-Informed manner. Its purpose is also to raise awareness of Sexual Violence, including implementing mandatory training, and to address issues relating to consent and power imbalances.
8. This Policy has been developed to outline the measures the University is taking to prevent, investigate, and address Sexual Violence consistent with the requirements of applicable legislation, including the *Post-secondary Institutions Sexual Violence Policies Act* (the “Act”) and the accompanying regulations to the Act (the “Regulations”), *Human Rights Act*, *Occupational Health and Safety Act Workplace Harassment Regulations*, and the *Non-disclosure Agreements Act*.

C. Scope and Application

9. This Policy applies to all Members of the University Community with respect to alleged incidents of Sexual Violence that occur, whether on or off campus and through any medium (including electronic):
 - a. In the course of University-related programs, operations, or activities;
 - b. Using University-owned or run property or equipment;
 - c. While participating in University-sponsored or sanctioned activities, events or organizations; or
 - d. In the context of non-University activities where the conduct has a material negative impact on a Member of the University Community’s living, learning or working environment and in a context where the conduct has a substantial connection to the University.
10. When allegations of Sexual Harassment are raised, the Safe Disclosure Officer will consult the Harassment and Discrimination Policy to determine which policy best applies to the matter. Allegations of Sexual Harassment will normally proceed under this Policy unless the matter also includes allegations of Discrimination or Harassment falling within the scope of the Harassment and

Discrimination Policy. In such circumstances, the Investigator's terms of reference may include consideration of all relevant and appropriate intersecting issues and policies. For greater clarity, a party is not permitted to make separate Reports under both policies or, after exhausting the processes in one policy, to proceed under the other policy.

D. Definitions

11. In this Policy:

- a. "Academic Freedom" has the meaning set out in the Collective Agreement between the University and the University of Prince Edward Island Faculty Association, and includes the freedom to teach and conduct scholarly work guided by curiosity and intellectual inquiry, without deference to prescribed doctrine and free from institutional censorship. The right to academic freedom carries with it the duty to use that freedom in a responsible way.
- b. "Accommodations" means reasonable adjustments to a person's own living, learning, or working environment to eliminate barriers to their participation in University life. Examples of accommodations include student residence relocation, class schedule changes, academic accommodations, temporary work location reassignment, and work scheduling changes.
- c. "Appropriate Vice-President" means the Vice-President within the reporting line of the Reporter or Respondent, as the context requires.
- d. "Conflict of Interest" has the meaning set out in the University's Conflict of Interest Policy, and includes any situation where a person with responsibilities under this Policy has a private or personal interest that does, may be perceived to, or has the potential to influence the objective exercise of their responsibilities. A Conflict of Interest exists where a person with responsibilities under this Policy is a Process Participant.
- e. "Consent" means active, ongoing, informed, and voluntary agreement to engage in sexual activity, and to continue to engage in sexual activity. Consent means that all persons involved expressly demonstrate through words or actions that they freely and mutually agree to participate in the sexual activity.

The following principles apply.

- i. Consent must be obtained at the outset and at all stages of sexual activity on an ongoing basis.
- ii. Consent cannot be implied or assumed from passivity, immobility or an absence of resistance or perceived resistance.

- iii. Silence, or the absence of "no", is not consent.
 - iv. Consent cannot be given by someone who is incapacitated, unconscious, intoxicated, or otherwise incapable of consenting. A person's state of intoxication is not a defence to sexual contact without consent.
 - v. Past consent earlier in the day or night in question, or on previous occasions, does not imply contemporary, ongoing, or future consent.
 - vi. Consent may be withdrawn anytime.
 - vii. Consent cannot be given in circumstances where one person abuses a position of trust, power or authority over another person. (See also the Conflict of Interest Policy).
 - viii. Consent cannot be given in circumstances where there exists a threat, coercion, or other form of control or intimidation, which includes abuse of a position of trust, power, or authority, fraud, or withholding of critical information that could affect a person's decision to give consent.
 - ix. A person cannot rely only on their subjectively held (mistaken) belief that another person is communicating consent, but must take active and ongoing reasonable steps to confirm consent.
 - x. It is the responsibility of the person who wishes to initiate sexual activity to obtain consent from other persons involved.
 - xi. Consent may be given through different, but clear methods of communication, in circumstances where a person has a condition that limits their verbal or physical means of communication.
 - xii. The definition of consent does not vary based on a person's sex, sexual history, sexual orientation, gender identity, or gender expression.
- f. "Day" means a day from Monday to Friday, and excluding holidays, on which the offices of the administration of the University are open, unless otherwise specified.
- g. "Disclosure" refers to the sharing of information by a Member of the University Community with a Safe Disclosure Officer about an experience of Sexual Violence. A Disclosure may be made by someone who believes they are a witness to Sexual Violence, but who is not the subject of the Sexual Violence.

- h. “Immediate Measures” are non-disciplinary conditions that may be imposed upon a Respondent where there are allegations in a Disclosure or Report that would, if proven, constitute Sexual Violence, and the measures are necessary to maintain the safety security, or academic, residence, or employment well-being of any Member of the University Community; preserve the confidentiality and integrity of this policy and its processes; or discourage or prevent retaliation or other disruption to, or interference with, the operations of the University or activities of Members of the University Community.
- i. “Intersectional” refers to an approach that acknowledges the integrative nature of social identities and social oppressions (e.g., experiences of sexism, homophobia, transphobia, racism, classism and ableism). An intersectional approach to Sexual Violence recognizes that people have multiple interrelated identities, and that Sexual Violence can exist because of how these identities intersect or overlap, producing something unique and distinct from any one form of Sexual Violence standing alone.
- j. “Investigator” means a qualified, experienced and trained individual external to the University and available to conduct an Investigation under this Policy.
- k. “Member of the University Community” means alumni, contractors, employees (faculty, including Department Chairs, Coordinators and Directors, and staff), members of the Board of Governors, students, union employees, union representatives, University Administrators, visitors. “Member of the University Community” may include individuals who are no longer Members of the University Community but who were Members of the University Community at the time an alleged incident of Sexual Violence occurred.
- l. “Party” or “Parties” refers to the Reporter(s) and/or Respondent(s) named in a Disclosure or Report.
- m. “this Policy” means the University of Prince Edward Island Sexual Violence Policy.
- n. “Process Participant” means an individual who participates in any process outlined in this Policy, including but not limited to the Parties, individuals with relevant knowledge of alleged events, or those directly affected by alleged events.
- o. “Protected Ground” means (listed alphabetically): age, ancestry or place of origin, colour, creed, disability, ethnic or national origin, family status, gender expression, gender identity, marital status, nationality, physical size or weight, political belief, pregnancy, race, religion, romantic orientation, sex, sexual orientation, or source of income of any individual or class of individuals, and any other grounds or personal characteristics

protected under the *Human Rights Act* or the *Workplace Harassment Regulations*. Protected Grounds may intersect to create a unique experience of Sexual Violence.

- p. “Reprisal” means any retaliation or negative consequence, or threat of retaliation or negative consequence, against any person on account of making a Disclosure, Report, or an expressed intention to make a Disclosure or Report under this Policy, or on account of evidence or assistance given with respect to a Report under this Policy. Reprisal may include any action that adversely affects an employee with respect to terms or conditions of employment or opportunity in employment; or any action that adversely affects a student’s academic opportunity or assessment. Reprisal is prohibited by this Policy.
- q. “Report” means an allegation, made or captured in writing, to a Safe Disclosure Officer alleging a violation of this Policy. A Report may be made by a Reporter or a Surrogate, or may be initiated by the University.
- r. “Reporter” means a Member of the University Community:
 - i. who is the subject of an alleged violation of this policy and who makes a Disclosure or Report under this policy; or
 - ii. is one of a group of people who are the subject of the same alleged violation of this policy, for which a Report has been submitted under this policy with the consent of everyone in the group.
- s. “Respondent” means the person or University office identified in a Disclosure or Report who is alleged to have violated this Policy. It is understood that the use of the singular Respondent does not preclude the possibility of multiple Respondents in context.
- t. “Safe Disclosure Officer”, for the purposes of this Policy, means one or more employees of the Department of Equity, Diversity, Inclusion and Human Rights designated and trained to receive and respond to Disclosures and Reports under this Policy, and may include the Sexual Violence Prevention and Response Officer.
- u. “Sexual Assault” is an offence under Canada’s *Criminal Code* and is a form of Sexual Violence under this Policy, and refers to:
 - i. Any form of unwanted, forced, or coerced sexual activity, including kissing, fondling, touching, and any kind of penetration, that is done onto the Member of the University Community without their Consent; or
 - ii. Any attempts or threats, by an act or gesture, to force sexual activity onto the Member of the University Community, if the person committing the act had or caused the Member of the University

Community to believe the person committing the act had the present ability to act on the attempted threat.

- v. “Sexual Harassment” means any conduct, comment, gesture or contact of a sexual nature (a) that is likely to cause offence or humiliation to a Member of the University Community; or (b) that might, on reasonable grounds, be perceived by that Member of the University Community as placing a condition of a sexual nature on their role at the University, including, for example, as a student, or employee or in their participation in University activities.
- w. “Sexual Violence”, as defined by the *Act*, means any sexual act or act that targets a person's sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person's consent, and includes, but is not limited to:
 - i. Sexual Assault
 - ii. Sexual Harassment
 - iii. stalking
 - iv. indecent exposure (public exposure of genitals or nudity);
 - v. voyeurism (surreptitious observation or recording of a person for a sexual purpose in circumstances that give rise to a reasonable expectation of privacy);
 - vi. sexual exploitation (sexual touching of a young person in relation to whom one occupies a position of trust or authority);
 - vii. stealthing (the non-consensual or surreptitious removal or damaging of a condom or other protective device); and
 - viii. the distribution of a sexually explicit photograph or video of a person to one or more persons other than the person in the photograph or video without the consent of the person in the photograph or video.

Additional examples of Sexual Violence could include:

- ix. the distribution of a sexually explicit image or altered image with likeness or other misinformation;
- x. hazing;
- xi. AI generated content.

- x. “Substituted Authority” means a supervisor or next level of authority who assumes the responsibilities of a person or Office under this Policy in circumstances where the person or Office is a Process Participant.
- y. “Surrogate” means a person who, on behalf of a Reporter and with their consent, submits a Report under this policy, and may include a supervisor, a University Administrator, or a union representative.
- z. “Trauma-Informed” refers to an approach that takes into consideration the profound and complex physical, psychological, and social (biopsychosocial) impacts of trauma on an individual. Trauma-Informed practices are intended to minimize the negative impacts of sharing Disclosures and Reports, recognizing that the processes for responding to Sexual Violence may, in themselves, be stressful, traumatizing and harmful for Process Participants. Examples of Trauma-Informed practices include, but are not limited to:
 - i. providing choice and flexibility whenever practicable, subject to reasonable limits identified in this Policy;
 - ii. providing as much information in advance as possible, including clarity about choices regarding confidentiality and privacy;
 - iii. providing regular updates to and check-ins with Parties, as appropriate;
 - iv. making best efforts to minimize process delays;
 - v. eliciting sensitive information from Process Participants on a need-to-know basis so that they are not required to share their experiences multiple times;
 - vi. refraining from asking irrelevant questions or making assumptions based on irrelevant factors such as immutable characteristics or identity expression; and
 - vii. facilitating processes and communications under this Policy with sensitivity to any Intersectionalities, given the social identities of participants.
- aa. “University” means the University of Prince Edward Island, its related companies, institutions and organizations, including any entities it partially or wholly owns or controls;
- bb. “University Administrator” means the President, a Vice-President, an Associate Vice-President, the Chief Information Officer, the Director of Human Resources, the Chief of Staff, a Dean, the University Librarian, or an Associate Dean.

cc. “Good Faith” means, in the context of making a Disclosure or submitting a Report, the genuine belief by the Reporter that the Disclosure or Report is accurate and with merit. A Report may have been made in Good Faith even if it is ultimately found to be unsubstantiated.

E. Principles of Application (presented in alphabetical order)

12. Academic Freedom: The freedom to teach and conduct scholarly work guided by curiosity and intellectual inquiry, without deference to prescribed doctrine, is fundamental to our University. Academic freedom can only be achieved in an environment in which Sexual Violence is not tolerated.
13. Confidentiality: the University recognizes the importance of confidentiality for everyone involved in an allegation of Sexual Violence. The University will make every reasonable effort to balance confidentiality with its legal responsibility to provide a work and study environment free from Sexual Violence, as outlined in this Policy.
14. Cumulative impact: It is important for the University to track trends and cumulative incidents that contribute to risk of violations of this Policy so that proactive measures may be taken.
15. Freedom from Reprisal: Members of the University Community have a right to participate in proceedings under this Policy without fear of Reprisal.
16. Freedom of expression: Freedom of expression, protected under the Canadian Charter of Rights and Freedoms, encourages the search for truth through the open exchange of ideas, and fosters individual self-fulfillment through expression and participation in social and political decision-making. Freedom of expression is a cornerstone of scholarship at the University. The PEI University Act also specifies the freedom of the University to be a place open to expression of all doctrines, and creeds, religious, political or philosophical. Like other rights, freedom of expression is not an absolute right, nor is it a defence to Discrimination or Harassment.
17. Intersectionality: this Policy recognizes that various identities come together to shape a person or group’s experience in the world and their treatment by others, and that Sexual Violence disproportionately impacts Members of the University Community with intersecting identities protected under this Policy.
18. Power imbalances: Power imbalances are inherent and systemic in post-secondary institutions. Power imbalances can be exploited or prevent the reporting and management of Sexual Violence. This Policy recognizes, for example, that Members of the University Committee with responsibility for leading, managing, teaching, advising, supervising, mentoring, or evaluating, may hold positions of power, trust, and authority relative to others. Power imbalances can also obscure or exacerbate proper and improper behaviour and

interpersonal relations. The University strives to create policy that respects all Members of the University Community without deference to power. The University recognizes that one of the purposes of human rights laws and policies against Sexual Violence is to assist members of groups that have been historically disadvantaged and disempowered in our society.

19. Procedural fairness: Parties have the right to procedural fairness at every stage or point of decision under this policy, including the right to an unbiased decision-maker, the right to notice, the right to be heard, the right to a timely process, and the right to reasons for decisions. Procedural fairness also requires the avoidance of Conflicts of Interest. When Conflicts of Interest arise in any process under this Policy, they will be identified and addressed in accordance with this Policy and the University's Conflict of Interest Policy.
20. Safe disclosure: Members of the University Community who experience or witness incidents of Sexual Violence have the right to Disclose or Report those incidents in a manner where they feel safe, without fear of Reprisal, particularly in circumstances of a power imbalance between individuals.
21. Trauma-Informed: This Policy acknowledges the harm endured by Reporters and survivors along with having awareness of the impacts that trauma has on an individual's emotional, cognitive, physical and sexual wellbeing.¹ All processes under this Policy will be consistent with Trauma-Informed practice.

F. Statement of Commitment

22. All Members of the University Community are entitled to a working, studying and living environment free from Sexual Violence as defined by this Policy.
23. The University will appropriately accommodate the needs of persons affected by Sexual Violence, relating to work, study, housing, or extracurricular activities.
24. All Members of the University Community have a right to participate in processes under this Policy without fear of Reprisal or retribution.
25. As required by law, the University commits that it will:
 - a. prevent Sexual Violence as far as reasonably practicable;
 - b. take corrective action to address incidents of Sexual Violence;

¹ (source: Eerkes, D., De Costa, B. & Jafry, Z. (2021). A Comprehensive Guide to Campus Gender-Based Violence Complaints: Strategies for Procedurally Fair, Trauma-Informed Processes to Reduce Harm. Possibility Seeds' Courage to Act: Addressing and Preventing Gender-Based Violence at Post-Secondary Institutions in Canada, page 18)

- c. not reprimand, seek Reprisal, or discriminate against a Member of the University Community who has made a Disclosure or Report in Good Faith;
- d. take corrective action against those who reprimand, seek Reprisal, or discriminate against a Member of the University Community who has made a Disclosure or Report in good faith;
- e. for all Members of the University Community, provide prevention education activities as well as training on Sexual Violence issues, this Policy, and its process for responding to and addressing Sexual Violence.

G. Prevention and Education

- 26. The Department of Equity, Diversity, Inclusion, and Human Rights will develop and disseminate information and Trauma-Informed training specific to the culture, conditions, and activities of the University, to Members of the University Community about the following topics:
 - a. Sexual Violence;
 - b. How to recognize, minimize, prevent, and respond to Sexual Violence in the University;
 - c. this Policy and its processes;
 - d. relevant elements of related University policies and legislation;
 - e. available supports; and
 - f. Trauma-Informed practices and how to appropriately support and refer individuals who share information about an experience of Sexual Violence.
- 27. The Department of Equity, Diversity, Inclusion, and Human Rights will collaborate with on-campus groups, such as student groups, to develop and implement strategic initiatives related to campus Sexual Violence prevention, such as campaigns, training, workshops, print and online resources, and events on topics related to Sexual Violence on campus, such as Consent and bystander intervention.
- 28. The Department of Equity, Diversity, Inclusion, and Human Rights shall develop and disseminate information and training for University Administrators, Department Chairs, and others in supervisory roles on their roles and responsibilities under this Policy.
- 29. The Department of Equity, Diversity, Inclusion, and Human Rights shall ensure that information and training are regularly reviewed and updated; that all students, faculty, and staff receive appropriate training as soon as possible after

joining the University community; that faculty and staff receive appropriate training no less than every four years; and that students receive appropriate training at least once during their degree.

H. Roles and Responsibilities (presented in alphabetical order)

30. All Members of the University Community, including faculty, staff, and students, have a shared responsibility to foster and maintain University working, learning, and living environments that are free from Sexual Violence. Members are responsible generally to inform themselves of this Policy, attend mandatory training, and refrain from behaviour that violates this Policy. Members who experience or witness conduct that may be prohibited by this Policy are encouraged to share their concerns with a Safe Disclosure Officer.
31. Board of Governors: has the fiduciary duty to perform the powers laid out in the *University Act* to ensure the success, integrity, financial, and administrative sustainability of the university. Within that broad duty, the Board of Governors has the responsibility to approve this Policy, approve periodic renewals of this Policy, address allegations of violations of this policy where the Respondent is the President or a member of the Board of Governors.
32. Department of Equity, Diversity, Inclusion, and Human Rights: reports to the Vice-President, People & Culture and has a communication line directly to the Board of Governors with respect to matters of this policy. The Department is generally responsible for administering this policy, including:
 - a. ensuring a copy of this Policy is readily available to Members of the University Community;
 - b. establishing and publishing rules, plain-language companion materials, summaries, guidelines and forms in respect of processes under this Policy;
 - c. establishing and delivering training, which may be mandatory or optional, for the University community in the interpretation and application of this Policy and the prevention of Sexual Violence;
 - d. maintaining appropriate records both by incident and cumulative, and maintaining confidentiality over those records, subject to all applicable policies, processes, and laws;
 - e. tracking trends, patterns, or cumulative incidents to identify and address risks of Sexual Violence in the University;
 - f. aggregate reporting to the Vice-President, People & Culture on matters relating to this Policy; and

g. undertaking those responsibilities expressly set out in this Policy.

