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Maritime Provinces
Higher Education
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des Provinces maritimes



**Assessment of the
University of Prince Edward
Island's Quality Assurance Policies
and Procedures**

April 2009

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and Procedures**

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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.

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1. INTRODUCTION

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

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

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

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

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

The monitoring function is made up of the following steps:

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

The first phase of the monitoring process is expected to be completed within the next few months.

The Monitoring Committee's assessment report begins with a description of the monitoring process and the activities leading up to this report, followed by an overview of the quality assurance policies and procedures at the University of Prince Edward Island. The report concludes by answering the two key questions of the monitoring function.

2. DESCRIPTION OF THE MONITORING PROCESS WITH THE UNIVERSITY OF PRINCE EDWARD ISLAND

The initial meeting between the Monitoring Committee and the University of Prince Edward Island (UPEI) occurred on July 3, 2007. The Monitoring Committee clarified its expectations regarding the monitoring process, timelines, and quality assurance report to be prepared by the University. The Monitoring Committee was represented by Ms. Mireille Duguay, Chief Executive Officer of the MPHEC, Ms. Catherine Stewart, Policy and Research Analyst at MPHEC, and Dr. Sam Scully, Committee Chair. Representing UPEI were:

- Professor Wade MacLauchlan, President
- Dr. Vianne Timmons, Vice-President, Academic Development and Acting Registrar
- Dr. Mark Leggott, University Librarian
- Dr. Clive Keen, Director of Enrolment and Centre for Life Long Learning
- Dr. Richard Kurial, Dean of Arts
- Dr. Graham Pike, Dean of Education
- Dr. Roberta MacDonald, Dean of Business
- Dr. Tim Ogilvie, Dean of Veterinary Medicine
- Dr. Chris Lacroix, Dean of Science
- Dr. Kim Critchley, Dean of Nursing
- Ms. Cathy Toombs, Supervisor of Academic Records, Office of the Registrar
- Ms. Edith Cardy, Assistant to Vice-President Academic Development

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

On February 25, 2008, the Monitoring Committee reviewed the Quality Assurance Report submitted by UPEI on February 5, 2008. The Committee identified the program assessments for which it would like to receive a complete dossier. At its March 20, 2008 teleconference, the Committee reviewed the dossiers submitted by UPEI and finalized the questions and issues to be explored during the site visit.

The site visit occurred on March 31, 2008. Committee Chair, Dr. Sam Scully, and Committee members, Mr. Bernard Nadeau, Professor Ivan Dowling, Dr. Don Wells and Dr. Colette Landry Martin were present, as well as two members from the MPHEC staff. Representing UPEI's senior administration were Professor Wade MacLauchlan, President, and Dr. Vianne Timmons, Vice-President, Academic Development. The Monitoring Committee also heard from Deans, Departments Chairs, Faculty and Student Representatives, Librarians, the Academic Support Group and the Academic Review and Planning Committee. The Committee did not have an opportunity to meet with the Dean of the Atlantic Veterinary College. The agenda for the site visit is included under Appendix 2.

On October 16, 2008, the Monitoring Committee submitted to UPEI a draft of its *Assessment Report of UPEI's Quality Assurance Policies and Procedures*. The University was asked to validate the factual information contained in the document and to provide an initial response. A response was received on December 10, 2008. The Commission approved the report at its April 2009 meeting.

The Monitoring Committee extends its gratitude to UPEI for being responsive and cooperative throughout the entire process.

3. OVERVIEW OF THE UNIVERSITY OF PRINCE EDWARD ISLAND'S QUALITY ASSURANCE POLICIES AND PROCEDURES

Founded in 1969, following the merger of the Prince of Wales College and St. Dunstan's University, UPEI is the only university on Prince Edward Island. It offers undergraduate programs in Arts, Science, Business, Education and Nursing, and graduate programs in Veterinary Medicine, Chemistry, Biology, Island Studies, Education and Health Research. In 2007, it had approximately 3,400 full-time students and 620 part-time students.

