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The AAU-MPHEC Quality Assurance Monitoring Committee and the Maritime Provinces Higher Education Commission's staff prepared the assessment report. The Commission approved it in April 2009.

Step 6 Institutional response

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

VII REVIEW OF THE MPHEC MONITORING PROCESS

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

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

APPENDIX 3(b)

GUIDELINES FOR INSTITUTIONAL QUALITY ASSURANCE POLICIES

I PURPOSE OF THE GUIDELINES

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

II FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

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

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

III OBJECTIVE OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

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

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

IV COMPONENTS OF AN INSTITUTIONAL QUALITY ASSURANCE POLICY

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

1. Identify the coordinating or administrative unit responsible for the overall management of the quality assurance process. This unit should be located at a higher echelon of the institution's administrative structure, and be accountable to the institution's leaders.
2. Define the assessment criteria (see section V).
3. Require a self-study component, usually involving faculty and students participating in the program or unit. The self-study should be student-centered as it would aim, in most cases to assess the quality of learning. The self-study should be structured according to the defined assessment procedures criteria. When and where appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.

4. Entail an external review component, usually carried out by two experts external to the institution. As appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.
5. Incorporate the participation of faculty not directly involved in the reviewed program (or discipline or unit).
6. Enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.
7. Include appropriate mechanisms that are at a minimum the procedures and areas of responsibility, to ensure a proper follow up to the assessment.
8. Establish the assessment cycle, which should not exceed seven years. Newly-established programs or units should be assessed once fully implemented, usually at the three- to five-year mark.
9. Include provisions to review the policy periodically.

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

V KEY ASSESSMENT CRITERIA

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

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

APPENDIX 3(c)

ASSESSMENT CRITERIA FOR THE MPHEC MONITORING PROCESS

I INTRODUCTION

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

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

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

II ASSESSMENT CRITERIA

1. Institutional context of the policy
 - 1.1 The policy is consistent with the institution's mission and values.
2. General
 - 2.1 Scope of the policy is appropriate, i.e., the policy is comprehensive in terms of assessing all programs and units.
 - 2.2 The policy follows the Commission's guidelines. Any discrepancy is explained/justified.
 - 2.3 The policy promotes *continuous* quality improvement.
3. Policy objectives
 - 3.1 Scope of the objectives is appropriate.
 - 3.2 Objectives linked to program quality improvement.
 - 3.3 Objectives linked to decision-making process.
 - 3.4 Objectives linked to realization of stated student outcomes.
 - 3.5 Objectives linked to the economic, cultural and social development of the university's communities.

4. Policy components
 - 4.1 Assessment criteria are defined and are appropriate (to include the adequacy of financial, human and physical resources).
 - 4.2 General guidelines for the program/unit self-study are established and are appropriate.
 - 4.3 The external review process is objective including clearly defined generic terms of reference for, and selection process for, experts.
 - 4.4 Procedures allowing for the participation of students, faculty members, staff and the community-at-large are established.
 - 4.5 (If the policy focuses on units) Mechanism(s) to assess interdisciplinary programs, typically not examined when a policy focuses on units, exist and are appropriate.
 - 4.6 Linkages between program assessment and accreditation requirements are identified.
 - 4.7 Schedule of program/unit assessment is appropriate.
 - 4.8 Procedures to review the policy itself are identified, including procedures to seek/include stakeholder input.

5. Policy implementation (assessment practices)
 - 5.1 Program/unit self-studies address the institution's assessment criteria.
 - 5.2 Program/unit self-studies include a component that is student-centered, as they aim, among other things, to assess the quality of learning.
 - 5.3 Students, faculty members, staff and the community-at-large participate in the assessment process.
 - 5.4 External review process is objective; experts selected during the peer review process have the appropriate expertise.
 - 5.5 Policy and procedures monitor the continuing relevance of the program.
 - 5.6 Schedule of reviews is adhered to, or modifications to schedules can be reasonably explained or justified.
 - 5.7 Required follow-up action is undertaken.
 - 5.8 Policy is subject to regular review (and the review process includes procedures to seek stakeholder input).

6. Policy administration
 - 6.1 Coordinating or administrative unit identified as the lead is appropriate.
 - 6.2 Effective support has been offered to programs and units under review.
 - 6.3 Appropriate follow-up mechanisms are in place and are functioning appropriately.
 - 6.4 Assessment results have been appropriately disseminated.
 - 6.5 The process informs decision-making.

APPENDIX 3(d)

GUIDELINES FOR THE PREPARATION OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

I PURPOSE AND FOCUS OF THE MONITORING PROCESS

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

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

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

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

The monitoring function focuses on three elements:

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

II FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

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

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

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

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

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

III SUGGESTED STRUCTURE AND CONTENT OF THE INSTITUTIONAL QUALITY ASSURANCE REPORT

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

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

2.3 Policy Administration

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

3. Conclusion

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

Appendices (to institutional report)

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

APPENDIX 3(e)

AAU-MPHEC QUALITY ASSURANCE MONITORING COMMITTEE

TERMS OF REFERENCE

PURPOSE

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

FUNCTION

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

OBJECTIVE OF THE MONITORING FUNCTION

3. The specific objective of the monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing programs, and other functions as appropriate, are performing adequately as quality control and quality improvement mechanisms.
4. The purpose of the Committee in carrying out the monitoring process is to provide answers to the following two questions: first, "Is the institution following its own quality assurance policy?", and second, "Could the institution's quality assurance policy be modified to better ensure the quality of its academic programs and services or is satisfactory as is?"
5. The process is intended to be formative; institutional policies and practices will be reviewed with a view to provide assistance and advice to institutions.

MEMBERSHIP

6. The Committee will be composed of eight members including the Chair.
7. At least two Committee members are also Commission members.

8. At least three, but ideally four Committee members will be selected from a list of nominees suggested by the AAU, and at least one of the three/four members selected from the list of nominees suggested by the AAU must be a francophone.
9. Ideally, two Committee members are students.
10. Members are appointed for a three-year mandate.
11. Preferred profile of members:
 - Appreciation for, and expertise in, quality assurance and periodic program and unit reviews.
 - Respected by the post-secondary education community.
 - Not a current member of an institution's senior administration.
 - Preferably not a current public servant within a department of education.
 - Preferably not currently in the employ of an institution on the Commission's schedule.

CHAIR

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

REPORTING STRUCTURE

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

QUORUM

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

COMMITTEE'S SCOPE OF AUTHORITY

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

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

LINK TO THE ASSOCIATION OF ATLANTIC UNIVERSITIES

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

STAFFING

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

POLICY ON CONFLICT OF INTEREST

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

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

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

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

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

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

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

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

Principles for managing conflicts of interests

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

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

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

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

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

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

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