The contact information (phone numbers, email and mailing addresses) and location on campus for the Department of Equity, Diversity, Inclusion and Human Rights will be included on the University website, along with information about the individuals working in the Department.

33. Safe Disclosure Officers are the first point of contact on campus for Members of the University Community to address questions about this Policy, and to assist with engaging the Policy. Safe Disclosure Officers are responsible to coordinate supports and services available at the University to Members of the University Community and Reporters who are affected by Sexual Violence, as well as to Respondents under this Policy. The contact information (phone number, email and mailing addresses) and location on campus for Safe Disclosure Officers will be included on the University website.
34. University Administrators, Department Chairs, and others in supervisory roles: University Administrators, Department Chairs, and others in supervisory positions are expected to personally uphold the Policy at all times, to monitor the environment in their area(s), to be knowledgeable of this Policy and its processes, and to inform those who share concerns about Sexual Violence about this Policy and the Safe Disclosure Officers. In some circumstances, University Administrators have an obligation to consult confidentially with the Department of Equity, Diversity, Inclusion and Human Rights about concerns of Sexual Violence that are brought to their attention.
35. Unions: are advocates for building a culture of safety, trust and inclusion. They build awareness of this Policy, and represent and support their members throughout its processes.
36. Vice President, People & Culture: has the responsibility to monitor the effectiveness of this Policy and recommend amendments for approval of the Board of Governors, to oversee the effectiveness of the Department of Equity, Diversity, Inclusion & Human Rights, in its administration of this Policy, and to report to the President and Board of Governors in that regard, as may be directed by the President or Board of Governors.
37. Vice-Presidents: Vice Presidents are responsible for remedial and/or corrective action following the investigation of a Report.

I. Intimate Personal Relationships

38. Members of the University Community in positions of power, trust and authority (including but not limited to leading, managing, teaching, advising, supervising, mentoring or evaluating) are responsible for maintaining integrity and professionalism in their relationships with other Members of the University

Community. The onus is on the individual in a position of power to set and maintain appropriate relationship boundaries.

39. No Member of the University Community shall use or abuse a position of power, trust or authority to coerce intimate or sexual activity with another Member of the University Community. Consent cannot be given where a person is induced to engage in the activity by someone abusing a position of trust, power or authority.
40. Where a consensual intimate personal relationship between Members of the University Community may give rise to a Conflict of Interest, the relationship must be promptly disclosed to the applicable conflicts officer, who will address the matter according to the Conflict of Interest Policy.

J. Confidentiality

41. The University shall not disclose any identifying information about any person involved or the circumstances relating to a Disclosure or Report unless disclosure is necessary for the purposes of administering the procedures of this Policy, including investigating a Report, providing supports and accommodations, or implementing Immediate Measures. In all cases, the least amount of information possible will be shared.
42. Confidentiality may also be limited in circumstances where a serious safety risk exists or the university has a legal obligation to share information. Examples of these circumstances include:
 - a. where the Department of Equity, Diversity, Inclusion, and Human Rights, in consultation with university administrators as appropriate, has identified a serious and credible risk of harm to a member of the university community or another person;
 - b. where there is a legal duty to report to authorities, such as a duty to report abuse under the *Child, Youth and Family Services Act*;
 - c. to respond to a subpoena or otherwise where the University has a legal obligation to cooperate in an extra-university judicial process.
43. In any event, the disclosure of identifying information shall be subject to the University's obligations pursuant to the law, including but not limited to, the *Freedom of Information and Protection of Privacy Act* and *Health Information Act*.
44. Process Participants have a duty to maintain confidentiality to preserve the integrity of the processes under this Policy. Process Participants may discuss matters with support persons and professional advisors, who will be required to maintain confidentiality in accordance with this Policy.
45. All records produced under this Policy shall be maintained by the Department of Equity, Diversity, Inclusion, and Human Rights as required and permitted by the

law, applicable collective agreements, and any applicable University policies governing data and record collection and retention.

46. For reporting purposes, the Department of Equity, Diversity, Inclusion, and Human Rights may disclose aggregate information about Disclosures and Reports and their outcomes so long as information is provided without personal information or other information that may identify individuals.
47. The use of non-disclosure agreements is prohibited under this Policy except in the limited circumstances permitted by the *Non-disclosure Agreements Act* and the University's Policy on Non-Disclosure Agreements in Harassment and Discrimination.

K. Sharing or receiving a concern about Sexual Violence

48. A Member of the University Community who believes they may have witnessed or experienced Sexual Violence at the University may choose to share their concern or seek assistance from a trusted friend, mentor, colleague, union representative, professor, supervisor, Department Chair, University Administrator, or human resources. Sharing a concern or seeking assistance informally does not constitute a Disclosure or Report under this Policy.
49. A Member of the University Community who learns of a concern of Sexual Violence should listen compassionately without judgment, apply Trauma-Informed practices, and inform the individual about this Policy and Safe Disclosure Officers.
50. A Member of the University Community who learns of a concern of Sexual Violence may seek advice, in confidence, from a Safe Disclosure Officer about how best to respond and provide support.
51. A University Administrator who learns of a concern of Sexual Violence must consult with a Safe Disclosure Officer if:
 - a. there is a reasonable prospect that a Party poses a serious and credible risk of harming themselves and/or another person;
 - b. there is a reasonable prospect that one or more Members of the University Community poses a serious and credible risk of harm based on information that has been provided;
 - c. there may be a legal obligation to investigate, such as under the *Occupational Health and Safety Act Workplace Harassment Regulations*;
 - d. the concern relates to the alleged conduct of another University Administrator;
 - e. the concern involves three or more potential Reporters or Respondents;

- f. the concern is similar to another concern previously raised about the same individual; or
 - g. the concern may substantially impact the learning or working environment for a significant proportion of members of the affected unit.
52. A Member of the University Community who believes they may have violated this Policy is encouraged to proactively disclose the matter to a Safe Disclosure Officer for advice and possible early resolution.

L. Procedures – General Principles

Individual supports

53. Process Participants may choose to have a support person present at all steps in the processes of this Policy. A support person may include, for example, a trusted friend, colleague, union representative, Elder, translator, therapist, spouse, parent, or lawyer. The chosen support person takes the role of observer or emotional support and should not be a likely witness in any Investigation of the matter.
54. The Process Participant may speak freely about their experiences with their support person at any time during the process. Support persons are subject to confidentiality provisions in Section I of this Policy.

Option to Report to Police

55. A Reporter who makes a Disclosure or Report of an allegation that may constitute an offence under the *Criminal Code*, such as a Sexual Assault, will be provided with information about the option to report to police. Unless otherwise required by law, a Reporter's decision to report or not to report to the police shall be respected.
56. If a Reporter chooses to report Sexual Violence to the police, they may also, at any time, make a Disclosure or Report under this Policy. If a matter is subject to a criminal investigation or proceeding, the Vice-President, People and Culture may decide to defer any process in this Policy until such time as the criminal investigation or proceeding has concluded. This discretion must be exercised with regard to the University's obligation to maintain a safe campus environment free from Sexual Violence.
57. Where the Vice-President, People and Culture, defers a process under this Policy pending a criminal investigation or proceeding, the Vice-President, People and Culture, may require the Respondent to update the Department of Equity, Diversity, Inclusion and Human Rights on any conditions of release or related orders, or disposition of charges.

Alternative or external proceedings

58. Nothing in this Policy is intended to discourage, prevent, or preclude a Member of the University Community from initiating an alternative proceeding, such as a complaint with the PEI Human Rights Commission in accordance with the *Human Rights Act*, a civil action, or grievance arbitration, or from accessing supports provided for students. If an alternative proceeding has commenced, the University retains the discretion to suspend the procedures outlined in this Policy pending resolution of the alternative proceeding. This discretion must be exercised with regard to the University's obligation to maintain a safe environment free from Sexual Violence.
59. Immediate Measures may be implemented despite a deferral of process under sections 56 or 58.

Reporter-Led Process

60. The Reporter may decide to stop participating in the processing of their Report, withdraw their Report, or discontinue any accommodations or Immediate Measures provided through the Disclosure or Report process at any time. The University will decide whether any investigation shall proceed as a University-Initiated Report based on its analysis of the considerations in section 103 of this Policy.

Student Amnesty

61. The University will not use information from a Disclosure or Report of Sexual Violence to initiate disciplinary proceedings against a Reporter, Respondent, or any other student relating to drug or alcohol use or possession at the time the alleged Sexual Violence occurred.

Conflicts of Interest

62. A Safe Disclosure Officer, the Vice-President, People and Culture or their delegate, a Substituted Authority, or any other Member of the University Community who receives information to carry out their responsibilities under this Policy, shall disclose any actual or potential Conflict of Interest with respect to a Disclosure or Report in accordance with the University's Conflict of Interest Policy.
63. Where a Process Participant is aware or has reasonable grounds to believe that an undisclosed actual or potential Conflict of Interest exists with respect to a Disclosure or Report, they shall report the matter to a Safe Disclosure Officer (or their Substituted Authority). In such circumstances, the Safe Disclosure Officer (or their Substituted Authority) shall be deemed to be the Conflicts Officer for purposes of the University's Conflict of Interest Policy, and the matter shall be addressed in accordance with that policy. Appeals under the Conflict of Interest Policy shall be determined by the Vice-President, People and Culture, or their Substituted Authority.

Substituted Authorities

64. No Disclosure or Report under this Policy will be evaluated, investigated, or administered by a person who is a direct or indirect report of a Respondent to that Disclosure or Report.
65. If the Respondent is a Safe Disclosure Officer or a member of the Department of Equity, Diversity, Inclusion and Human Rights, the person may make a Disclosure or Report to the Vice-President, People and Culture, or another University Administrator. The responsibilities usually assigned to a Safe Disclosure Officer and/or Department of Equity, Diversity, Inclusion, and Human Rights, will be assumed by the Vice-President, People and Culture or another University Administrator selected by the President, who can then in turn delegate as appropriate and in a manner that avoids Conflicts of Interest.
66. If the Respondent is a Vice-President, the Reporter may make a Disclosure or Report directly to the President.
67. If the Respondent is the President, the Reporter may make a Disclosure or Report directly to the Chair of the Board of Governors.
68. If the Respondent is a member of the Board of Governors, the Reporter may make a Disclosure or Report directly to the Chair of the Board of Governors.
69. If the Respondent is the Chair of the Board of Governors, the Reporter may make a Disclosure or Report directly to the Vice-Chair of the Board of Governors or, via the University Secretary, the Board of Governors.
70. If a Disclosure or Report is made to the President, Chair of the Board of Governors, Vice-Chair of the Board of Governors, or the Board of Governors under sections 66-69, all responsibilities usually assigned to the Department of Equity, Diversity, Inclusion and Human Rights and Vice-Presidents will be assumed by an ad hoc committee of the Board of Governors, who may seek external advice and/or delegate their authority to external expert(s) or consultant(s).

Timelines

71. Where this Policy prescribes timelines for action, timelines may be adjusted or extended at the request of a Party or an Investigator to the Department of Equity, Diversity, Inclusion, and Human Rights or Substituted Authority. Requests for extensions will not be unreasonably withheld. The University may also adjust timelines where necessary to preserve the integrity of this Policy and its processes; to ensure procedural fairness; with reference to the University's duty to accommodate; or as may be required by law.

M. Disclosures of Sexual Violence

72. A Disclosure and a Report are separate actions a Reporter can choose to take.
73. A Disclosure does not result in a Report being made and does not initiate an Investigation under this Policy.
74. A Member of the University Community who believes they have been the subject of, or a witness to, a violation of this Policy, should make a Disclosure to a Safe Disclosure Officer.
75. The Safe Disclosure Officer will listen compassionately without judgment, apply Trauma-Informed practices, and inform the Member of the University Community about this Policy.
76. If requested, the Safe Disclosure Officer shall provide advice to the person regarding their options under this Policy, which include:
 - a. requesting supports, services, or Accommodations; and/or
 - b. requesting Immediate Measures; and/or
 - c. engaging Alternative Resolution; and/or
 - d. submitting a Report for investigation under this Policy; and
 - e. reporting options outside the University, such as to the police.

N. Supports, Services, and Accommodations

77. On receiving a Disclosure or Report, the Safe Disclosure Officer will ask the Reporter what their needs are, and will inform the Reporter of additional supports and services available, including:
 - a. Safety planning and protective measures;
 - b. Advocacy and counselling services; and

c. Accommodations.

78. Accommodations are reasonable adjustments to a person's own living, learning, or working environment to eliminate barriers to their participation in University life. Examples of accommodations include student residence relocation, class schedule changes, academic accommodations, temporary work location reassignment, and work scheduling changes. If a Reporter requests accommodations, the Safe Disclosure Officer will assist the Reporter in accessing accommodations while maintaining confidentiality.
79. If a student is affected by Sexual Violence, the University will work with that student to determine the appropriate accommodations required based on the student's experiences and expressed needs, which may include, but not limited to, the following academic and non-academic accommodations:
- a. change in academic supervision;
 - b. timeline to completion for extensions for courses, exams and assignments;
 - c. course section reassignment;
 - d. resident relocation;
 - e. approved leave.

Additionally, Appendix A contains information about the supports and services available at the university to students and other Members of the University Community who are affected by Sexual Violence, as well as to Respondents under this Policy.

O. Immediate Measures

80. The Department of Equity, Diversity, Inclusion and Human Rights, in consultation with appropriate University Administrators or offices, may coordinate the implementation of Immediate Measures at any time following a Disclosure or Report.
81. Immediate Measures are non-disciplinary conditions that may be imposed upon a Respondent where there are allegations in a Disclosure or Report that would, if proven, constitute Sexual Violence, and the measures are necessary to:
- a. maintain the safety, security, or academic, residence, or employment well-being of any Member of the University Community;
 - b. preserve the confidentiality and integrity of this policy and its processes;

- c. discourage or prevent retaliation or other disruption to, or interference with, the operations of the University or activities of Members of the University Community.

Immediate Measures shall be reasonable and justifiable having regard to the interests of the Respondent and the purpose of the Immediate Measures.

82. The following factors will be considered in determining whether to impose Immediate Measures:
- a. the wishes and expressed needs of the Reporter, if any;
 - b. the impact of the proposed measures on the Respondent;
 - c. if available, the views of the Respondent, including any views as to the availability of alternate, less restrictive measures;
 - d. the nature and seriousness of the alleged conduct and its impact on the Reporter and/or University community; and
 - e. compliance with any applicable collective agreement or contract of employment.
83. Options for Immediate Measures may include, but are not limited to, one or more of the following:
- a. changes to class schedules or university-run living arrangements;
 - b. no contact agreements;
 - c. restrictions on attendance on campus, or parts of campus;
 - d. restrictions on participation in University-affiliated activities or other campus privileges;
 - e. temporary administrative (non-disciplinary) leave without loss of pay;
 - f. temporary removal of employment duties, without loss of pay;
 - g. temporary removal or transfer of a person;
 - h. the cancellation or rescheduling of an event;
 - i. the issuance of a notice or communication to individuals or groups;
- but shall not include, prior to an Investigation, sanctions impeding progress in an academic or research program, or disciplinary action of any individual for an alleged violation of this Policy.
84. The Department of Equity, Diversity, Inclusion & Human Rights will give written notice to the Respondent of any Immediate Measures being imposed without

delay. In the case of a unionized Respondent, the notification shall include a statement informing them of their right to consult with their union. Immediate Measures come into effect upon notice to the Respondent. The Reporter shall be provided with information about the terms of Immediate Measures that impact the Reporter.

85. A person subject to Immediate Measures may challenge them by submitting a written request for reconsideration to the Appropriate Vice-President within ten (10) days of their imposition, or within ten (10) days of any material change in circumstances. The Vice-President will deliver a written decision on the request. Where the person upon whom Immediate Measures have been imposed is a unionized employee, the employee may take steps under the provisions of the applicable collective agreement. Immediate Measures will remain in effect during any period of request for reconsideration.
86. In circumstances where no Report has been made and no Investigation initiated, Immediate Measures may remain in place indefinitely where:
 - a. The Respondent consents to the continuation of the Immediate Measures;
 - b. The Immediate Measures meet the needs of the Reporter and that person consents; and
 - c. The Immediate Measures address the safety, remedial, and other responsibilities of the University.

P. Alternative Resolution

87. Alternative Resolution may be initiated after either a Disclosure or a Report. Alternative Resolution is voluntary, requiring the informed consent of all Parties involved.
88. An Early Resolution Officer in the Department of Equity, Diversity, Inclusion and Human Rights will work with involved Parties to identify desired outcomes. The Early Resolution Officer will design and coordinate remedial, educational, and/or facilitated processes to achieve those outcomes, appropriate to the nature of the Disclosure or Report, the circumstances, and the Parties' needs. Examples of Alternative Resolution could include:
 - a. supporting the Reporter to address their concerns directly with the Respondent;
 - b. impact statement, letter, or video, in which the Reporter communicates to the Respondent about their experience and impact of the Respondent's conduct;

- c. facilitation or mediation: an Early Resolution Officer or other employee in the Department of Equity, Diversity, Inclusion and Human Rights or other qualified person facilitates a discussion or mediation between the Parties with the goal of developing mutual understanding of the incident(s) and mutually agreeable resolution;
 - d. no contact: Parties agree to have no contact for a period of time or as long as one or both of them are Members of the University Community;
 - e. education: the Department arranges coaching, support, or remedial educational opportunities for the Respondent or Members of the University Community;
 - f. apology: the Respondent offers an apology which is accepted by the Reporter;
 - g. written agreement: the Parties agree to measures for a period of time or as long as one or both of them are Members of the University Community;
or
 - h. any other process or intervention that incorporates a restorative approach, or one or both Parties' cultural or community values.
89. Where an Alternative Resolution process requires the voluntary participation of the Respondent, the Department of Equity, Diversity, Inclusion and Human Rights will provide the Respondent with:
- a. Written notice that a Disclosure or Report has been brought against them, the details of the allegations, and a copy of this Policy;
 - b. Information about University supports and services, including contact information for an advisor within the Department of Equity, Diversity, Inclusion and Human Rights to whom they may direct questions about the Policy or process;
 - c. In the case of a unionized Respondent, a statement informing them of their right to consult with their union;
 - d. A reminder that this Policy prohibits Reprisal.
90. Alternative Resolution is not appropriate where previous Reports have been made about the Respondent, where the University has received multiple Disclosures about the Respondent, where there are identified safety concerns, or where either party is not willing to voluntarily participate in the Alternative Resolution process.
91. Any Alternative Resolution process that involves face-to-face communication between the Parties must be facilitated by a person with training or experience appropriate to the seriousness and nature of the allegations and the context of

the Parties, including Trauma-Informed practice, mediation or counselling, gender-based violence, and managing communication and power dynamics between Parties.