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

The University of Prince Edward Island's main quality assurance activity is the review of academic programs as outlined in its Quality Assurance Policy, which has been in existence since 1986 and was revised by Senate in May 2000. The Senate Academic Review and Planning Committee (ARPC), which is chaired by the Vice-President, Academic Development, has overall responsibility for the policy. The Vice-President, Academic Development is responsible for the management of the logistics of reviews and for coordinating the production of statistical information needed to support the periodic reviews of academic units

Program review process

The ARPC developed the 2000 policy, through broad consultation with Deans and departmental Chairs, using the following principles:

- Self-assessment that emphasizes self-reflection on current practices and planning for improvement;
- Support, where possible, that is centralized; and
- Preparation for self-assessments and external comment that are made routine whenever possible.

The purpose of the review process is to encourage reflection on the mission of the unit and the achievement of that mission; encourage planning and identification of strategic directions; improve teaching, learning and research; promote accountability within the framework of university autonomy; and inform society about the activities of the University and its academic units.

The policy applies to all Faculties, Schools and their Departments, and interdisciplinary programs within those units. All program offerings are to be included in a departmental self-assessment. Since 2002, UPEI has been reviewing some of its support units (including Student Services, Library, the Center for Life-Long Learning, Registrar, Computer Services and Athletics), using a similar process adapted to each individual unit.

The review process, which has a seven-year cycle, includes:

- Preparation of a self-assessment by the academic/support unit;
- Establishment of an Advisory Team, made up of one member of the UPEI faculty from a unit other than that under review and one or, occasionally two, scholars from relevant units at other universities;
- A one-day site visit by the Advisory Team (together or individually) during which facilities are examined and meetings are arranged with the department, students, librarians, vice-presidents academic and research (when available) and the relevant dean and although not a common practice, when appropriate, external community members participate in the review;
- Submission of the Advisory Team report, prepared by the external reviewer(s) in consultation with the internal reviewer;
- Development by the academic unit, working with the ARPC, of a multi-year plan to outline strategic directions and to address identified shortcomings and recommendations; and
- Submission by each department of an annual report that reports progress toward implementation of the action plan; the ARPC reports annually to Senate on steps taken to implement action plans.

UPEI has a mandatory campus-wide system of student evaluation of courses and teaching.

4. ASSESSMENT OF THE UNIVERSITY OF PRINCE EDWARD ISLAND'S QUALITY ASSURANCE POLICIES AND PROCEDURES

4.1 Is the institution following its own quality assurance policy?

Based on the information gathered through the site visit, and a review of the institutional report and selected assessment dossiers, for the most part UPEI is in compliance with its quality assurance policy. Specifically, UPEI has undertaken reviews of its academic programs and some of its support units and these reviews have included a self-study, an external review and site visit, student and faculty input, and a final report with recommendations.

The Monitoring Committee identified two primary areas where there is a shortfall between the policy and its implementation: they relate to timeliness and follow-up. In the following section, the Committee provides a number of suggestions that it believes will help UPEI to complete its review process in a timely way, as well as to enhance the overall implementation of its quality assurance policy.

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

UPEI's Policy on Quality Assurance contains most of the elements deemed essential to a successful quality assurance policy. The policy:

- is managed by the higher echelons of the institution's administrative structure;
- reflects the institution's mission and values;
- applies to all academic units and some of its academic support units;
- includes a provision to assess adequacy of resources, research activity, student and learning outcomes, and a unit/program's contribution to the university and the wider community;

- aims to improve the quality of programs;
- requires the preparation of a self-study by the unit under review;
- includes guidelines for the preparation of the self-study;
- requires input from faculty and students participating in the program or unit;
- incorporates the participation of faculty not directly involved in the review program or unit;
- requires an external review component;
- includes a requirement that there be a follow-up to an assessment; and
- includes a provision to review the policy itself.