92. Alternative Resolution processes shall normally be completed within six (6) weeks of the receipt of a Disclosure or Report. A Reporter may choose to submit a Report for investigation if an Alternative Resolution process does not result in desired outcomes.

Q. Report and Investigation

Report by a Member of the University Community

93. A Member of the University Community who believes they have experienced Sexual Violence may:
- a. submit a Report directly with a Safe Disclosure Officer; or
 - b. give their consent to a Surrogate to submit a Report on their behalf, anonymously or non-anonymously.
94. Reports will be submitted or captured in writing and include a detailed description of the behaviour that forms the basis of the Report, including where and when incident(s) occurred, and an indication of the redress sought by the Reporter.
95. The person who gave their consent to submit a Report through a Surrogate has the right to decline to participate in any investigation that may occur as a result of the Report.
96. An anonymous Report through a Surrogate will be processed in accordance with the principles of procedural fairness, which may impact the potential outcomes available following an Investigation.
97. Information provided anonymously may inform a process aimed at addressing systemic or other institutional culture concerns related to Sexual Violence.

Initial Assessment of a Report by a Member of the University Community

98. Where the Department of Equity, Diversity, Inclusion & Human Rights receives a Report with a request for investigation, the Department will undertake an initial assessment of the Report to determine whether:
- a. it is within the Scope and Application of this Policy; and
 - b. the alleged facts, if proven, could amount to Sexual Violence;
 - c. either of the Reporter or Respondent is identifiable; and

- d. the matter is not more appropriately addressed through the Harassment and Discrimination Policy or another University policy;

in which case, the Report will be considered to be accepted for Investigation.

99. The following factors will not be considered in assessing whether a Report is accepted for Investigation:
- a. it is or will be inconvenient;
 - b. it will negatively impact the reputation of the University;
 - c. it will be costly to investigate and/or to remedy;
 - d. the Respondent is unavailable (for whatever reason);
 - e. the Reporter has left the University.
100. If the Report is not accepted for Investigation, the Department of Equity, Diversity, Inclusion and Human Rights will notify the Reporter in writing, identifying why the Report was not accepted for Investigation, and the process by which the Reporter may request a reconsideration of the determination. If new information is subsequently provided, this decision may be re-evaluated.
101. A decision not to accept a Report for investigation does not preclude the availability of Alternative Resolution processes, or accommodations or other supports and services for affected Members of the University Community.
102. Information provided in a Report that is not accepted for investigation may inform a process aimed at addressing systemic or institutional culture concerns related to Sexual Violence.

University-Initiated Reports

103. The University respects a Reporter's choice not to proceed with a Report under this Policy. In limited circumstances, the University may determine it necessary to initiate a University Report where:
- a. One or more Members of the University Community, by name or anonymously, have provided information about an occurrence of Sexual Violence by a Member of the University Community;
 - b. There has been more than one Disclosure about more than one alleged occurrence of Sexual Violence by the same Respondent;
 - c. The allegations name a Respondent who is no longer a Member of the University Community, and failure to address those allegations could negatively impact the culture, working or learning environment, or reputation of the University;

- d. An Investigation is required by law, such as under the *Occupational Health and Safety Act Workplace Harassment Regulations*; or
- e. The allegations raise systemic or other institutional culture concerns related to Sexual Violence;

and the Vice-President, People and Culture or their delegate determines that:

- f. Proceeding with a University-Initiated Report is in the interests of the health and safety of Members of the University Community and consistent with the University's obligations and responsibilities; and
- g. In circumstances where the Reporter has chosen or is likely to choose not to be involved, it is reasonably likely that sufficient evidence can be obtained to determine if the Respondent has committed an act of Sexual Violence in a way that respects procedural fairness.

- 104. The Reporter will not be required to participate in a University-Initiated Report. Communication with the Reporter about the University-Initiated Report will occur only if the Reporter has indicated that they wish to be kept informed.
- 105. A University-Initiated Report will be processed and responded to by the University in the same manner as a Report, except that the Reporter shall be the relevant University Administrator.

Investigation

- 106. An Investigation will be initiated on acceptance of a Report for investigation by the Department of Equity, Diversity, Inclusion & Human Rights under section 98, or on submission of a University-Initiated Report under 103.
- 107. The Department of Equity, Diversity, Inclusion & Human Rights shall select an Investigator from a pre-established list of investigators external to the University. The list shall consist of professionals with previous experience in conducting Sexual Violence or related investigations at universities or institutions of similar size or complexity, with training in Trauma-Informed practice, and who are culturally competent. To the extent possible, the list shall have broad representation across Protected Grounds.
- 108. The selection shall be made considering the Investigator's capacity to complete an investigation in a timely manner, their particular expertise relative to the circumstances of the matter at hand, and whether or not there is an actual or perceived Conflict of Interest concerning Process Participants. If necessary, the selection of an external Investigator may be made outside the list where required to meet the criteria set out above.

109. The Department of Equity, Diversity, Inclusion and Human Rights will provide written notice to the Parties that the allegations in the Report will be investigated by the Investigator. Notice to the Respondent will include:
 - a. That a Report has been brought against them and will be investigated under this Policy, the details of the Report, and a copy of this Policy;
 - b. Information about University supports and services, including contact information for an advisor within the Department of Equity, Diversity, Inclusion and Human Rights, or other office on campus, to whom they may direct questions about the Policy or process;
 - c. In the case of a unionized Respondent, a statement informing them of their right to consult with their union;
 - d. A reminder that this Policy prohibits Reprisal.
110. If a Party is of the view that the Investigator presents an actual or perceived Conflict of Interest, they may request that an alternative Investigator be selected. The request shall be made within three (3) days of having been notified of the initial selection. After considering any request, the decision of the Department of Equity, Diversity, Inclusion and Human Rights regarding the selection of Investigator shall be final.
111. The Department of Equity, Diversity, Inclusion and Human Rights will provide the Investigator with all relevant materials in its possession, including any materials submitted by Process Participants.
112. The Investigator will conduct an investigation in a manner consistent with Trauma-Informed practice and the principles of procedural fairness, including each Party's right to know, understand, and respond to the Report.
113. The Investigator will provide each Party with a reasonable opportunity to schedule an interview. Parties may provide names of potential witnesses, and may submit any written response or additional information they wish to have considered by the Investigator. The Investigator may interview other individuals the Investigator considers likely to possess information relevant to the Report.
114. If any Party declines to participate in the investigation, the Investigator may determine the findings on the basis of the information otherwise available.
115. The Investigator must not consider any of the following when assessing the credibility of the Reporter, or when assessing whether the Reporter consented to sexual activity:
 - a. Any other sexual activity on the part of the Reporter, including any prior sexual activity with the Respondent;

- b. The Reporter's failure to physically, verbally, or in writing, object to the sexual activity;
- c. Any perceived delay in making a Disclosure or submitting a Report.

The investigator may ask questions on these topics only if they consider this information to be material to another aspect of the investigation.

116. The Investigator shall produce an Investigation Outcome containing:
- a. a statement of the process followed;
 - b. findings of fact, assessed on the balance of probabilities standard (more likely than not);
 - c. a determination of whether, on a balance of probabilities, there has been a violation of this Policy and reasons for the determination;
 - d. where there is a determination of a violation, recommended remedial and/or corrective action(s).
117. The timeline for completion of an Investigation Outcome is dependent on the complexity of the matter, the volume of evidence and number of witnesses and other circumstantial matters as they may arise. The normal timeline for completion of an investigation is sixty (60) days from the appointment of the Investigator. This timeline may be extended by the Department of Equity, Diversity, Inclusion and Human Rights upon written request of the Investigator and with notice to the Parties.
118. Upon completion, the Investigation Outcome shall be provided to the Appropriate Vice-President.

Actions following an Investigation Outcome

119. Within five (5) days of receipt of the Investigation Outcome, the Appropriate Vice-President shall notify the Parties of the result, and shall provide a copy of the Investigation Outcome, redacted where required by law.
120. The Parties shall have ten (10) days to provide written comments on the Investigation Outcome to the Appropriate Vice-President, including but not limited to any comment on the reasonableness of the Investigator's findings, the fairness of the process followed by the Investigator, or comment on appropriate remedial and/or corrective outcomes.
121. The Appropriate Vice-President shall consider the Investigation Outcome and any comments received from the Parties.
122. Where the Investigator has determined that there has been a violation of this Policy, the Appropriate Vice-President may initiate remedial and/or corrective actions as they deem appropriate, in consideration of the recommendations in

the Investigation Outcome and any comments received from the Parties. Remedial and/or corrective actions shall be initiated within ten (10) days of the expiry of the timeline for providing comments on the Investigation Outcome under section 120.

123. The Appropriate Vice-President shall notify the Parties of all remedial and/or corrective actions initiated.
124. Any remedial and/or corrective action shall be subject to University policies and/or collective agreements, as may be applicable.
125. Remedial and/or corrective actions shall recognize the harm to the Reporter and others, taking into account the seriousness of the violation, and any mitigating or aggravating factors. The goal of remedial and/or corrective action shall be to:
 - a. enhance a culture of trust, safety and inclusion at the University and among Members of the University Community;
 - b. enhance accountability and transparency at the University;
 - c. remove any ongoing violations of this policy;
 - d. prevent future violations of this policy by the Respondent and others;but shall not take into account:
 - e. the extent to which the remedial action is inconvenient, will negatively impact the reputation of the University, or will be costly to implement;
 - f. that the Respondent has left the University, except that any disciplinary action of the Respondent since-departed would be foreclosed;
 - g. the potential for appeal under this policy or any alternatively available appeal or review.
126. Remedial and/or corrective actions may include, but are not limited to:
 - a. those actions contemplated as Immediate Measures;
 - b. education and training;
 - c. workplace or academic accommodation;
 - d. resident relocation or suspension;
 - e. probation;
 - f. discipline, up to and including termination;
 - g. suspension or expulsion.

Appeal from Investigative Outcome

127. Subject to section 134, a Party may appeal the outcome and/or remedial/corrective action on one or more of the following grounds:
 - a. there was a fundamental procedural error seriously prejudicial to the appellant;
 - b. there is new relevant evidence that could not have been reasonably presented earlier.
128. An Appeal is not a rehearing of the evidence.
129. An Appeal shall be filed with the Department of Equity, Diversity, Inclusion and Human Rights within fifteen (15) days of the appellant's receipt of the Investigation Outcome or decision on remedial and/or corrective action from the appropriate Vice-President, whichever is later.
130. An Appeal shall be heard by an appeal committee consisting of three members. Two members shall be selected from a pre-established roster of Members of the University Community having appropriate training and qualifications with respect to human rights principles, procedural fairness, and Trauma-Informed practices. One member shall be selected from the roster by the Reporter, and one member selected from the roster by the Respondent. The third member shall be selected by the University who shall be an external lawyer, other than the University's regular counsel and subject to the Conflict of Interest Policy, and who has expertise in human rights and administrative law.
131. The Appeal will be heard in writing except where the appeal committee decides that an oral hearing is warranted to ensure procedural fairness, such as for the most severe penalties such as expulsion, or dismissal.
132. The other Party to the Report will be given notice of any Appeal and will be entitled to make submissions, should they wish to participate.
133. The decision of the appeal committee shall be a decision of the majority, and shall be final and binding. Written reasons for the decision will be communicated to the Parties.
134. Parties with access to grievance rights under a collective agreement may not file an Appeal under this Policy. The grievance and arbitration provisions of the applicable collective agreement will instead serve as the appeal process for unionized employees.

R. Complex or Systemic Issues relating to Sexual Violence

135. Sexual Violence involving a large number of individuals, or issues of entrenched or institutionalized practices, systems, or structures related to Sexual Violence, should be reported to a Safe Disclosure Officer.
136. In the absence of a Report from a Member of the University Community, a Safe Disclosure Officer may recommend a University-initiated Report and investigation to address complex, systemic, or other institutional cultural issues related to Sexual Violence.
137. Alternatively, in consultation with appropriate University Administrators, a Safe Disclosure Officer may recommend that the University initiate a systemic review or assessment of a work or learning environment, including to understand and respond to patterns or trends identified by the Department of Equity, Diversity, Inclusion, and Human Rights.
138. The Department of Equity, Diversity, Inclusion, and Human Rights will communicate a summary with the affected individuals, community, faculty, or unit, as appropriate, of any process or actions taken, and outcomes resulting from, the University's steps to address complex, systemic, or other institutional cultural issues related to Sexual Violence, subject to the confidentiality requirements of this Policy.

S. Annual Reporting and Collection and Use of Data for Statistical Purposes

139. The Department of Equity, Diversity, Inclusion and Human Rights will provide a written report, annually, to the Vice-President, People and Culture, regarding:
 - a. the number of Disclosures and Reports in the preceding academic year;
 - b. the type of Disclosures and Reports in the preceding academic year (type of Sexual Violence, Report or University-Initiated);
 - c. subject to section 140, Reports by party status (faculty, staff, student, visitor);
 - d. subject to section 140, Reports by kind of outcomes (e.g., dismissal of Reports, Alternative Resolution, Investigation);
 - e. subject to Section 140, Investigation outcomes (e.g., finding or no finding of Sexual Violence);
 - f. subject to section 140, outcomes applied as a result of a finding that an act of Sexual Violence occurred;

- g. any systemic issues of Sexual Violence identified following Investigation or other process under Section P, along with an action plan for addressing such systemic issues;
 - h. the average, median and maximum number of days required to complete procedures under this Policy (e.g., Alternative Resolution, Investigation, implementation of remedial and/or corrective actions), and to resolve Disclosures, and Reports;
 - i. subject to section 140, observed trends, such as with respect to the locations of incidents of Sexual Violence or demographics, relevant to identifying systemic points of weakness or risk;
 - j. educational and other activities related to this Policy; and
 - k. other matters as may be directed by the Vice-President, People and Culture.
140. Statistics for the report, or for other purposes, may be derived from confidential records, but will be reported in a non-identifiable format so as to maintain the anonymity of the persons involved, and in a manner compliant with the University's obligations pursuant to the law, including but not limited to, the *Freedom of Information and Protection of Privacy Act* and *Health Information Act*.
141. The Vice-President, People and Culture, will release the annual report to the University community, and will report annually to the Board of Governors on the implementation of this Policy.

T. Administrative Provisions

142. This Policy shall come into force on a date to be determined by the Board of Governors. On this date the former Sexual Violence Policy shall be retired except that matters having commenced under the processes of the former Sexual Violence Policy shall continue under that policy until resolved or concluded.
143. This Policy shall be reviewed by the Board of Governors one year following its effective date, and no later than every three years thereafter. The review shall occur in consultation with representatives of the University's elected student governing bodies, and consider input from a diverse selection of students, including those most vulnerable. The review shall also involve consultation with other Members of the University Community, such as faculty, staff, unions, and the Joint Occupational Health and Safety Committee.
144. Related University policies include:
- a. Harassment and Discrimination Policy
 - b. Academic Accommodations for Students with Disabilities

- c. Violence Prevention and Response; Ensuring a Safe Campus Community
 - d. Health, Safety, and Environment Policy
 - e. Student Code of Conduct
 - f. Conflict of Interest
 - g. Non-Disclosure Agreements in Harassment and Discrimination
 - h. Access to Information and Protection of Personal Information and Privacy
145. Related statutes include:
- a. Employment Standards Act
 - b. Human Rights Act
 - c. Freedom of Information and Protection of Privacy Act
 - d. Health Information Act
 - e. Occupational Health and Safety Act including the Occupational Health and Safety Act Workplace Harassment Regulations
 - f. Non-disclosure Agreements Act

Appendix A

Supports and services available at the university to Reporters and students who are affected by Sexual Violence, and to Respondents under this policy, include:

[list to be maintained and updated on *Department of Equity, Diversity Inclusion and Human Rights* website]

- Department of Equity, Diversity Inclusion and Human Rights
- Mawi'omi Indigenous Student Centre
- Counselling Services
- Academic Support Services
- Office of Student Culture and Community Standards
- Accessibility Services
- International Student Office
- PEI Human Rights Commission
- Emergency Response (call 911)
- UPEI Security Services (call 902-566-0384)



**UPEI BOARD OF GOVERNORS
BOARD OF GOVERNORS' PUBLIC MEETING
Tuesday, December 2, 2025
Alumni Hall, Room 102 and Via Teams
4:35 pm**

DRAFT MINUTES

Members Present: Shannon MacDonald (Chair); Wendy Rodgers (President); Hon. Diane Griffin; Alex MacBeath; Geraldine Johnston; Don MacKenzie; Pam Montgomery; Brian Thompson; Mary Anne McMahon; Karen Creighan; Gary Evans; Erica Kyalo; Kevin Magee; Lynn Ellsworth; William Montelpare; Ajay Sahajpal; John McIntyre, Richard Raiswell, Kate VanGerven, Clare Cole.

Regrets: Alexander (Sandy) MacDonald; Luciana Quiroa Paredes, Brian Affouan, Kateri Coade

Staff Present: Tim Walker, Vice-President, Administration and Finance; Greg Naterer, Vice-President, Academics and Research; Mark Caduc, Chief Information Officer; Susan Connolly, Associate Vice-President; Pascal Robichaud, University Secretary; Pam Trainor, Chief of Staff to the President; Melissa James, Associate Dean, Undergraduate Programs and Student Success Business; Angelina Weenie, Dean, Faculty of Indigenous Knowledge, Education, Research, and Applied Studies; Gloria Tsoi, Administrative Assistant of University Secretariat; Raisha Anwar, Administrative Assistant of the Office of the President

1. Call to Order, Welcome and Land Acknowledgement

Chair S. MacDonald called the meeting to order at 4:34 pm and acknowledged the land.

The Chair reported on the proceedings of the closed session, namely that the Board has received training on its role in overseeing the negotiation of collective agreements, and appointments and proceeded to several appointments.

Mary Anne MacMahon, Brian Thompson and Alex MacBeath were respectively appointed Chair Elect, First Vice Chair Elect and Second Vice Chair Elect for a one-year term to start on June 1, 2026.

Clare Cole has been appointed to the Board of Governors for a term to start on January 1, 2026, and end on May 31, 2028.

Kate VanGerven, who was appointed to the Board by the Alumni Association last Friday, has been appointed to the Governance, Nominating and Appeals Committee.

The Chair offers Congratulations and thanks to all and welcomes Kate and Clare to the Board.

There being no request for items of business to be moved from the consent agenda to the deliberative agenda, the following are approved or received under consent: the open session agenda, the minutes of AGM on October 7, the minutes of open session of Board meeting October 7, the record of decision on appointment of Committee members November 4, the appointment of members of the Board of trustees of the University Pension Plan, the Board training plan, the Governance Review Implementation update, and the committee quarterly reports.

The Chair called on members to declare any conflicts of interest regarding items on the agenda. No conflict was declared.

2. Chair's Report

S. MacDonald delivered the quarterly report of the Chair. She acknowledges Pam Trainor who joined the University roughly two years ago to lend a hand at a time when we needed much help in rebuilding our governance. She was a lifeline for the Chair and instrumental in the work to improve governance. She transferred to the President's Office as Chief of Staff and so will continue to help the University.

3. President's Report

President Rodgers spoke about the results of the management's work since the last meeting of the Board. The President's report aligns with the eight Presidential Goals as approved by the Board. A written report was added to the meeting materials today. Themes broached in the report are:

1. Drive the successful launch and execution of UPEI's 2025 –2-26 Strategic Plan
2. Champion a positive, respectful, and inclusive campus culture
3. Strengthen and expand UPEI's visibility and reputation
4. Lead the ongoing implementation of UPEI's Action Plan in response to the 2023 Rubin Thomlinson review.
5. Build a high-performing University leadership team
6. Advance UPEI's academic and research priorities
7. Accelerate philanthropic growth
8. Enhance UPEI's financial sustainability

The President spoke of the official launch of the Strategic Plan on November 20, 2025. The Plan is structured around three pillars; Thriving People and Communities, Innovative and Connected Teaching, Research and Scholarship and Sustainability. Each vice president of the University has taken the lead on one of the pillars and move in unison to deliver connected initiatives. Priorities for the first year of the plan are being developed. As the plan unfolds, priorities will be reviewed and adjusted each year.

As the University looks to live its values, several training sessions for leadership teams have taken place to enhance our capacity to communicate and manage - and respond to – crises. To deliver the University's commitment to a positive, respectful and inclusive campus culture, a review of the Equity, Diversity and Inclusion office is underway with the help of a panel of experts.

Making the University more visible and enhancing its reputation will require a stronger presence with Alumni, for which the President attended Alumni events in Ottawa and Toronto. Both of which were received with enthusiasm. It also requires connection with our peers in the sector, namely via Universities Canada. Though President Rodgers, UPEI will be part of the Universities Canada Mission to India to continue work on re-establishing relationships with the country in hopes of reinvigorating Indian students' interest in coming to Canada and to our campus.

There have also been discussions with MPs and other ministries, provincial and federal, supporting shellfish health, and supporting a proposed research chair in rural medicine with the Faculty of Medicine.

4. Strategic Enrolment Management

Vice President Naterer delivered a presentation on the University's first Strategic Enrolment Management Plan. A draft plan was shared with members as part of the meeting materials.

As members stressed the importance of the first-year experience, they noted the success of the Open House held on a Saturday this year and, more generally, efforts deployed by the University to enhance student advising; to establish a productive first contact with students. It was noted that the trend towards larger classrooms creates tension between the desire for first contact and the mass effect of larger classes. The VPAR indicated that the University is moving carefully towards growth, with the aim of sustaining a high-quality academic experience. As the discussion shifted to the optimal size of the institution, although no target has yet been set, a short-term and viable enrolment target would be 6000 students.

Members also discussed the development of graduate studies, noting that the current government quota on admission of international students does not at present apply to graduate students. Consideration is given to distance education as a means to increase enrolment in graduate programs, while noting that some programs do have residential requirements.

As per the cost of the SEM Plan, the VPAF indicated that preliminary costing has been done, but has not yet settled. It will be part of budget planning for the next fiscal year. He notes that not all initiatives under the Plan require additional resources or funding, but rather a shift in priorities within existing resources.

As members enquired about the role of AI to inform the Plan, the VPAR informed the Board that an AI Advisory Committee has been struck, which provided valuable guidance. The Committee is currently running a pilot project that will help us better understand our use of AI.

Knowing that SEM is predicated on data, members asked about the collective of data from students and the predictive tools developed to use it. The University is starting to collect feedback from students and, as part of the Plan, is moving towards greater data collection.

The use of best practices or Canadian standards regarding data collected in support of SEM was discussed, with a view to see how it could help the University retain students. Although not all institutions have SEM, it is becoming common in Canada, which does offer some opportunities for standardization of data across the sector. It is noted that UPEI has so far recruited students rather

organically from the domestic market and has had a hard time getting beyond it. The University needs to better know whom we are recruiting and losing and why, with an understanding that retention is worse among international students.

5. Student Perspective Update

E. Kyalo, in the absence of L. Paredes, delivered the Student Perspective Update. She spoke of confusion among students as to which fees they must pay and lack of clarity as to what is funded through these fees. The cost of course materials remain a source of concern for students, with some students spending \$1500 in one term for materials. The issue is particularly worrisome when students are made to pay for assessment platforms, which they feel should be funded through – and included in – tuition. Some students are upset that exams have been scheduled over the weekend when travel options using public transit are limited. The drop-off point for the foodbank in a high-traffic area creates a sense of shame for students who must avail themselves of its service. The previous drop-off point at the chaplaincy center was more discreet. The issue of access to buildings by students with physical challenges is raised, as several buildings either don't have accessible door buttons, have elevators that can't accommodate certain wheelchairs and often break down.

The need for greater clarity in student fees, both to inform students of fees upfront, but also of the use of the revenues, was stated.

Members enquired about learning platforms and their cost. They heard that some classes are delivered using learning platforms that must be purchased beyond tuition, with some students only hearing of it on the first day of class. Some students then must consider whether to drop the class, which could impact their course of studies. There are cases where professors receive commissions on the sale of the platform. There is also concern that the submission of materials through a third-party solution could lead to breaches of confidentiality of course evaluations. The VPAR indicated that there is a committee actively looking at the issues of Sales of Course Materials. A particular problem is the delivery of evaluations of student performance behind a paywall, where the Committee is of the mind that students should be able to take an evaluation free of charge. The Policy has been discussed in the Senate and is tracking towards a recommendation to the Board in March.

Members enquired as per the percentage of students who rely on the food bank. In 2023, there were some 4069 visits to the food bank, compared to 4034 in 2024. There is a slight decrease that may be the result of the reduction in the number of international students.

6. Senate Report to the Board

M. A. McMahon delivers the report of the Senate to the Board, with a written report provided in the meeting materials and considered read.

7. Establishment of the Bachelor of Arts, Major in Indigenous Studies

Vice President Naterer presents a recommendation for the establishment of a degree program for the Bachelor of Arts, Indigenous Studies. He points out that the degree program was approved by the Senate on November 21, 2025, after an initial approval in principle followed by a review and approval by the MPHEC. He confirms that the resources are currently available to deliver the program, which will build on the success of the minor in Indigenous Studies. Evidence suggests that there is solid student demand for such a program. Management is committed to hiring an Associate Professor to help deliver the program, as recommended by the MPHEC.

President mentions that we are one of a very few universities that have a faculty devoted to indigenous studies. This is important to build that faculty.

Angelina Weenie is in the room for the conversation.

MOTION: MOVED by Wendy and SECONDED by Gary, that the degree program of the Bachelor of Arts, Major in Indigenous Studies is established with immediate effect. CARRIED.

The Board offers its congratulations to Dr. Weenie, who has done a tremendous job in pulling this together.

8. Purchase of Land at 480 University Avenue

Chair MacDonald calls on the Chair of the Properties and Environmental Sustainability Committee (PESC) to introduce the topic. Chair Johnston indicates that the proposal was reviewed in a joint session of PESC and the Finance, Audit and Risk Committee and that both committees agreed to recommend it to the Board.

MOTION: MOVED by G. Johnston and SECONDED by W. Rodgers that the purchase of land at 480 University Avenue is approved.

Chair Johnston asks Vice President Walker to present the recommendation.

Vice President Walker presents a recommendation for the purchase of a parcel of land adjacent to the main campus at 480 University Avenue; a property colloquially known as “Blaze Pizza”. The property has recently become available and may not be so again for quite some time. The purchase would complete the University ownership of land on that side of the campus. He notes that the valuation of the property underestimates the cost of purchase, as the University is a strategic buyer. Acquiring the property will cost \$3.5M. The acquisition of the land opens opportunities for development that could be revenue generating or could help enhance campus life. VP Walker noted that the University does not need to seek the Province’s permission for the acquisition of the land, as the University could draw on current funds.

Members discuss at length the value of the property, the opportunity for development, and the cost of purchase at a time of financial pressures on the institution. After much consideration, members feel it best to delay a decision till there is a communication plan, some community consultation and a sense of the projected use of the land. The Board can consider the matter in a special meeting, if need be.

MOTION: MOVED by W. Montelpare and SECONDED by B. Thompson that the motion is tabled. CARRIED.

9. In-Camera Session

MOTION : MOVED by P. Montgomery and SECONDED by G. Evans that the Board move to an in-camera session. CARRIED

The VPAF is invited to stay.

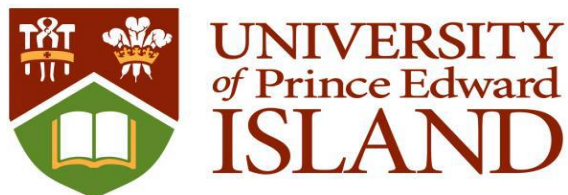
MOTION : MOVED by D. MacKenzie and SECONDED by M. A. McMahon that the Board move to an open session. CARRIED

10. Adjournment

MOVED by D. MacKenzie, SECONDED by W. Montelpare that the meeting adjourned at 7:17 pm.

11. Consent Agenda

All items are approved and received.



**UPEI BOARD OF GOVERNORS
January 26, 2026
Record of Electronic Vote**

On January 9, the Chair of the *Board of Governors* authorized an electronic consultation to approve the appointment of Clare Cole to the Property and Environmental Sustainability Committee.

The University Secretary conducted the consultation and, on January 26, 2026, reported to the Chair that a majority of members have responded in the positive and that the motion put to the Board had, therefore, carried.

This decision, along with accompanying documentation received by the Board in support of its decision, is reported to the meeting of the Board of March 31, 2026, and is recorded in the minutes of that meeting.

Pascal Robichaud,
University Secretary



UNIVERSITY
of Prince Edward
ISLAND

PENSION PLAN FOR EMPLOYEES OF THE
UNIVERSITY OF PRINCE EDWARD ISLAND
SPONSOR BOARD

**Notice of Appointment to the Sponsor Board of the Pension Plan for the Employees
of the University of Prince Edward Island.**

March 30, 2026

Michelle Frances
francismc@maritimeelectric.com

Dear Michelle:

This letter confirms that the UPEI Board of Governors' Finance, Audit and Risk Committee have appointed you as an Employer Representative on the Sponsor Board of the Pension Plan for the University of Prince Edward Island Employees.

The term of your appointment is from March 30th, 2026, to December 31, 2027.

We appreciate your service.

Sincerely,

Shannon MacDonald, Chair
UPEI Board of Governors

c. A. MacBeath, Chair, Finance, Audit and Risk Committee
UPEI Pension Office (Human Resources)

Purpose:	DISCUSSION/DECISION
Subject:	Director of Finance and Administration
Prepared by:	Tim J. Walker, Vice-President Administration and Finance
Prepared for:	Finance, Audit and Risk Committee (FARC)
Date:	February 9, 2026

ISSUE

How might the roles specified in the University Act be clarified?

BACKGROUND

The [University Act](#)¹ (i.e., Act) governing UPEI, while current to November 29, 2023 at the time of writing, may not accurately reflect the organizational structure currently in place at post-secondary institutions (in general) and at UPEI in particular.

Committee members will note:

Definitions (s.1 of the Act) include “**Comptroller**” (as defined as, “the Comptroller of the University”) but this defined term appears nowhere in the act therefore leaving the role ambiguous. For this reason, the Comptroller is neither appointed by the Board nor defined as an Officer of the University for the purposes of the Act.

Definitions also include “**Director of Finance and Administration**” as appointed under s.31. S.31 states, “*There shall be a Director of Finance and Administration appointed by the Board who shall keep the accounts of the University and perform such other duties as the Board or President may require.*”

Finally, in s. 29(1), “*The Board may appoint one or more **vice-presidents** whose terms and conditions of office shall be those conferred on him or her by the Board on the advice of the President.*”

S.29(2) further states, “*In the exercise of his or her functions, the vice-president is responsible to the President of the University, and within the terms and conditions of his or her office, shall perform such duties as may be assigned to him or her, from time to time, by the President.*”

Consistent with s.29(2), the **Comptroller** reports to the **Vice-President Administration and Finance** as outlined by the original terms and conditions of the Vice-President’s appointment.

OTHER IMPORTANT INFORMATION

As shown in **Appendix One** (Organizational Chart), there is a position called **Director of Finance** reporting to the Comptroller which manages financial information systems, financial services and procurement services.

¹ https://www.princeedwardisland.ca/sites/default/files/legislation/u-04-university_act.pdf

While a **Director of Finance** has been appointed, no person has been appointed to the role of **Director of Finance and Administration**. Further, it is self-evident that the Comptroller is fulfilling the role defined by the Act for the Director of Finance and Administration, i.e., “keep the accounts of the University”.

Further, it has been a longstanding practice that the Comptroller of UPEI is a (signing) **officer** of the University for the purposes of s.21 of the Act which states,

*“All deeds, transfers, mortgages or documents required to be in writing to which the University is a party, shall be deemed to be properly executed by the University if the corporate name and seal of the University are affixed thereto and immediately followed on the same page by the official signatures of such **officers** as the Board authorizes for that purpose.”*

This is evident in s. 4.4 of UPEI’s [Signing Authority policy](#)² which defines the Comptroller as an **Official Signing Officer**. Unfortunately, this policy is not **explicitly** supported by the Act.

DISCUSSION/DECISION: OPTIONS AND RATIONALE

Option One: Status Quo i.e., continue as before recognizing potential inconsistencies between the Act and UPEI policies with regard to roles and the execution of UPEI’s Signing Authority policy.

Option Two: Provide clarification through a resolution of the Board, i.e., formally recognize the Comptroller as the Director of Finance and Administration for the purposes of the University Act. While no formal title change is required for our Comptroller, this resolution will provide the necessary clarification (and documentation as to Board and Act intent) to resolve potential inconsistencies.

DISCUSSION/DECISION: RECOMMENDATION

That the Committee recommend to Board that Tara Judson, Comptroller, be appointed to concurrently serve as Director of Finance and Administration, an officer of the University, for the purposes of s.31 of the University Act.

APPENDICES

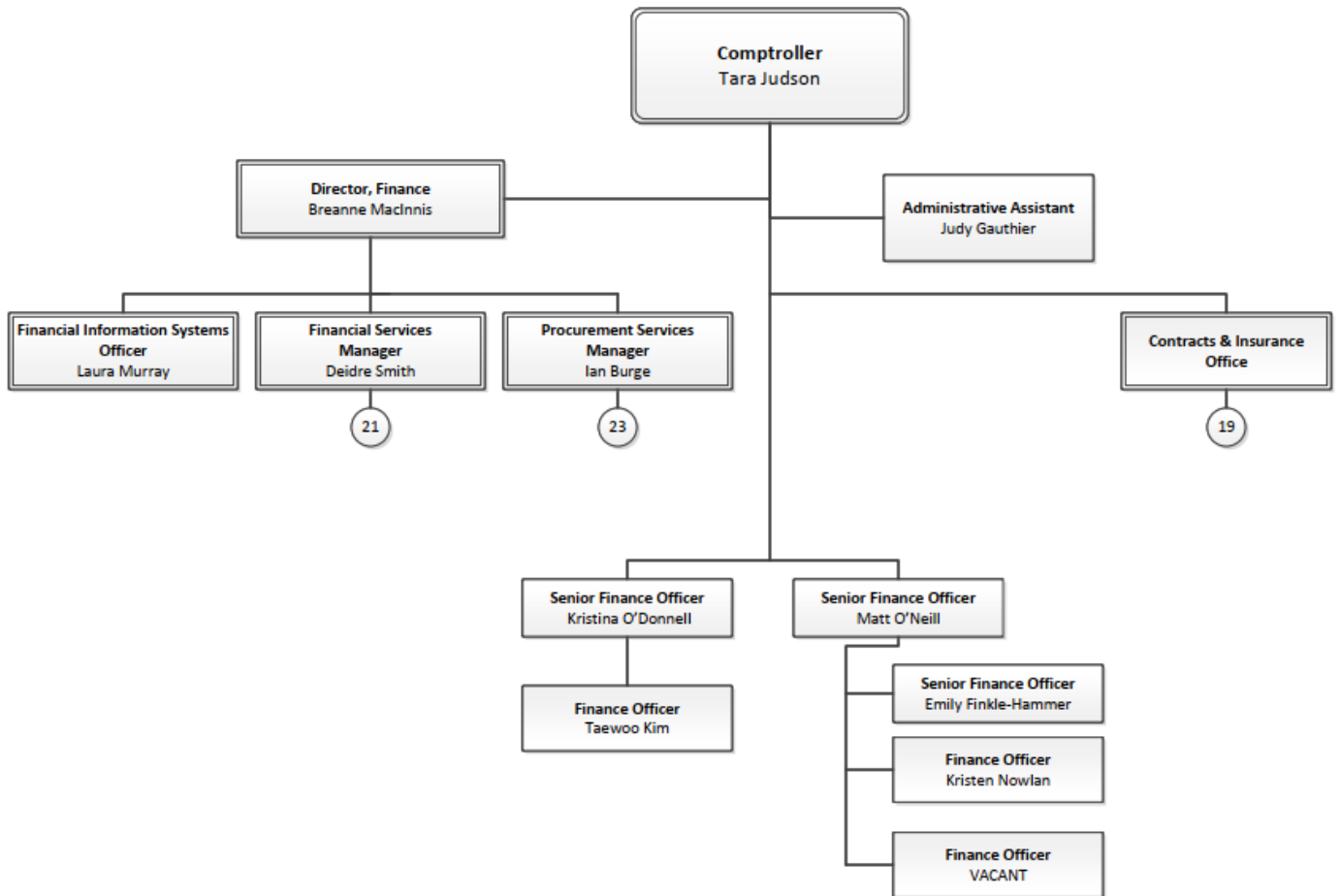
Appendix One: Organizational Chart

² https://files.upei.ca/policy/signing_authority_policy_admfingn1007.pdf

APPENDIX ONE: ORGANIZATIONAL CHART

University of Prince Edward Island
 Plate: 20
 Last Updated: October 2025
 Approved by: _____

Comptroller's Office



Purpose: INFORMATION

Subject: Update on Implementation of Governance Review

Prepared by: Brian Thompson, Chair of the Governance, Nominating and Appeals Committee

Prepared for: Board of Governors

Date: March 31, 2026

ACTION

Inform the Board of the state of implementation of the Governance Review

BACKGROUND

The Committee periodically reports on the state of implementation of the Governance Review, as part of the oversight of the University's efforts to improve its governance.