Overall, UPEI has put in place a quality assurance policy that includes a number of worthwhile features: separate policies for academic reviews and academic support unit reviews; a self-study questionnaire to be completed by support units under review; a notation in the guidelines for academic support units and academic units that it should be a given that every unit would offer students more supports and choices and services and research with additional staff/faculty and that arguments for new resources should be accompanied by strong evidence that the new resources are needed to deliver the current program and supports and services; a dedicated half-time position to support the process; the student-centred language of its guidelines for external reviewers and preparation of self-study; and surveying students and alumni specifically to collect data to support the self-study.

The Monitoring Committee identified the following key areas for improvement: (1) timeliness and compliance, (2) community involvement and awareness, and (3) follow-up. To address these areas, it has identified a number of suggestions for consideration by UPEI, and these are organized along the following recommendations:

1. Expand the role of Deans by distributing responsibilities for quality assurance more broadly;
2. Implement measures to enhance compliance and timeliness;
3. Increase community involvement and awareness;
4. Strengthen the follow-up process; and
5. Strengthen the quality assurance policy.

4.2.1 Expand the role of Deans by distributing responsibilities for quality assurance more broadly

A successful quality assurance process requires that it be supported at all levels within the university (from the President, to the Vice-President Academic, to faculty, to students) and at each stage in the process (from overall promotion of quality assurance to the selection of external reviewers, to the preparation of the self-study, to follow-up).

While the Vice-President Academic is usually responsible for overseeing quality assurance at an institution, a broader network of individuals should be involved in carrying-out the activities that support quality assurance, from preparing the schedule of upcoming reviews, to monitoring follow-ups. In this context, the Monitoring Committee notes that Deans play a limited role in the program review process. Both the Deans, with whom the Committee met, and the Vice-President Academic and Development agreed that the role of Deans could be enhanced. The Monitoring Committee therefore recommends that the University distribute responsibility for the process more broadly across its administration. In this case, the Deans should play a more active role, particularly in terms of follow-up to reviews; in so doing, Deans, as front line administrators, will be better able to provide leadership to, and oversight of, day-to-day operations within their departments.

A broader distribution of roles and responsibilities will help to avoid delays in the process and the loss of momentum, particularly when the Vice-President Academic and Development position is newly filled or vacant. In addition, it should improve communications, strengthen the review process, and lead to increased opportunities to cultivate a culture of quality assurance and for continuous quality improvements across the institution.

UPEI noted in its institutional report that gathering statistics to inform the review process has been a challenge; this opinion was echoed by the faculty with whom the Monitoring Committee met. The Monitoring Committee was pleased to learn that the recent hiring of an institutional researcher and the new fully-supported university audit function is expected to provide accessible and reliable data.

4.2.2 Implement measures to enhance compliance and timeliness

A successful quality assurance policy should promote continuous quality improvements. This standard cannot be achieved when significant delays are experienced in a policy's implementation, as has been the case at UPEI.

The Monitoring Committee notes that, while not typical, some departments have not complied with the policy by not undertaking, or completing in a reasonably prescribed time, the self-study. While the Committee understands that in some cases it may be necessary to extend the timelines for the preparation of the self-study, it believes that any extension should not go beyond six months. Should timelines remain an issue after six months, the University should work with the unit in question to identify what support can be provided to facilitate completion of the self-study. A number of faculty and Chairs with whom the Committee met described the self-study process as daunting and time-consuming, though most agreed that the process was ultimately of value. The Committee recommends that the University find ways to provide assistance and incentives to Departments generally and their Chairs in particular. The Committee believes that a range of assistance and incentives could be used to enhance compliance and the perceived value of the process. For example, adjusting the budgets of Departments where the results of a review support such adjustments, providing additional administrative support to assist in collating the required information, or bringing in someone from another department to assist the unit in completing its self-study, are all possible means the University could consider to enhance compliance and achieve a timely process at the outset. Finally, the Committee observes that overall respect for any policy is threatened and even diminished, and so future compliance is harder to achieve, if the administration is not seen to respond, constructively but firmly, to any delays in compliance and in taking appropriate steps to implement the policy.