In the appended report, the status of goals is either **Done**, **In Progress**, **Planned** or **Not Started**.

- **Done** = goals that have been completed and have become part of the routine business of the Board and Management.
- **In Progress** = goals that have been partially completed or are implemented gradually over time.
- **Planned** = goals that are not yet completed, but for which a decision or initiative has been planned, and completion is projected soon.
- **Not Started** = goals towards which no progress has been made, nor is it planned at this time.

The report identifies goals set as part of the review for which GNAC has not yet received a report that the matter has been completed. What is done drops off the following report. In this report, 16 goals are considered as done and will not be part of the next report.

Highlights of progress:

- The approval by the Board of the *Protocol on the recruitment, selection and appointment of members of the Board* has satisfied several goals, with the process under the Protocol being implemented for the first time this year.
 - The approval of the *Policy on the Selection of the Chair and Vice Chairs of the Board of Governors* has satisfied goals related to the selection and terms of office of officers of the Board.
-

- The adoption by the Board of an *Annual Training Plan* has set the stage for several goals to be satisfied, which moves those goals into the **In Progress** or **Planned** category.
- Coherent and rigorous drafting of quarterly and annual Committee reports to the Board marks progress towards the satisfaction of goals related to information of members and accountability of the Board's decision-making processes.
- The enactment of the By-Laws satisfies several goals regarding due process, terms of office and members' rights.
- Improvements to the Board's website have moved several goals into the **Done** or **In Progress** categories. There is still work to be done on the interface to allow members of the University Community to submit items for consideration by the Board.
- The use of Briefing notes and the provision by the Secretariat of drafting standards and templates has enhanced the provision of information in support of Board business.
- The institution of Annual Workplan has given committees and the Board a new tool to anticipate its work and set priorities.

Planned progress

- In March 2026, GNAC and the Board of Governors will consider the matter of the status of SU members on the Board, which will resolve one of the goals one way or another.
- The appointment of new members of PESC and training will enhance the Committee's capacity to oversee the University's Environmental Sustainability and satisfy goal 23.1.
- Significant progress has been made in supporting PESC in managing Accumulate Differed Maintenance, with more to come.
- Governance Protocols are being developed by the Secretariat in collaboration with Management colleagues. Once established, these protocols will satisfy goals regarding the drafting of documents, feedback loops for committees and the roles of Managers in supporting Board committees.
- Secretariat pre-drafts agendas, minutes and committees' reports. Starting next spring, agendas will be drafted for the year to align with workplans and allow Chairs to plan their committee's work.

Not yet undertaken

- Adding an archive of minutes to the Board's website
- A systematic relay of HRC content for CCOC.
- Mature training scheme. Training is a challenge, as the need is great and resources limited.
- Diner talks/training before meetings of the Board.
- Full complement of Secretariat resources
- Plans for follow-up on Board decisions.

- The Board's motion to be connected to future governance cycles.
- Enactment of a Safe Disclosure Policy.
- Reinstating Board retreats.

Summary

Significant progress has been made to improve the University's governance, and much is set to be achieved in the next few months. The Governance Review sets an ambitious timeline for the enhancement of the University's governance apparatus in a time of financial constraints.

The expectation is that the University will be able to fully deliver on the implementation of the Governance Review within the established timeline.

APPENDIX A
Governance Review Implementation Plan Status Report
Board of Governors
November 17, 2025

Outstanding Activities

Legend:

Green = Done, Orange = In progress, Purple = Planned, Black = not started

Number	Name	Year	Status	Lead
4.4	The Board will assess the planning process to ensure it is collegial with a focus on the engagement of the university community.	Year 1	In Progress	EXEC & Board
5.2.1	Develop criteria and metrics to facilitate president performance check ins.	Year 2	Not Started	EXEC
6.3	Board Committees provide updates (check-ins) on progress on workplans at Board meetings	Year 1	Done	EXEC
6.4	Board and Committees assess progress of the workplans at the end of the year, which informs priorities for next year.	Year 1	Planned	EXEC
7.6	Establish draft Board and committee meeting agendas by June each year so all involved have a good sense of the full year of agendas for the coming year (subject to emerging priorities).	Year 2	Planned	EXEC
10.1	The Board and senior administration will engage in a comprehensive exercise to clarify the decisions that must come to the Board and then ensure that this work is captured in applicable policy and procedures.	Year 3	Planned	GNAC & Board
11.1	The Board will require that as part of a comprehensive budgeting process a Capital budget be developed for annual review and approval by the Board (through the Finance and Audit Committee).	Year 3	Planned to Board March 31	FARC & PESC
11.2	The Board will ensure effective prioritization and oversight of major capital projects through PESC	Year 2	Done	FARC & PESC

Number	Name	Year	Status	Lead
11.4	The Board will clarify its role of oversight of collective bargaining ensuring that the president and senior team formulate and recommend the approach to bargaining, lead the activity, and report to the pertinent board committee only as required to seek approval for changes in mandate or where risk of labour disruption increases. Collective agreements are material contracts and the Board's role is one of oversight and approval.	Year 1	In Progress	HRC & Board
12.1	Improve the content of reports from the president and committees.	Year 2	Done	EXEC & Board
12.4.1	Develop guidelines for staff presenting to include committee's requirement to bring major items twice	Year 2	In Progress	GNAC
12.6	The Board and senior administration should generally engage in an exercise to clarify the materials needed to support requests for board decisions.	Year 2	In Progress	GNAC & Board
12.8	When approving motions, the Board and its committees will include any requirements for updates and reports back and the specific timing of the same.	Year 2	Not Started	EXEC & All Committees
12.9	The administration, under the direction of the president, will develop and implement a project analysis template for new initiatives and projects for board consideration and approval.	Year 2	Not Started	PESC & FARC
13.2	Provide training for Board members in asking good questions including the provision of tools and opportunities to practice.	Year 1	In Progress	GNAC
13.3	When recommending a decision to the board for approval, the Committee Chair will prepare comprehensive remarks describing to the Board the nature of the presentation received, the concerns and risks explored by the committee and the basis for the committee's recommendation and should invite questions.	Year 2	In Progress	EXEC & All Committees

Number	Name	Year	Status	Lead
13.6	Committee reports that do not contain motions will still contain a full discussion of the work of the committee, explicitly tying it to their delegated role and Terms of Reference.	Year 2	Done	EXEC & Board
13.7	Committee Chairs and administrators presenting to the board should identify questions for the board to address - these may be areas of risk or uncertainty, of opportunity, or alignment with strategic priorities.	Year 2	In Progress	EXEC & Board
14.1	Ensure accountability through the continued use and regular review of its motion register and the register should feed into the work plan such that follow up is assured.	Year 1	In Progress	EXEC
14.2	Board ensures that when approving initiatives or projects, milestones or indicators of performance are identified and there is an agreement as to how and how often the Board will receive reports back on the initiative or project and against specific criteria tied to project risk.	Year 2	Not Started	EXEC & All Committees
14.3	Include the obligation to report back on projects and initiatives are folded into the board work plan.	Year 2	In progress	EXEC
14.4	Ensure that the presentations of the president and senior administration are structured to address specific areas of accountability.	Year 3	Done	EXEC
14.5	Oversee the creation of a safe disclosure policy.	Year 2	Not Started	GNAC
15.5	While the process of having the Student Union recommend and elect candidates may continue, the elected students should not occupy leadership roles within the Student Union and should be sought from the broader student population.	Year 3	In Progress	GNAC
			To GNAC and Board in March	
17.1	The Board will undertake a website refresh and update and ensure that there are resources in place to maintain the website. The refreshed website should be written in plain language and contain the	Year 1	In Progress	GNAC

Number	Name	Year	Status	Lead
	<p>following: a. A more comprehensive overview of governance at UPEI with a statement about the University’s commitment to effective integrated governance.</p> <p>b. A more comprehensive description of the role of the Board.</p> <p>c. An overview of board composition.</p> <p>d. The biographies of the Board members should state their board terms and sources of appointment (Alumni, Teaching Staff, Senate, LGIC or Student).</p> <p>e. Full committee Terms of Reference.</p> <p>f. Committee composition.</p> <p>g. Board and committee schedules.</p> <p>h. Effective September 2024, board meeting notices and agendas, and materials for open public meetings (regular meetings and special meetings).</p> <p>i. Board By-laws, Procedures and Regulations.</p> <p>j. All policy instruments governing or guiding decision-making.</p> <p>k. Directions and/or link for accessing archived minutes to open sessions of the Board.</p> <p>l. Guidance on accessing the Board, i.e. where to write, how agendas are established, who can attend board meetings and how to attend them and the rules for attendees.</p> <p>m. Board Recruitment - the Board Recruitment page should be populated with information for potential board members describing the role, expectations, and a contact name. The link should always be active so that the Board can create a pool of interested candidates. Communication with candidates should be regular.</p>			

Number	Name	Year	Status	Lead
23.1	Ensure the PESC fulfills its Terms of Reference recognizing the importance of addressing environmental sustainability as it affects not just the future and safety of the campus, but practices, research and academic programming and should inform campus infrastructure and capital planning. It is essential that this Committee focus on fulfilling its Terms of Reference.	Year 3	In progress New member, training	PESC
23.2	Recognizing deferred maintenance represents a significant liability for many universities UPEI will develop a plan for ensuring its buildings remain safe and in good repair	Year 3	In Progress	PESC & FARC
23.4	The Committee will ensure the development of a process for approval of capital projects and other significant projects, including the use of a project analysis tool built upon a structured approach to project analysis that involves exploring alignment with University strategy and priorities, options, costs, and risks.	Year 2	Done	PESC & FARC
25.2	The output of the HR Committee should be relayed to the Campus Culture Oversight Committee.	Year 1	Not Started	HRC
25.3	At the end of each board year, the Chairs of the Human Resources Committee and the Campus Culture Oversight Committee will meet to ensure that their work is not duplicated.	Year 1	Done	HRC & CCOC
26.1	Ensure that administration undertakes to create or renew frameworks to ensure effective oversight of fundraising plans, external communications plans, external relations and community engagement plans, and the plans to maintain and enhance institutional reputation. These frameworks should align with the new strategic plan priorities.	Year 2	In Progress	DFER
27.1.1	Review results of audit to assess effectiveness of committee's role in oversight of the implementation of the Action Plan	Year 2	In progress	CCOC

Number	Name	Year	Status	Lead
28.2	Continue to focus on increased board diversity targeting those demographic groups currently absent from the Board.	Year 1	In Progress	GNAC
28.4	The application process will involve self-identification of skills, and the Board member interview process involves assessing the extent of those skills. The assessment by the interviewers should serve as input to the skills spreadsheet.	Year 2	Done	GNAC
28.7	The Board will continue with 3-year term limits for all Board members other than student members which should remain as they are at 1 and 2 years (noting that a 1-year term for students is consistent with many, if not most, other universities) and impose a cap on renewal terms such that total service does not exceed 9 years.	Year 1	Done In By-laws and Protocol	GNAC
29.2	Establish a board policy confirming its commitment to succession planning, identifying the positions for which succession plans will be developed, and identifying its process for identifying, choosing and developing successors.	Year 3	In progress	GNAC
29.5	Take steps to train and develop candidates	Year 2	Not Started	GNAC
30.1	Amend the Board self-evaluation process. a. The evaluation form be reviewed and updated to reflect the Board's assessment of all aspects of its practices to improve governance. The current form is a good start, but the form itself should be a statement of the Board's aspirations and objectives, and the Board should evaluate itself against those aspirations. b. The form should seek self-reflection on board practices, committee practices, and individual board member practices. c. The evaluation should be conducted annually.	Year 2	Not Started	GNAC

Number	Name	Year	Status	Lead
	<p>d. Board members should be required to complete the form, and the goal should be 100% participation.</p> <p>e. The output from the survey should be summarized and presented by the Governance Committee to the Board along with recommendations for future focus. The recommendations should be folded into the Governance Committee's work plan for the following year.</p>			
31.1	Orientation training program will be developed which focuses on foundational knowledge requirements relating to university governance, bicameral governance, UPEI's specific form of bicameral governance including the roles and responsibilities of the Board and Senate and Administration.	Year 1	Done Training Plan, onboarding	GNAC
31.2	Training materials on the work and operations of the university will be recorded for Board members to watch on their own time and the focus will be on the role of the board and the types of decisions the Board is responsible to make in key areas.	Year 3	Not Started	GNAC
31.3	All members, but at least those serving on Finance and Audit and Property and Asset Management will be provided with financial literacy training.	Year 1	Not Started	FARC & PESC
31.4	Develop a series of dinner talks to be delivered over dinner immediately prior to board meetings on specific topics: early priorities would focus on conflict of interest and asking good questions. Other priorities will flow from the observations of the governance professional and the results of the board self-evaluation process.	Year 3	Not Started	GNAC
31.6	UPEI will reinstate board retreats and use them to educate the Board as well as to have informal discussions about important strategic topics to assist the Board in its formal work.	Year 2	Not Started	EXEC

Number	Name	Year	Status	Lead
32.2	UPEI will support the new University Secretary with mentoring and training.	Year 1	Done	EXEC
32.5	Within the next year or as soon as possible given resource constraints, the University Secretariat will include an additional person responsible for supporting the Board, Senate and the university with its policy framework, policy library and the development of policies.	Year 3	Not Started (Partial)	EXEC
33.1	The Board will establish eligibility requirements, rules, and regulations governing the election of the Elected Board Members other than Student Board Members	Year 1	Done	GNAC
33.2	The Board will establish eligibility requirements for Student Board Members through policy and procedures. Student Board Members will be persons who, at the time of their election and during their term on the Board, are registered and in good standing.	Year 1	In progress	GNAC
33.5	The Chair, together with the University Secretary, will sign all By-Laws, and approved Board Minutes.	Year 1	In Progress	EXEC
33.10	Where a Special Meeting is Public, notice of the meeting will be published on the Board's website no less than three (3) days in advance of the meeting.	Year 1	Done	EXEC
33.15	On the requisition of any three members of a committee, a meeting of such committee will be called by the University Secretary. Notice of the time and place of every meeting will be given to each member of the committee at least forty- eight (48) hours before the meeting. The means of delivery will be by electronic mail at the email address typically used for the Board Member .	Year 1	Done In By-laws	EXEC
33.16	In exceptional circumstances, the committee chair may waive the time requirements for such notices.	Year 1	Done In By-Laws	EXEC

Number	Name	Year	Status	Lead
33.17	A member of the University Community may request to have an item placed on the agenda of a Public Board meeting and may request to speak to the item. A written request (including the name of the requester, a description of the proposed topic and a request to speak to the item, if any) must be provided to the University Secretary along with any materials on which the requester intends to rely, no less than three weeks prior to the Public Board meeting. The Board Chair will grant only those requests that are not matters of administration and that are appropriately brought before the Board and will otherwise direct the request to the President.	Year 1	Planned	EXEC
33.18	Any contract, document, or instrument in writing requiring execution under seal on behalf of the Board of Governors may be signed by one of the following: The Chair, the Vice-Chair, the Acting Chair of the Board, or the President together with the Secretary of the Board.	Year 1	Done In By-Laws, Signing Authority Policy	EXEC
33.19	Notice of any motion that a By-law is to be presented, enacted, amended or repealed will be sent to each Board Member no later than one (1) week before the meeting at which the Notice of Motion is to be presented.	Year 1	Done	GNAC

Campus Culture Oversight Committee

Draft 2025-2026 Workplan

As of August 27, 2025

Agenda Item	Action Required	Sept	Nov	Mar	Apr	As Req	Resource
UPEI Action Plan							K. Richard
Action Plan Progress	Review	X	X	X	X		
Action Plan Risks and Mitigation	Review	X	X	X	X		
Resources to Implement Action Plan	Review			X			
Audit Status/Results	Review	X			X		
Student Experience and Wellbeing							D. Naterer
Student Experience and Wellbeing Data and Trends	Review	X		X			
Initiatives to Measure/Improve Student Experience and Wellbeing	Review	X	X	X	X	X	
Workplace Culture							J.Ngobia/ G. Naterer
Workplace Culture Data and Human Resources Trends (From HR Committee)	Review		X		X		
Initiatives to Measure/Improve Workplace Culture	Review	X	X	X	X	X	
Equity, Diversity and Inclusion							J. Ngobia
EDI Strategy Progress Update	Review			X			
Governance							P. Robichaud
Terms of Reference	Recommend			X			
Workplan	Approve			X			
Professional Development Needs	Review			X			
Professional Development	Complete					X	
Policies	Review					X	
Annual Report to the Board	Approve	X					
Chair Meeting with HRC Chair on Matters of Collective Interest			X				
Special Projects**							
Framework to Monitor, Assess and Improve Workplace Culture	Review				X		J.Ngobia
Process to Assess Effectiveness and Currency of Workplace Culture Framework					X		J.Ngobia
Framework to Monitor, Assess and Improve Student Experience and Wellbeing	Review				X		G.Naterer

Agenda Item	Action Required	Sept	Nov	Mar	Apr	As Req	Resource
Process to Assess Effectiveness and Currency of Student Experience and Wellbeing Framework					X		G.Naterer
Review Audit Results to Determine Effectiveness of Committee's Role in Implementation of the Action Plan			X				P. Robichaud

** Some projects may extend into 2026-2027



Open Session Report

Property and Environmental Sustainability Committee

March 31, 2026

Matters on the Agenda of the Board:

Quarterly reports of Board Committee do not contain matters that are part of the Board's agenda, as those matters are accompanied by their own materials. Among the matters that the Committee discussed that are not part of this report are:

- Review and recommendation of the Capital Budget
- Review and recommendation of the renewal of the Robertson Library
- Review and recommendation of the renewal of the HVAC systems for the Faculty of Veterinary Medicine
- Power to mortgage, sell, transfer, lease or otherwise dispose of real property

Land and Building Inventory

As part of its oversight of the University physical plant, the Committee received a report presenting an inventory of all the University's real property with a description of the 5-year Deferred Maintenance, the estimated replacement cost and condition. Management indicates that the current Accumulated Deferred Maintenance of University facilities is likely understated.

Physical Space Requirements

Pursuant to the PESC Terms of Reference, which state that Committee shall "oversee the property and physical infrastructure of the University to ensure alignment with respect to physical space requirement", the Committee received a report from management that it has undertaken a inventory of space in October 2025. To date, 6ive (5) buildings have been selected for this first phase of which approximately 400 rooms/areas in three (3) buildings have been completed or are underway (i.e., in two (2) buildings). Management is working with Facilities Management and Information Technology Systems and Services to inventory and understand the (many) tools currently used to 'book' space (including the documentation of office assignments). Regarding meeting and/or event spaces, there are at least two and as many as five systems currently in use. Regarding classrooms, "InfoSilem" is being implemented by the Registrar to schedule future classes to classrooms.



Capital Active Projects List

The Committee received an update on active capital projects in the form of a list that outlines how projects are progression relative to their budget, scope and schedule.

Compliance Statement

The Committee received a report from management on the University's compliance with laws relevant to the Committee's mandate, along with a statement from the Action Director of Facilities Management that UPEI remains compliant with legislation, regulation and related reporting requirements as may relate to the Committee's mandate.



Open Session Report

Development, Fundraising and External Relations Committee

March 31, 2026

Establishment of Scholarships

Following a review of the process to approve scholarships by the University Secretary, the Committee amended its process to henceforth consider the establishment of scholarships, rather than only consider the names of such. This change is made in consultation with the Chair of the Senate Scholarships and Awards Committee and colleagues at Development and Alumni Services. The new process provides that establishment of scholarships is first reviewed by the Senate Scholarships and Awards Committee and recommended to DFER for a final determination.

To give effect to this new process, the Terms of Reference of DFER and corresponding provisions of the Policy on Gift Acceptance will have to be modified. A proposal to that effect will be reviewed at the next meeting of the Committee with an aim of having a recommendation to the Board in May.

The Committee held an electronic consultation to approve the establishment of a new Kevin Ladner Doane Grant Thornton Foundation Scholarship.

Fundraising

The Committee received news of gifts to the University, including:

- \$1M pledge for the Faculty of Medicine,
- \$121K donation to a new award
- \$84K in pledges to the Robertson Library Revitalization Campaign

After a three-year hiatus, on-campus donor recognition events resumed with “Because of You: A Celebration of Your Impact” on September 19, 2025. The event was well attended and served as a meaningful opportunity to thank and recognize our generous and loyal donors. Attendees also received complimentary tickets to the UPEI Piano Celebration, which was extremely well received and generated strong interest. Overall feedback from donors was very positive.



On new Scholarships and Awards the committee received the following reports:

- Five new Endowed Funds were established: The Ibrahim and Julie Elararoud Scholarship, Dr. Peter and Mrs. Donna Meincke Graduate Scholarships in Island Studies, Dr. Vera Dewar Undergraduate Scholarship, Dr. Chantale Louise Pinard Award at AVC, The Chris Diamond, Chris Gallant, and Alex Godfrey Panthers Soccer Legacy Awards. Various endowments have also been revised to elevate student support from donors.
- The William and Nona Heaslip Foundation have committed a \$1.2 million dollar gift to UPEI in support of student scholarships, a valued partnership.
- The College of Registered Nurses and Midwives PEI (CRNMPEI) has provided a gift of \$17,167.00 for the creation of a new scholarship honouring Dr. Vera Dewar.
- We received a \$67,000.00 major gift to increase student support for the Ruth Gorrill Dennis Scholarship.
- In partnership with Wade MacLauchlan and Duncan McIntosh, established the McIntosh–MacLauchlan Writing Fellowships, awarding two \$10,000.00 fellowships annually to support emerging writers.

Marketing

The Committee received a presentation from the Director of Marketing and Production providing an overview of the role of Marketing and Production, introducing the Marketing Team and outlining current marketing activities. Reported activities include:

- Institutional Brand Strategy and Visual Identity
- Institutional Marketing Campaigns
- Recruitment Marketing
- Website Marketing and SEO
- Content Production and Creative Development
- Institutional Collateral and Publications
- Strategic Marketing Planning and Faculty Consultation
- Marketing Analytics and Performance Measurement
- Strategic Enrolment Marketing Collaboration

The Committee also received a report of Strategic Objectives in Marketing for the next three months. They are:

1. Increase Prospective Student Lead Volume

- Drive measurable year-over-year growth in recruitment leads.
- Expand reach in Atlantic Canada and priority national markets.



2. Strengthen Application Numbers

- Improve conversion from traffic to lead and applications.
- Support deadline-driven momentum through targeted remarketing.

3. Improve Digital Campaign Performance

- Optimize paid social, search, and programmatic campaigns through targeting and creative refinement.
- Increase engagement and cost-efficiency of digital placements.

4. Enhance Production Efficiency & Campaign Execution

- Maintain on-time campaign delivery across channels.
- Reduce creative turnaround time and rework through improved workflow management.

Communications

The Committee received an update on communications activities and a description of the University's Strategic Priorities in 2025 – 2026. They are:

1. Develop an Internal Communications Strategy

Specific: This goal involves developing, securing approval of, and executing a comprehensive communication strategy to keep members of the campus community informed and engaged, fostering alignment and boosting morale through clear, consistent, and impactful messaging.

Measurable: The effectiveness of internal communications will be measured on several channels through tracking open rates and tracking reactions, as well as conducting surveys with faculty and staff. Attendance at events that are linked to the strategy will be tracked.

Achievable: This goal will be achieved by creating and incorporating a consistent and impactful brand narrative that integrates with all internal communications plans. While we already coordinate communications across various channels, we are committed to crafting compelling messages that resonate with each internal target audience (audience segmentation) and reinforce

UPEI's identity and values. This will further be accomplished by integrating multi-media/platform



strategies, reflecting diverse perspectives, and ensuring accessibility and inclusive practices in our communications.

Relevant:

- UPEI Strategic Plan: Strategic Pillar 1—Thriving People and Communities
- UPEI Action Plan: Goal 3, Improve UPEI’s campus culture; Action 5, Improve campus information sharing and communications processes
- President’s goals 1–4: Drive the successful launch and execution of UPEI’s 2025–2030 Strategic Plan; champion a positive, respectful, and inclusive campus culture; strengthen and expand

UPEI’s visibility and reputation; lead the ongoing implementation of UPEI’s Action Plan in response to the 2023 RT report

Time-bound:

- Strategy document to be finalized by early 2026
- Action Plan, Strategic Plan communications plans, which are part of internal communications strategy, to be implemented in Winter Semester 2026

2. Optimize Communication Channels, Processes, Tools, and Platforms

Specific: This goal is an “offshoot” of goal one and involves evaluating existing channels and processes and exploring new software, platforms, and automation tools that can streamline workflows, enhance collaboration, and improve the delivery and tracking of communication campaigns. It also involves educating campus community on how they can access certain channels that we manage so that they help improve information-sharing.

Measurable: We will utilize data analytics to interpret communication effectiveness, inform strategy and adjustments, and measure the impact of campaigns. We will hold three–four “lunch and learns” or similar workshops targeting different campus audiences to share information about communications channels and processes, including events.

Achievable: This will be achieved by working with IT Systems and Services to understand how Microsoft 365 suite of applications can be used to optimize communications channels. We will also work with Marketing to optimize social media strategy to reach and engage target audiences. We will complete an inventory of current channels, processes, and tools. We will explore AI-driven tools including analytics. We will schedule workshops.

**Relevant:**

- UPEI Strategic Plan: Strategic Pillar 1—Thriving People and Communities and Strategic Pillar 3 - Sustainability
- UPEI Action Plan: Goal 3, Improve UPEI’s campus culture; Action 5, Improve campus information sharing and communications processes
- President’s goals 1–4: Drive the successful launch and execution of UPEI’s 2025–2030 Strategic Plan; champion a positive, respectful, and inclusive campus culture; strengthen and expand UPEI’s visibility and reputation; lead the ongoing implementation of UPEI’s Action Plan in response to the 2023 RT report

Time-bound:

- Meet with ITSS, Winter Semester 2026
- Meet with Marketing, Winter Semester 2026
- Develop schedule for “communications” workshops for implementation, Summer/Fall Semester 2026

3. Develop, Strengthen, and Implement Crisis Communication Plan

Specific: This goal involves developing and finalizing a robust Crisis Communications Plan that can be swiftly enacted in the event of an emergency or crisis; having it approved senior executive; rolling it out to leadership and emergency operations and crisis response teams; and implementing an annual training and review schedule for Communications and University Relations unit (members form crisis communications team).

Measurable: The effectiveness of the plan can be measured by tracking the time taken from incident/issue to initial communications response. Also, public and media reaction to statements or news releases can help measure effectiveness. We will also conduct after-action meetings to debrief after any crisis/emergency.

Achievable: This goal will be achieved through scenario planning, crafting key messages, training spokespeople, and establishing rapid response protocols to maintain control of the narrative and minimize reputational damage during critical times. The final draft of the plan will be strengthened by a third-party expert in emergency management. The plan will be implemented in tandem with the Emergency Response Management Plan.

Relevant:

- UPEI Strategic Plan—Strategic Pillar 1—Thriving People and Communities
- UPEI Action Plan: Goal 3, Improve UPEI’s campus culture; Action 5, Improve campus information sharing and communications processes and Action 3, Rebuild trust and safety



on campus

- President's goals 1–4: Drive the successful launch and execution of UPEI's 2025–2030 Strategic Plan; champion a positive, respectful, and inclusive campus culture; strengthen and expand UPEI's visibility and reputation; lead the ongoing implementation of UPEI's Action Plan in response to the 2023 RT report

Time-bound:

- Plan to be reviewed and strengthened by Loomex (completed Fall Semester 2025)
- Plan to be finalized and approved by Senior Executive (completed Fall Semester 2025)
- Plan to be implemented with crisis communications team, Winter Semester 2026.



Open Session Report

Finance, Audit and Risk Committee

March 31, 2026

Insurance coverage

The Committee received a report on the University's Commercial Insurance Portfolio for 2025 -2026. The report provided insight into the University's coverage for Commercial General Insurance, for Errors and Omissions Liability and Excess Liability, Property Insurance, Insurance for Boilers and Machinery, Equipment Breakdown, Occupational Accident, Labour Management Liability, Directors and Officers liability, Catastrophic Accident coverage, Commercial Automobile, Construction Project Medical Building Wrap-up liability and Builder's Risk, Project and joint venture Professional liability and Special Insurance.

Audit Strategy

The Committee received a report from Doane Grant Thornton on their audit strategy for the year ending on April 30, 2026. The proposed approach is built around five key phases: planning, assessing risk, evaluating internal controls, testing accounts and transactions and concluding and reporting.

Internal Audit Engagement

The Committee received, discussed and approved a recommendation for an Internal Audit Engagement from KPMG. The University will continue the established relationship with KPMG to deliver part of its Internal Audit Program that may include, but is not limited to:

- Internal control reviews at a function and / or process level,
- Efficiency and / or effectiveness reviews at a function or process levels,
- Enterprise risk management, and
- Other related Advisory support (as and when required).



IT Strategy

The Committee received a comprehensive presentation on the University's Information Technology Strategy from the Chief Information Officer. The IT Strategy is anchored by five strategic priorities:

1. **Advance Digital Transformation and Modernization**

Modernize platforms, processes, and services to improve agility, efficiency, and access to data.

2. **Enhance Student Experience and Success**

Ensure IT investments and initiatives directly enable UPEI's SEM Plan by supporting the full student lifecycle - from recruitment through retention and ultimately post-graduate success.

3. **Enable Digital Excellence in Teaching, Learning, Research, and Operations**

Apply digital capabilities to drive innovation, impact, and effectiveness across UPEI's core mission areas.

4. **Integrate Cybersecurity and Risk Management**

Protect institutional assets and reputation while ensuring compliance and resilience.

5. **Maximize Strategic Value and Return on IT Investments**

Ensure IT investments deliver measurable impact on UPEI's mission and long-term sustainability.

Compliance Statement and Legal Matters

To support the Committee in delivering on its mandate to ensure compliance with all legal and regulatory requirements relating to financial management and disclosure of financial information, management provided a compliance statement including a Letters of Attestation by the University's Comptroller, the Director of Human Resources and the Acting Director of Facilities Management.

The Committee also received an itemized list of all known matters that may potentially cause financial loss to the University.



Access and Privacy

The Committee received a report from the Access to Information and Privacy Office (ATIP) on the number of requests received under the *Freedom of Information and Protection Act* from 2023 to 2026 (YTD), as well as privacy complaints and confirmed breaches and ATIP activities from 2024 to 2026 (YTD).

Financial Performance Against Budget

To facilitate the Committee's monitoring of the University's financial performance, management provided governance-level information including:

- High-Level Review of Significant 2025-26 Variances
- Separate 2025 – 26 Budget to Actual Financial Analyses for the Main Budget, the AVC and the Faculty of Medicine and Note Disclosure.

Enterprise Risk Management planned approach Update

The Committee received an update on the implementation of the planned approach to ERM. Since the Board approved the planned approach, the following were undertaken:

- Environmental scan of enterprise risk management functions at other post-secondary institutions (for organizational hierarchy, roles and responsibilities) which can inform a potential job description and recruitment.
- A proposed organizational structure and budget framework which accomplishes² the following:
 - Conversion of the current University Auditor position (and related funding) to a Director of Enterprise Risk Management.
 - Redeployment of the Contracts and Insurance Office from its current location in the hierarchy (i.e., reporting directly to the Comptroller) so it reports to the Director of Enterprise Risk.
 - Stabilization of Contracts and Insurance Office human resources from one (1) ongoing (i.e., core-funded) position and one (1) term (i.e., soft funded) position to two (2) ongoing (i.e., core-funded) positions.
 - Redeployment of the proposed Emergency Manager position (currently vacant) from its current location in the hierarchy (i.e., reporting directly to the Vice-President Administration and Finance) so it reports to the Director of Enterprise Risk Management.



- Rebasing the 'risk conversation' at Board and committees through externally provided Enterprise Risk Management Training provided by Governance Solutions Inc. (Rob DeRooy) on 2026-01-19.



Open Session Report

Governance, Nominating and Appeals Committee

March 31, 2026

Since the Board last met, GNAC has held several meetings, including the regular scheduled meeting on March 17. The meeting on February 12 was cancelled due to weather. It also held a special meeting on March 24 to endorse two policies and held an electronic consultation to recommend the appointment of Clare Cole to the Property and Environmental Sustainability Committee (PESC).

Appointment of members

The Committee oversaw the process of soliciting from the Province the appointment of two members of the Board. As a result of that process, Kathy Martin and Chad Mann were appointed to a term to start immediately and end on May 31, 2029. Following those appointments, the Committee met on March 17 to recommend their appointment to the Finance, Audit and Risk Committee (Chad Mann) and the Property and Environmental Sustainability Committee (Kathy Martin).

The reviewed the current complement of the Board and its committees and has started the process for the selection of a Board-appointed member. That process aims to deliver a recommendation to the Board on May 26 for the appointment of a new member whose mandate will start May 31.

With other members' terms on the Board set to end on May 31, the Committee has directed that the Secretariat seek from the Province the renewal of the terms of Mary Anne McMahon, Karen Creighan and Pam Montgomery and the appointment of two new members to replace Geraldine Johnston and Lynn Elsworth.

The Committee has also identified the need to appoint new Chairs of committees and bring forth recommendations to the May meeting of the Board to that effect.

Policies

The Committee received an update on the status of policies enacted under the authority of the Board and identified some policies whose review should be a priority. Of the 59 policies enacted by the Board, 6 are currently under review, 26 are overdue for review, and 27 are up to date.



A special meeting was held on March 24 to receive the latest draft of the Policies on Sexual Violence and Harassment.

The Committee also reviewed and recommended the final draft of the Policy on the Sales of Course materials.

Board Training

On March 17, the Committee received an update on current efforts to deliver on the Board's Training Plan. It was noted that the following training events are complete:

- Indigenous Reconciliation Blanket Exercise
- Future Landscape of Higher Education – Session by Ken Steele
- Training of HRC on its role in Labour Relations – session with Chief Negotiator
- Training of the Board on its role in oversight of Labour Relations – session with Chief Negotiator
- Enterprise Risk Management training for the Board – session with R. Derooy of Governance Solutions Inc.

A training session on appeals is scheduled for April 17. It will be offered to all members of GNAC, considering their role in appeals, but also to all members of the University Community who have a direct role in appeals. This will include all members of the Senate Academic and Student Discipline Appeals Committee, members of Senate (including Deans), members of Faculty-level appeals committees and staff in support of all the aforementioned members.

A training session on Cybersecurity is included on the agenda of the March 31 meeting of the Board and a session on Environmental Sustainability is planned for the May meeting.

Some training on the Board's governance and the role of the Board and its committees is considered ongoing as it is now folded into the orientation of new members.