The Monitoring Committee notes that delays have also occurred because external reviewers have not submitted their reports following the site visit, and in some cases, the University has had to engage a new reviewer and host another site visit. To address this, the Committee strongly recommends that the University include two external reviewers on the review team, with at least one coming from outside Atlantic Canada. While the Committee appreciates that the University has limited the review team to one external reviewer from within the Maritimes to reduce costs, it contends that the benefits of including two external reviewers (and one from outside the region) outweigh the costs. Benefits include timely submission of report, a broader scope of expertise and a broader perspective while reducing perceived or possible conflict of interest. The Committee also suggests that the review team be required to draft the report prior to leaving the campus. With regard to the review team, the Committee would be remiss if it did not highlight UPEI's policy to include an internal reviewer on the review team.

Finally, the Committee suggests that UPEI prepare, and distribute to Deans and Chairs, a schedule of upcoming reviews over the next five years to allow units to prepare for the review and administration to plan more effectively the overall review process and the allocation of resources to support the process.

4.2.3 Increase community involvement and awareness

Community involvement and awareness are important components of a university's quality assurance policy. This includes participation of the greater community during the review process, as well as dissemination of information about a university's quality assurance policies to the university community (students, faculty, etc.) and to the general public.

As noted above, UPEI has been reviewing its support units (including Student Services, Library, the Center for Life-Long Learning, Registrar, Computer Services and Athletics) since 2002. During the site visit, the Monitoring Committee met with the Heads of these units and was struck by their overwhelming support for the review process; it seems the process for the assessment of academic support units has been successful.

Chairs of academic units, with some exceptions, were much less enthusiastic. A number of faculty and Chairs described the review process as having little or no value given that the process appears to end with the filing of the reviewer's report. As a result, some faculty are somewhat cynical about the review process. Efforts should be made to promote the purpose and value of quality assurance. The Monitoring Committee therefore strongly recommends that over the next few years the University focus its efforts on communicating information pertaining to the University's quality assurance policy and the results of, and follow-up to, reviews to the University community (students, faculty, etc.), government and the general public. In order to engage the immediate community in the process, significant changes brought about by a review (whether done by the university or an accrediting body) must be clearly identified. This is particularly crucial for faculty buy-in. In this context, the Committee suggests flowing information through the Deans.

A good communication strategy informs the University community, government and the general public that the University is focusing on providing quality programs and services to its students and gives increased confidence in the quality of the programs at the University.

The Monitoring Committee also suggests that the University add educational activities to its communication strategy. Such activities could take several forms such as workshops for faculty and department Chairs to educate them about the policy, its objectives, assessment criteria, and follow-up processes, with particular emphasis on the benefits of the policy to faculty, departments, and the University in general. Such workshops would also provide a good opportunity to work with individual departments to identify ways to facilitate the preparation of the self-study. The Committee agrees, as suggested during the site visit, that the biannual Chairs' retreat is an excellent opportunity to promote the review process and its benefits.

Another effective way to build faculty support is to make the process more transparent. To achieve greater transparency, the Committee strongly recommends that:

- The Chair be invited to the meetings of the ARPC where the findings of the Chair's Department review are being discussed;
- The Vice-President, Academic Development and the relevant Dean meet with faculty and students to clarify expectations prior to launching the review process; and
- Minutes of ARPC meetings be posted online.

While many faculties were wary of the benefits of the review process, this was not the case for the students, with whom the Monitoring Committee met. Indeed, the students were able to provide several examples of services and courses that they believe have been improved since they started at UPEI. Students also highlighted the University's participation in the National Survey of Student Engagement as evidence of the University's commitment to quality and students. The Committee concluded that these UPEI students' understanding of quality assurance and its benefits was impressive.

UPEI notes that it is not common practice to involve the community-at-large in reviews. The Monitoring Committee appreciates some of the challenges involved in soliciting input from the community-at-large (e.g. employers, professional associations); nonetheless, it suggests that the University make every effort to involve the community-at-large in the process; one way to accomplish this is to include on the review team a member who represents a relevant employer or professional association.