Appeals

The Committee received a report from the Appeal Panel that heard an appeal from a Faculty regarding the dismissal of a student from a professionally accredited doctoral program. Under the Terms of Reference of GNAC, it may report to the Board matters of concern stemming from an appeal. In the report of the Appeal Panel, the Committee noted concerns regarding the management of academic appeals, notably the lack of written processes and procedures and the lack of preparation or training of members of the



Senate Academic and Student Discipline Appeals Committee on their adjudicative responsibilities. The Committee outlined significant shortcomings in the process delivered by SASDAC, namely the absence of due process or respect of the Principles of Natural Justice as the parties were not granted the right to be heard. The Committee is concerned that what was revealed in the appeal may reflect a pattern of inadequate processes and support. The Committee believes these concerns should be relayed to Senate through channels.

The Committee met on March 23 to consider a request for leave to appeal a decision of the Senate Academic and Student Discipline Appeals Committee.

Governance Review Oversight

A review of the state of implementation of the Governance Review was presented to the Committee on March 17.



Open Session Report

Campus Culture Oversight Committee

March 31, 2026

Action Plan Update and revisions

The Committee reviewed the progress up to date against the Action Plan with the presentation of a detailed report on Implementation Activities. It was noted that the University is generally on schedule to meet its goals under the plan, but that the plan is quite ambitious and may need some revision to better align with the University's capacity to deliver. The report highlighted progress with a note to some risk, accomplishments and upcoming priorities. They are:

Risk Management

- Delays in the implementation of the Harassment and Discrimination Policy – outside the control of the University
- Delays in the implementation of the revised Sexual Violence Policy – outside the control of the University
- Preventing Sexualized Violence – mandatory course for Faculty

Accomplishments

- Six Action Plan IMPACT articles have been sent to the UPEI community; sharing the stories of progress and how the Action Plan implementation activities are being operationalized in our culture.
- Call for applications for an internal research grant that will support research into the development and implementation of a rigorous, context-appropriate cultural assessment instrument

Upcoming Priorities

- Developing year 3 implementation plans
- Finalizing year 2 audit criteria

K. Richard presented a proposed revision of the Action Plan. The revised plan would amend some 19% of planned activities, with 45% of activities having been completed and 36% continuing without change.



The detailed modifications to the Plan are included in the Board materials for its March 31, 2026, meeting.

Sexual Violence Prevention and Response Office

The SVPRO submits to the Committee its annual report of activities each year. The report covering the period from September 1, 2024, to August 31, 2025, was received and is provided to the Board an information received under consent.



Open Session Report

Human Resources Committee

March 31, 2026

Employee Separation

The Committee received a report from Management on separations for the fiscal year ended April 30, 2025, with preliminary data on the current year. It was noted that UPEI currently has 1,317 active employees, excluding sessional, casual, and student workers. The fiscal year turnover rate stands at 3.91%, indicating a generally stable workforce. There have been (49) separations to date, distributed as follows: (5) in May, June, and July, (12) in August, (3) in September, (10) in October and (3) in November, December and January.

Of the 43 employee separations this fiscal year, 28 were resignations (57.14%), 13 were retirements (26.53%), 7 were terminations (14.29%) and (1) Deceased 2.04%). The predominance of voluntary exits reflects a stable workforce environment with limited performance-related separations. Retirement levels align with expected workforce transitions and present opportunities to strengthen succession planning and internal talent development. Continued monitoring of separation trends will support proactive retention and workforce planning decisions.

Exit survey data indicates career progression and growth opportunities as primary drivers of employee departure. Encouragingly, 55% of departing employees would recommend UPEI as a great place to work and 74% would consider returning in the future. This indicates positive institutional reputation and employer brand and reinforces the need to strengthen our internal career pathways, leadership development, and engage in succession planning.

Grievances Tracking

As part of its oversight of human resource management, the Committee reviewed a report on the Grievances noting the number of grievances that were submitted from May 1, 2025, to January 31, 2026.

In the current fiscal year, UPEI has recorded (34) grievances, (17) of which are from previous years. These comprise of (15) individual, (16) group cases and (3) Policy Grievances. Notably, (25) grievances came from the Faculty Association 1, and Faculty Association 2 reported (2). CUPE 1870 reported (7) grievances (20) of the grievances are settled while (14) remain open. This suggests an opportunity to enhance



communication and address faculty-specific concerns. The Committee noted a commitment on the part of management to develop targeted strategies for faculty engagement, to strengthen collaboration, and promote a positive workplace culture.

Staff grievance trends show fluctuations: (2) in 2019/2020, rising to (7) in 2020/2021, (13) in 2021/2022, then falling to (6) in 2024/2025, and back to (2) in 2025/2026.

This significant reduction is a testament to the team's efforts. By continuing targeted actions, UPEI can further strengthen staff morale and a supportive work environment

The faculty grievance data indicates a notable upward trend in recent years. Reported grievances decreased from (9) in 2019/2020 to (4) in 2020/2021 but subsequently rose to (11) in 2023/2024, reaching a peak of (15) in 2024/2025. To date, (15) new grievances have been recorded for 2025/2026, suggesting that underlying concerns remain active and require close attention.

HR Development

The Committee was briefed on how Human Resources is leading and coordinating a range of administrative assistant development initiatives that support institutional priorities outlined in the UPEI Action Plan, 2024 Employee Engagement Survey, the UPEI Strategic Plan, and ongoing operational requirements. These initiatives are designed to support administrative assistants by providing ongoing professional development and strengthening communication across campus. These initiatives were mainly developed using verbal feedback, an administrative assistant training needs survey, administrative assistant training series and supplemental learning on SOP support, an Information Hub, the classification process and Excel Training.

The University is delivering a range of leadership development initiatives that support institutional priorities outlined in the UPEI Action Plan, the UPEI Strategic Plan, and ongoing operational requirements. These initiatives are delivered across four key areas: Leadership Development Framework (Leadership Essentials Series and Strategic Leadership Series), Annual Leadership Series, People Leader Pilot Program and some supplemental learning on Exist Survey Information and how to hire staff.

An overview of the University's current and planned performance development activities was presented to the Committee. It was noted that the University is shifting from compliance-based reviews to continuous development of conversations with work in five key areas: Tools and Resources, Process Design, Technology Assessment, Engagement and Recognition.



Rewards and Recognition

Vice President Nobia reported to the Committee the current and planned reward and recognition initiatives. They are: a Recognition Series (Manager Recognition), University Awards of Excellence, Years of Service Milestones, Recognizing Remarkable Colleagues, and a Recognition Communication Hub.

Faculty Appointments

Via an electronic consultation the Committee approved the appointment of the following members of faculty:

- Dr. Meagan Walker, Department of Companion Animals, Faculty of Veterinary Medicine, probationary tenure-track appointment, Assistant Professor, step 9; effective November 16, 2026.
- Dr. Desiree Seib, Department of Biology, Faculty of Science, renewal of term appointment, Assistant Professor, step 9; effective September 1, 2026, to December 31, 2027.
- Dr. Rachel Williamson, Department of Psychology, Faculty of Arts, probationary tenure-track appointment, Associate Professor, step 4; effective July 1, 2026.
- Dr. Jennifer Bradley, Department of Psychology, Faculty of Arts, probationary tenure-track appointment, Assistant Professor, step 5; effective July 1, 2026.
- Dr. Angela Riveroll, Department of Diagnostic Services, Faculty of Veterinary Medicine, renewal of term appointment, Diagnostic and Surveillance Microbiologist, step 5; effective March 31, 2026, to March 30, 2028.



Open Session Report

Executive Committee

March 31, 2026

The Executive Committee met on March 19, 2026, to review and approve the agendas of the March 31, 2026, meetings of the Board.

As some matters need to be handled confidentially, the Committee determined that there should be a closed session.

Noting that the Board will receive several important recommendations, while there is need to ensure proper time for members to engage in the matters at hand, the Committee resolved to extend the meeting by one hour.

Following up on the Board's approval of its Training Plan last Fall, the Committee agreed to include a training session on Cybersecurity on the agenda of the open session. It noted that a training session will also be added to the agenda of the May meeting of the Board; this one being on Environmental Sustainability.



ANNUAL REPORT

September 1, 2024 - August 31, 2025

The Sexual Violence Prevention and Response Office (SVPRO) provides support and education to students, staff, and faculty around gender-based and sexualized violence. Educational opportunities focus on prevention, intervention, and peer responses to sexual violence. Support can look like work or academic accommodation, safety planning, and/or referrals to organizations and services. The SVPRO values self-determination, empowers the client to lead the process and strives to be trauma-informed in its approach. With the consent of clients, the SVPRO Navigator, Candice Perry, explores options including informal disclosures, formal complaints, formal reports to the police, and/or receiving medical screening, care or forensic exams.

Prevention and Education

In the first year with the newly expanded SVPRO team, the goals for prevention and education included:

Promoting awareness of the SVPRO staff and services	Fostering an understanding of consent culture and healthy relationships	Creating community as a protective factor
Empowering campus community members to act via bystander intervention and responding to disclosures	Using intersectional, trauma-informed, accessible and inclusive lenses in all communication	Promoting sexual health, body positivity, inclusion and positive communication

The SVPRO Education Officer, Kelly Robinson, devoted significant time and care to becoming familiar with the training sessions delivered in previous years, and updated, refined, and customized them to better meet current needs. In addition, new presentations were



developed to address the evolving needs of students, faculty, and staff. The SVPRO Education Officer also reviewed and enhanced existing SVPRO resources and created new materials, including, but not limited to:

- Emergency cards to be handed out by staff, faculty or Security Services who received a disclosure
- SVPRO signs in every washroom stall on campus
- A new SVPRO video for the website

Between September 2024 and August 2025, over 2600 students, staff and faculty attended 41 various SVPRO facilitated educational sessions on campus that included:

- Tables/ booths that helped to increase awareness of the SVPRO services and different kinds of support offered. These tables included information on topics like consent, emotional well-being, and resources online and in the community for those that have experienced sexual violence.
- “Intro to SVPRO” sessions that describe the role of the SVPRO and introduce the people that work in that office. They discussed what to expect when reaching out to the SVPRO, how you can help a friend that has experienced sexual violence and gave a brief overview of the Sexual Violence and Fair Treatment Policies.
- “Interrupting Harm” presentations that focused on how to identify Gender-Based Violence (GBV) that can lead to sexualized violence and taught how to safely intervene if you see GBV or sexualized violence occurring. They allowed participants to contemplate various scenarios, work out how they might interrupt harm, consider the safety of everyone involved, and empower those witnessing GBV to act.
- “When Someone Discloses” training that was attended by students, faculty, and staff and included customized training for managers and Residence Life Advisors. This presentation aided students, staff and faculty in recognizing that acts of sexual violence are a spectrum of behaviors that impact survivors in many ways and discussed how to be a supportive person when someone discloses that they have experienced sexual



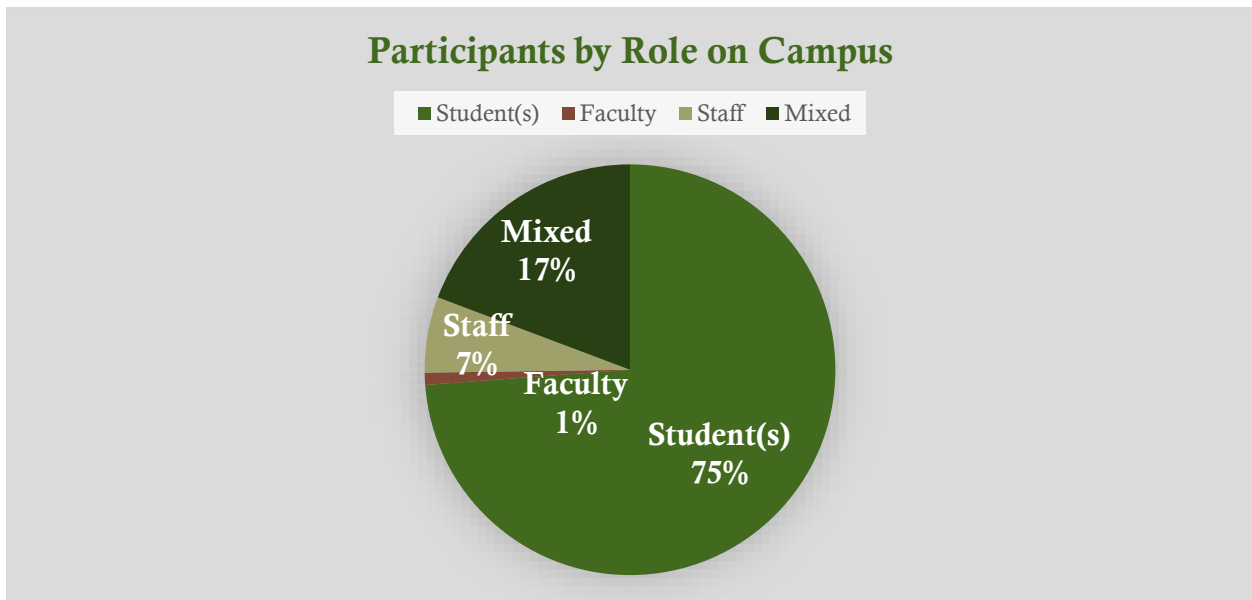
New SVPRO washroom signage



violence. Participants also learned how and when to refer to the Sexual Violence Policy and the SVPRO.

- Events hosted or co-hosted by SVPRO in partnership with community organizations including Women’s Network PEI and the Advisory Council on the Status of Women, internal partners such as Student Affairs and the Student Union, as well as guest speakers from such places as the University of Windsor.

The chart below describes the type of participants that attend SVPRO educational sessions, events, presentations and booths.



The SVPRO prevention initiatives for 2024-2025 included:

Title	Participant Type	Number of Participants	Event/ Education Type	Date
<i>Panther Kickoff: SVPRO Intro</i>	Students	250	Presentation	3-Sep-2024
<i>NSO Scavenger Hunt</i>	Students	100	Event	3-Sep-2024
<i>Cross Country: Interrupting Harm</i>	Students	15	Presentation	4-Sep-2024
<i>Sexy Sexual Health Trivia with Samantha Bitty</i>	Students	130	Event	5-Sep-2024
<i>MBA Global Leadership: Interrupting Harm</i>	Students	33	Presentation	6-Sep-2024



<i>Women's Hockey: Interrupting Harm</i>	Students	30	Presentation	6-Sep-2024
<i>Consent Pizza with Student Union</i>	Students	200	Table	10-Sep-2024
<i>Interrupting Harm - Music Society</i>	Students	29	Presentation	4-Oct-2024
<i>Interrupting Harm - Track and Field</i>	Students	10	Presentation	29-Oct-2024
<i>Self-Care Wellness Fair</i>	Mixed	300	Table	20-Nov-2024
<i>Community Quilt (16 Days of Activism)</i>	Mixed	50	Event	27-Nov-2024
<i>Montreal Massacre Memorial</i>	Mixed	50	Table	6-Dec-2024
<i>SVPRO Overview</i>	Faculty	15	Presentation	11-Jan-2025
<i>Welcome Back Panthers</i>	Students	100	Table	16-Jan-2025
<i>Consent At Work AVC - Biomedical Sciences</i>	Staff and Faculty	9	Presentation	27-Jan-2025
<i>Interrupting Harm - FSDE Student Conference Leaders</i>	Students	10	Presentation	31-Jan-2025
<i>Community Quilt Display at Library</i>	Students	500	Event	10-Feb-2025
<i>Sex Toy Bingo</i>	Students	135	Event	11-Feb-2025
<i>Flowers & Cookies Event</i>	Students	50	Event	14-Feb-2025
<i>Advisory Council on the Status of Women – "Ducks" Reading Group</i>	Mixed	10	Event	26-Feb-2025
<i>When Someone Discloses: Experiential Learning</i>	Staff	16	Presentation	3-Mar-2025
<i>Planter Pot Painting Event</i>	Mixed	35	Event	19-Mar-2025
<i>Consent Collage Event</i>	Students	7	Event	25-Mar-2025
<i>Receiving a Disclosure</i>	Staff and Faculty	18	Presentation	24-Apr-2025
<i>SARE, University of Windsor</i>	Staff	10	Training	26-Apr-2025
<i>Gym Safety</i>	Staff	10	Presentation	24-Apr-2025
<i>Panther Wellness Prowl</i>	Staff	102	Event	28-May-2025
<i>The Art Of Thriving</i>	Public	50	Event	12-Jun-2025
<i>Receiving a Disclosure</i>	Faculty	14	Presentation	23-Jun-2025
<i>SVPRO and Study Abroad</i>	Students	9	Presentation	3-Jul-2025
<i>Interrupting Harm</i>	Students	23	Presentation	12-Aug-2025
<i>Interrupting Harm</i>	Students	24	Presentation	12-Aug-2025



<i>SVPRO Overview</i>	Faculty	11	Presentation	18-Aug-2025
<i>Interrupting Harm</i>	Students	31	Presentation	21-Aug-2025
<i>SVPRO Overview</i>	Students	75	Presentation	25-Aug-2025
<i>Receiving a Disclosure</i>	Students	28	Presentation	25-Aug-2025
<i>Interrupting Harm</i>	Students	43	Presentation	27-Aug-2025
<i>Interrupting Harm</i>	Students	14	Presentation	28-Aug-2025
<i>SVPRO Overview</i>	Students	70	Presentation	30-Aug-2025

Community Engagement

Developing supportive relationships with sexual violence prevention offices at other universities, as well as community organizations and their members, is an important part of a post-secondary institution’s sexual violence prevention strategy. The outcome of these relationships allows the SVPRO to:

- Access up-to-date trends and training in the GBV sector
- Provide culturally appropriate & trauma-informed care to victims and survivors of sexual violence
- Share expertise
- Partner with organizations that may benefit the UPEI community
- Access alternative funding possibilities to enhance their work and
- Participate in cultural and national events, training sessions and conferences



Partnership event with PEI Advisory Council on the Status of Women



The table below lists community events, partnerships and initiatives the SVPRO participated in for 2024-2025:

Organization	Type of Event	Number of Participants	Details	Date(s)
<i>PEI Rape & Sexual Assault Centre (PEIRSAC)</i>	Event	100	Take Back the Night March / Event	19-Sep-2024
<i>PEIRSAC</i>	Event	50	Online training - Responding to Disclosures	23-Sep-2024
<i>Interministerial Women's Secretariat (IWS)</i>	Meeting	10	Networking / collaboration with PEI Gov't	25-Sep-2024
<i>CARE UPEI</i>	Meeting	4	Discussions of collaboration with CARE UPEI	11-Oct-2024
<i>Women's Network PEI (WNPEI), Catalyst Research & Communications</i>	Event	15	<i>Pathways To Thrive-Building Better Communities</i> GBV organizations in community building	16-Oct-2024 17-Oct-2024
<i>Interministerial Women's Secretariat (IWS)</i>	Meeting	2	Discussions of collaboration with PEI Gov't on sexual violence prevention	22-Oct-2024
<i>Victim Services</i>	Meeting	2	Community building between client serving organizations	24-Oct-2024
<i>PRIDE PEI</i>	Meeting	3	Information sharing and collaboration	7-Nov-2024
<i>University of Windsor</i>	Meeting	2	Community building and information sharing	18-Nov-2024
<i>PEERS Alliance</i>	Event	25	Transgender Vigil, Day of Remembrance	20-Nov-2024
<i>Women's Network</i>	Meeting	3	<i>The Art Of Thriving</i> event planning	22-Nov-2024 7-May-2025
<i>Claire Burns (PRIDE PEI)</i>	Meeting	3	Consultation with PRIDE PEI facilitator on activities	16-Dec-2024



<i>Presentation to PEI Gov't Funder & groups</i>	Presentation	20	Presentation to Gov't and other stakeholders, updating on prevention efforts	17-Jan-2025
<i>BIPOC USHR</i>	Event	20	BIPOC USHR Open House; community building	23-Jan-2025
<i>Ripple Effect / Good Night Out Vancouver</i>	Presentation	7	Learning about best practices in Bystander Intervention Training	30-Jan-2025
<i>Holland College</i>	Interview	3	Information sharing	3-Feb-2025
<i>Advisory Council on the Status of Women (ASCW)</i>	Event	11	Discussion group about the graphic novel, "DUCKS: Two Years In the Oil Sands".	26-Feb-2025
<i>AccessAbility PEI</i>	Meeting	2	Information sharing, relationship building	4-Apr-2025
<i>Gender Affirming Care PEI</i>	Meeting	2	Information sharing, relationship building	10-Apr-2025
<i>PEIRSAC</i>	Conference	200	Conference on eradicating systemic racism in the GBV field	24-Apr-2025
<i>SARE Debrief</i>	Meeting	7	Debrief and next steps after SARE Training	9-May-2025 26-Jun-2025
<i>Women's Network PEI</i>	Training	18	WNPEI and the SVPRO hosted <i>The Art of Thriving</i> photovoice training sessions	13-May-2025 20-May-2025 27-May-2025 3-Jun-2025
<i>Family Violence Prevention Services</i>	Event	100	Walk in Silence for family violence prevention week	14-May-2025
<i>PEIRSAC & IWS</i>	Meeting	3	Met to discuss Sexual Assault Awareness Week and UPEI's involvement	22-May-2025
<i>Simon Fraser University</i>	Meeting	3	Simon Fraser SVPRO and UPEI SVPRO knowledge and information sharing, resource sharing and relationship building	9-Jun-2025



<i>National Indigenous Peoples Day</i>	Event	30	Learning and sharing event for National Indigenous Peoples Day	20-Jun-2025
<i>MUN-SVPRO Medical School Meeting</i>	Meeting	12	Meeting to collaborate for Medical School supports (policy)	24-Jun-2025
<i>Interministerial Women's Secretariat</i>	Meeting	2	Meeting to discuss funding/ project plans	27-Jun-2025
<i>UBC SVPRO Okanagan</i>	Meeting	2	Meeting to discuss best practices, etc.	27-Jun-2025
<i>Mount Allison Sexual Violence Coordinator</i>	Meeting	3	Information sharing, relationship building	19-Aug-2025

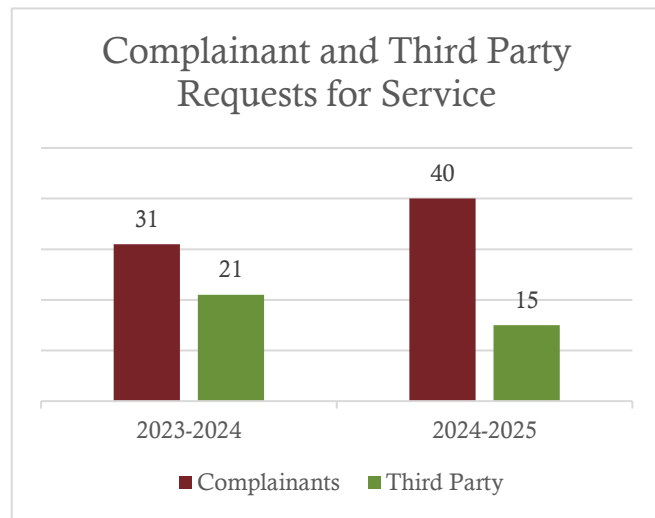
Additionally, SVPRO staff serve on a range of external committees and Boards of Directors that inform and enhance their work by strengthening relationships with justice partners, non-profit organizations, government, and service providers. Participation in these bodies deepens staff knowledge of provincial and national initiatives, influences response work and trauma-informed practices, and contributes to the Office’s ongoing plans and goals. Human Rights Counsel, Patti Wheatley, volunteers as a Board Member of **PEI Family Violence Prevention Services**, supporting strong alignment between SVPRO and provincial initiatives addressing intimate partner violence. Candice Perry, SVPRO Navigator, is a member of the **RCMP Sexual Assault Internal Review Committee**, which provides valuable insight into the experiences of survivors who report to police and enhances understanding of police and judicial processes. Pam Atkinson, SVPRO Coordinator, serves on the **Sexual Assault Prevention Action Group (SAPAG)**, a subcommittee of the Premier’s Action Committee, and on Women’s Network PEI **Pathways To Thrive Advisory Committee**. SAPAG supports the planning and implementation of Sexual Assault Awareness Week activities and identifies opportunities for collaboration, partnerships, and shared funding. The Pathways to Thrive Advisory committee allows Pam to build and maintain relationships with organizations providing support to survivors in BIPOC and 2SLGBTQ+ communities and gain awareness of healing opportunities and resources for survivors of gender-based violence.



Response

In 2024–2025, the SVPRO Navigator responded to inquiries from individuals seeking services available through SVPRO or information about the Sexual Violence Policy, provided trauma-informed support to members of the campus community who experienced sexual violence, and empowered clients to lead the process with self-determination. The client always has a choice of seeking support from the SVPRO Navigator, initiating an investigation by making a formal complaint, reporting to the Police, and should they change their mind, they are always able to withdraw from the process.

The Navigator also offered guidance to members of our campus community who were supporting survivors including peers, colleagues, students, staff or faculty. It is common for survivors to tell two or three people who are close to them about their experience of sexual violence before ever accessing professional support, if at all. The following chart suggests that campus community members may be more comfortable coming to the SVPRO themselves. In the 2023-2024 academic year, approximately 60% of files opened were survivors themselves and that number increased to 74% in 2024-2025. In 2023-2024, 40% of files were “Third Party” disclosures and that number decreased in 2024-2025, to 26% looking for support and information to help a friend, colleague or student. This data suggests that survivors are more often coming forward themselves, which is important to note.



Although the number of Third-Party clients has decreased in the last year, this does not diminish the importance of SVPRO’s efforts to train faculty, staff, and other campus community members to receive disclosures in a trauma-informed manner and to ensure they are aware of how and where to refer individuals to the SVPRO for appropriate support.

The SVPRO Navigator always strives to tailor responses to the specific needs of individuals seeking support and works diligently to deliver services in a manner that prioritizes the safety and well-being of each client. Each person who seeks assistance or information has a unique situation, often with multiple forms of sexual violence, oppression and/or socio-economic challenges occurring simultaneously, which results in a combination of responses that may include, but are not limited to:



The following table outlines response activities for students in alignment with the requirements of the PEI *Post-Secondary Institutions Sexual Violence Prevention Policies Act* regulations and response activities for faculty, staff and other community members as an additional transparency measure.

Response for September 2024- August 2025		
SVPRO requests for services <i>(student)</i>	Supports, services, accommodations, obtained by <i>students</i>	Forms of violence reported by <i>students</i>
46	46 Information and support 26 Students received referrals (on and off campus) 3 Accommodations 3 Formal complaints 24 Students received other services	14 Sexual Assaults 28 Sexual Harassment 3 Intimate Partner Violence 6 Other Sexual Violence
SVPRO requests for services <i>(faculty /staff)</i>	Supports, services, accommodations, obtained by <i>faculty/staff</i>	Forms of violence reported by <i>faculty/staff</i>
8	8 Information and support 1 Staff/Faculty received referrals (on and off campus) 0 Accommodations 0 Formal complaints 3 Faculty/Staff received other services	1 Sexual Assault 5 Sexual Harassment 1 Intimate Partner Violence 1 Other Sexual Violence



All other requests for service	Supports, services, accommodations, obtained by "other" clients	Forms of violence reported by "other" clients
3	3 Information and support 2 People who received referrals (on and off campus) 0 Accommodations 0 Formal complaints 3 People who received other services	0 Sexual Assaults 2 Sexual Harassment 1 Intimate Partner Violence 0 Other Sexual Violence

By examining this data on students, faculty, staff, and other community members, we gain valuable insight into the types of sexual violence cases the SVPRO responds to, the clients served, and the range of services provided.

Other Activities

In addition to its ongoing work in prevention, education, community engagement, and response, the SVPRO continues to proceed with other key initiatives including numerous activities as set out in the *UPEI Action Plan: Building a Culture of Trust, Safety, and Inclusion Implementation Plans - Year 0 - 1*. The office submitted evidence to the audit process for 29 complete implementation activities. The SVPRO also allocated provincial and federal project funding to support its sexual violence prevention efforts, engage survivors of gender-based violence in community healing, and establish a student consultation committee for the upcoming year. This committee, made up of 10 students from diverse areas of study and backgrounds, will provide a platform to share their perspectives and help inform SVPRO's initiatives and guide strategies for engagement and response.

Throughout the year, the SVPRO planned and hosted numerous events and activities, while also expanding its social media presence and engagement with students. The SVPRO's social media has become a more effective platform for informing, educating, and engaging young adults. Over the past year, the SVPRO strengthened its visibility among students, staff, faculty, and community partners. The SVPRO's social media initiatives





included promoting programs and events, introducing new team members, sharing consent-focused education, and highlighting healthy communication and relationship practices. Content also addressed student-identified themes and concerns, celebrated student involvement in GBV prevention activities, and raised awareness of GBV issues disproportionately affecting 2SLGBTQ+ and BIPOC communities as well as those with disabilities.

Available metrics for our social media indicate notable growth in activity, views, and followers. The partnership between SVPRO and fourth-year nursing students who did their Population Health work placement at the SVPRO, has helped us greatly in making social media more engaging for students. The Nursing students also contributed to the office's work through the creation of posters bringing awareness to inappropriate behavior they were noticing at the gym and the development of the *Red Flag, Green Flag* initiative on campus. The students made red flags, indicating concerning characteristics in relationships, and green flags, indicating healthy characteristics in relationships, and hung them up all over campus during the *16 Days of Activism Against Gender Based Violence*. This created a stunning visual effect and, based on positive feedback and engagement, the office intends to continue this important activity.

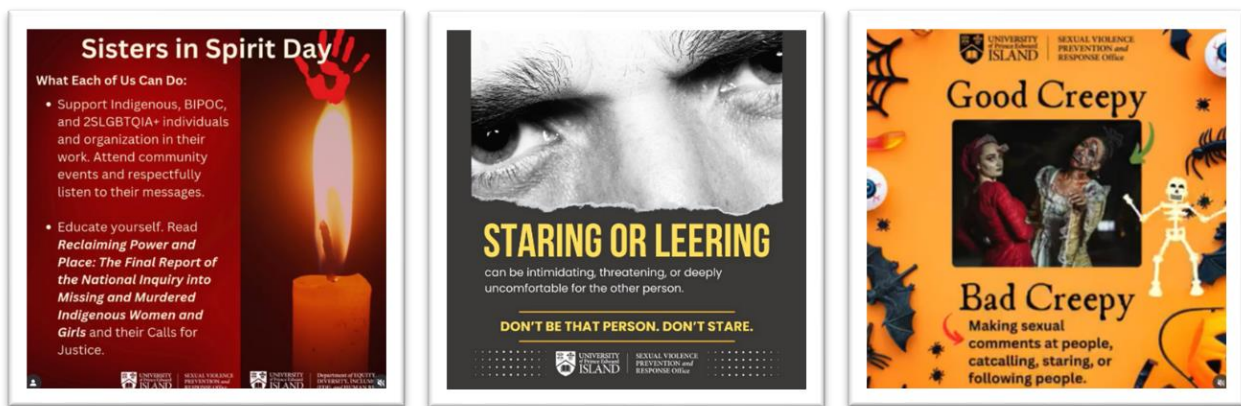


Another responsibility of the SVPRO Education Officer was to oversee and manage the *Preventing Sexual Violence at UPEI* course, which is a graduation requirement for students, and the SVPRO continues to collaborate closely with the Registrar's Office and the Teaching and Learning Centre to ensure students have access, can ask questions and report any issues. Together, they meet regularly to address emerging challenges and plan for their ongoing



enhancement. Between January and August 2025, 610 students successfully completed the course, and although statistics from September to December 2024 were lost, we can estimate that more than 900 students completed the course over the full academic year.

The SVPRO Education Officer also developed awareness campaigns and displays using a variety of mediums, and fostered relationships and partnerships with campus community members to build support for SVPRO initiatives and messaging.



This year, the SVPRO welcomed Samantha Bitty to UPEI for an evening of “Sexy Sexual Health Trivia”. This event involved fun facts about anatomy, consent, STIs, pleasure, and safe sex, using humor and games to teach vital information. Samantha Bitty, Canada’s premier sexual health and consent education drag queen, uses "edu-tainment" with prizes and activities to encourage positive, informed conversations.

Policy Effectiveness

Revisions to the UPEI Sexual Violence Policy are being advanced through the ongoing Sexual Violence Policy review process. This process has involved extensive consultation with UPEI community members, including a committee of campus stakeholders to develop the new policy. The review and completion of the new policy is still underway; however, the goals of the current policy continue to be:

- **Fostering a culture where attitudes and behaviors that perpetuate sexual violence are rejected:** In 2024-2025, SVPRO was attentive to themes from what was heard from students, staff and faculty. This feedback was used to inform training sessions, student engagement opportunities, and messaging on campus. Communication from this office focused on fostering changes in attitudes and behaviors that contribute to sexual violence.



During this period, the office also monitored the number of students, faculty and staff utilizing services. Furthermore, SVPRO connected with other post-secondary institutions to hear about their emerging concerns and learn about their effective messaging campaigns and successful events.

- **Survivors are supported:** With the concept of ‘feeling supported’ being subjective and varying greatly from person to person, along with individual expectations of service and interactions differing widely, the SVPRO has not tracked statistical data on the satisfaction of survivors. However, specific practices the SVPRO utilizes can help survivors of sexual violence feel supported and feedback is always welcomed. In addition, to ensure best practices are being observed, the SVPRO Navigator has regularly participated in up-to-date training, webinars, educational & community building sessions. She has integrated the knowledge obtained into her practice and formed partnerships for information sharing and referrals. The SVPRO always takes into consideration the unique needs and circumstances of each survivor, as well as their intersecting identities, and has been working to create a barrier-free and trauma-informed experience.
- **Those who commit sexual violence are held accountable:** For UPEI to hold an individual accountable for their actions, the respondent must be a member of the university community. While the current UPEI Sexual Violence Policy permits formal complaints to be filed at any time, the graduation of a respondent, or their departure from the institution for other reasons, can complicate the process.

In cases where the respondent is not a member of the university community, a formal complaint and investigation through the University is not possible. These factors, combined with generally low sexual violence reporting rates—consistent with trends in the broader population—underscore why many survivors who engage with the Sexual Violence Prevention and Response Office opt to address the impacts they have experienced through alternative avenues such as workplace or academic accommodations, safety planning, referrals to support services, or other informal processes tailored to the needs of the survivor. Nevertheless, 6% of complainants proceeded with a formal investigation under the Sexual Violence Policy, several complainants were not interested in filing a formal complaint but were willing to participate in a university-initiated complaint process, and some began the process but later chose to discontinue it for a variety of reasons. Several files remain under investigation, making it premature to report on the outcomes of the remaining formal complaints.

In 2024-2025, 35% of all service requests involved respondents who were unknown to the complainant or not members of the UPEI community.



Respondents are only notified of a complaint once a formal submission has been made. When a survivor chooses not to engage in an investigation, or when a third-party report is submitted and the affected individual declines support from the SVPRO, holding a respondent accountable remains challenging. The only exception occurs when a university-initiated Complaint is filed, which permits the University to act without the complainant submitting a complaint directly in certain conditions. In 2024–2025, the SVPRO did not identify any files appropriate for a university-initiated Complaint following the factors outlined under the Policy.

Although the SVPRO continues to support survivors of GBV across a range of contexts, privacy and confidentiality requirements do not allow the SVPRO to disclose information about sanctions imposed on respondents to the Complainant unless these sanctions directly impact the complainant’s safety. Therefore, it is difficult to accurately comment on the sanctions given to respondents in this report and may also leave complainants uncertain about what steps were taken or what consequences, if any, were applied to the respondent.

Moving Forward

Experiencing sexual assault or sexual harassment of any kind is traumatic and a significantly heavy emotional burden. The decision to reach out to a friend, parent, professor, colleague or service provider can be intimidating and daunting. The fear of stigma or judgement can be paralyzing. This is why the SVPRO is working to ensure students, staff and faculty understand what consent looks like and are learning tools to develop healthy communication and relationships. Through presentations, we aim to prepare individuals to interrupt harm when they see it, bear witness to someone’s experience and guide survivors to the SVPRO.

One goal is to make coming to this office as low barrier and as safe as possible. The SVPRO remains committed to finding ways to reduce anxiety associated with reporting and disclosure by employing a trauma-informed approach, increasing visibility within the campus community, facilitating student engagement and community-building initiatives, and fostering a safer and more supportive environment for all individuals affected by sexual violence. The SVPRO team will continue to ensure that survivors are fully informed of their available options and are provided with the knowledge and resources necessary to make empowered decisions. Through the work of the SVPRO Education Officer, the campus



community will benefit from updated and expanded training opportunities, enabling the office to engage students, staff, and faculty in meaningful and productive ways to create change, promote safer spaces, and support healthy communities. The SVPRO looks forward to another year of delivering support and services to survivors, partnering with the campus community and collaborating with the broader community to reduce sexual violence at UPEI.

Prepared by:

Pam Atkinson BACS, BSW

Sexual Violence Prevention and Response Office Coordinator