4.2.4 Strengthen the follow-up process

In order to garner support effectively from the university community, the review process must be seen as accountable, particularly in terms of follow-up to recommendations from a review. UPEI's policy requires that departments submit an annual report describing progress towards implementation of the action plan following a review; the ARPC is also required to submit to Senate an annual report on action taken to implement action plans. The Monitoring Committee, however, found that in practice follow-up to reviews has been inconsistent, and recommends that the University make a concerted effort to comply with the follow-up process outlined in its policy. Failure to do so undermines the perceived value of the review process by those whose buy-in is most crucial to a successful quality assurance policy – the faculty. As noted above, a number of faculty and Chairs, with whom the Committee met, noted that the University had done little in terms of follow-up to reviews, and this failure has led to resistance and non-compliance.

To facilitate the follow-up process, the Monitoring Committee suggests that Deans be made responsible for monitoring follow-ups of their respective units; that the progress of a unit be monitored for two years following the submission of the report; and that timelines and responsibilities for follow-up be defined within the policy.

During the site visit, the Committee met with library staff, and was impressed by their commitment to quality assurance and their role to support it. Library staff noted that they meet with the review team and find this exercise useful; however, they noted a lack of follow-up following their meeting with the external reviewer. The Committee therefore recommends that UPEI provide a copy of the final report to library staff following a review. While the matter is slightly outside the scope of this report, the Committee wishes to highlight the suggestion made by the librarians that consultation with the library be formally folded into the program development process and not simply done as an add-on activity in haste immediately prior to submitting the program proposal to ARPC.

4.2.5 Strengthen the quality assurance policy

The Monitoring Committee recommends that UPEI strengthen its existing policy by:

- **Defining assessment criteria:** Clear assessment criteria, known and understood by faculty, staff, students and senior administration alike, are essential for ensuring an effective program review process. While UPEI has identified the information that is to be contained in the self-study, the criteria against which a division/program under review will be measured have not been clearly documented. The Monitoring Committee therefore recommends that UPEI define and document the criteria to be used to measure progress of a unit or program under review as well as the links to the University's decision-making process.
- **Clarifying the process to review interdisciplinary programs:** UPEI's policy reflects a process that is carried out at the departmental level. However, interdisciplinary programs are generally reviewed at the program level, given they are by nature housed across several departments. Coordinators of interdisciplinary programs, with whom the Committee met, highlighted some of the challenges involved with carrying out a review using a policy that does not take into account the unique features of interdisciplinary programs. For example, it can be difficult to engage other departments (whose role in the program is for the most part limited to providing a small selection of courses) in the preparation of the self-study. The Monitoring Committee therefore suggests that Deans, in concert with the Vice-President Academic and Development, define a review process for interdisciplinary programs.
- **Defining the relationship between accreditation reviews and the University's quality assurance reviews:** Universities, and not the accreditation body, must ultimately be responsible for the quality of accredited programs; therefore, the Monitoring Committee recommends that UPEI no longer permit units that are accredited to forgo the University's quality assurance process. To simplify the process for reviewing accredited programs, the University should clearly define the relationship between these two types of reviews in order to use more effectively the information from one review to complement another; and, where appropriate, inputs should be combined and the timing of both processes should be aligned to reduce redundancy.

5. SUMMARY OF RECOMMENDATIONS

Recommendation 1: Expand the role of Deans by distributing responsibilities for quality assurance more broadly

A possible way to achieve this includes:

- Having the Deans play a more active role, particularly in terms of follow-up to reviews.

Recommendation 2: Implement measures to enhance compliance and timeliness

Possible ways to achieve this include:

- Minimizing delays in the process.
- Working with units to identify what support can be provided to facilitate completion of the self-study.

- Providing assistance and incentives to Departments generally and their Chairs in particular. For example, by:
 - adjusting the budgets of Departments where the results of a review support such adjustments;
 - providing additional administrative support to assist in collating the required information; and
 - bringing in someone from another department to assist the unit in completing its self-study.
- Having administration respond, constructively but firmly, to any delays in compliance and take appropriate steps to implement the policy.
- Including two external reviewers on the review team, with at least one coming from outside Atlantic Canada.
- Requiring the review team to draft the report prior to leaving the campus.
- Preparing, and distributing to Deans and Chairs, a schedule of upcoming reviews over the next five years.

Recommendation 3: Increase community involvement and awareness

Possible ways to achieve this include:

- Communicating information pertaining to the University's quality assurance policy and the results of, and follow-up to, reviews to the university community (students, faculty, etc.), government and the general public.
- Identifying and communicating significant changes brought about by a review (whether done by the University or an accrediting body).
- Using Deans to communicate quality assurance related information to the university community.
- Providing educational activities, such as workshops for faculty and department Chairs, on the University's quality assurance policy with particular emphasis on benefits of the policy.
- Inviting the Chair to the meetings of the ARPC where the findings of the Chair's Department review are being discussed.
- Having the Vice-President, Academic Development and the relevant Dean meet with faculty and students to clarify expectations prior to launching the review process.
- Posting minutes of ARPC meetings on-line.
- Increasing efforts to involve the community-at-large in the process by, for example, including on the review team a member who represents a relevant employer or professional association.

Recommendation 4: Strengthen the follow-up process

Possible ways to achieve this include:

- Carrying out the follow-up process consistently and as outlined in the University's policy.
- Making Deans responsible for monitoring follow-ups of their respective units.
- Having ARPC monitor the progress of a unit for two years following the submission of the report.
- Defining timelines and responsibilities for follow-up within the policy.
- Providing a copy of the final report to library staff following a review.

Recommendation 5: Strengthen the quality assurance policy

Possible ways to achieve this include:

- Defining assessment criteria.
- Clarifying the process to review interdisciplinary programs.
- Defining the relationship between accreditation reviews and the University's quality assurance reviews.

6. CONCLUSION

The University should be commended for its robust review process for some of its academic support units; not only is it effective but it is also fully supported by staff; this process should be extended to include all non-academic units. The challenge for UPEI will be to generate parallel support for its review of academic units. The Monitoring Committee notes that the first step is complete, i.e. UPEI has developed a good policy for the review of academic units. The next step will be to work with faculty to build their support and trust in the process. The Monitoring Committee hopes that the suggestions and recommendations in this report will help the University in this regard.

APPENDIX 1

INSTITUTIONAL RESPONSE

November 28, 2008

Ms. Mireille Duguay, CEO
Maritime Province Higher Education Commission
82 Westmorland Street, Suite 401
Po Box 6000
Fredericton, NB E3B 5H1

Dear Ms. Duguay:

Thank you for forwarding the draft document "Assessment of the University of Prince Edward Island's Quality Assurance Policies and Procedures" formulated by the AAU-MPHEC Quality Assurance Monitoring Committee. We appreciate the feedback and the opportunity to review our Quality Assurance Policies and Procedures. The response to the recommendations listed in Section 5 of the report is presented below.

Recommendation 1: Expand the role of Deans by distributing responsibilities for quality control more broadly.

- Deans, particularly those in departmentalized faculties, will be more actively involved in both the planning and follow-up to departmental reviews. The VP Academic Development will hold an annual workshop for Deans and Chairs who are participating in upcoming reviews to discuss the process and facilitate the planning process between the department, Dean's Office, and Office of the VP Academic Development. In conjunction with the departmental response, Deans will also be requested to provide a written response to recommendations.

Recommendation 2: Implement measures to enhance compliance and timelines.

- We will work with Deans and Chairs to identify supports to facilitate the review process and strategies to minimize delays. Chairs who have recently completed reviews will be asked to share their experiences at the annual Departmental Review Workshop.
- We appreciate the value of having two external reviewers, and of including reviewers from outside Atlantic Canada. However, this is expensive to implement, particularly in the current economic climate. When necessary, we do recruit from outside the Atlantic Region.
- The VP Academic Development will respond to Deans and Chairs about outstanding reviews.
- The external reviewer will be asked to complete the report within two weeks of completing the site visit.
- A schedule of upcoming reviews for the next five years will be prepared and shared with Chairs

Recommendation 3: Increase community involvement and awareness.

- The Academic Review and Planning Committee (ARPC) will discuss opportunities to disseminate information about the University's quality assurance policy, process, and outcomes. The Chairs' Retreat and annual Departmental Review Workshop on the review process will be used to further educate the University community about our quality assurance process.
- The VP Academic Development and the relevant Dean will meet with faculty and students to clarify the review process prior to implementation of a review.
- Chairs will be invited to ARPC meetings when the findings of the Chair's departmental review are being discussed.

Recommendation 4: Strengthen the follow-up process.

- We will review our policy with respect to timelines and responsibility for follow-up. Deans will be asked to monitor follow-up activities and to provide a one year report on follow-up activities. Financial resources sometimes restrain implementation of follow-up activities.
- Departmental reviews are available to the Library through the University Librarian who is a member of ARPC.

Recommendation 5: Strengthen the Quality Assurance Policy.

- ARPC will review our Quality Assurance Policy with the intent of :
 - further defining assessment criteria
 - clarifying the process of reviewing interdisciplinary programs
 - examining the relationship between accreditation reviews and the University's review process.

I want to thank you for the opportunity to respond to the recommendation of the review committee. This was a valuable exercise. We have been given some very helpful suggestions and look forward to implementing changes to our process.

Sincerely,

Dr. Rosemary Herbert,
Acting Vice-President Academic Development

APPENDIX 2 SITE VISIT AGENDA AND PARTICIPANTS

**Maritime Provinces Higher Education Commission (MPHEC)
Quality Assurance Monitoring Committee
Monday, March 31st, 2008
Site Visit – Schedule**

9:00 am – 9:30 am	Meet with President Wade MacLauchlan (Office of the President – Kelly Building)
9:30 am – 10:00 am	Meet with Dr. Vianne Timmons, Vice-President, Academic Development (Office of the President)
10:00 am – 10:30 am	Meet with Chairs/Faculty members of recently reviewed departments (Faculty Lounge – Main Building)
10:45 am – 11:15 am	Meet with Chairs/Faculty members of departments currently under review or being reviewed in the near future (Faculty Lounge – Main Building)
11:15 am – 12:00 pm	Meet with Academic Support Group (Student Union Boardroom, WA Murphy Center)
12:00 pm – 1:15 pm	Lunch with student leaders and students involved in recent reviews (Faculty Lounge, Main Building)
1:30 pm – 2:00 pm	Meet with Librarians (Meeting Room, Robertson Library)
2:00 pm – 4:00 pm	Meet with Academic Review and Planning Committee (Seminar/Boardroom – School of Nursing)
4:00 pm – 4:30 pm	Exit Interview with Dr. Vianne Timmons, Vice-President, Academic Development (Office of the President)

APPENDIX 3(A)

MONITORING INSTITUTIONAL QUALITY ASSURANCE POLICIES AND PROCEDURES

I OBJECTIVE

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

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

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

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

II FOCUS

The monitoring function focuses on three elements:

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

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

III SCOPE

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

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

IV CYCLE

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

V A QUALITY ASSURANCE MONITORING COMMITTEE

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

VI PROCESS AND OUTCOMES

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

The quality assurance monitoring process includes the following steps:

Step 1 Initial meeting

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

Step 2 Institutional Quality Assurance Report

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

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

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

Step 3 Analysis of all pertinent documentation

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

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

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

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

5. The complete dossier of these assessments.

Step 4 On-site visit

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

Step 5 Report

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

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

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

Step 6 Institutional response

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

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.