ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

REPORT ON THE QUALITY ASSURANCE AUDIT OF QUEEN'S UNIVERSITY

AUGUST 2024

Contents

Introduction to the Cyclical Audit for Queen's University

Queen's University was established by Royal Charter of Queen Victoria in 1841. It is situated in Kingston, Ontario, within traditional Anishinaabe and Haudenosaunee territories. According to the *2022-2023 Queen's Enrollment* Report, on November 1, 2022, the University had an enrollment of 28,142 students, including 20,295 undergraduate and 5,884 graduate students. The student body included 4,037 international/visa students from 120 countries and 781 self-identified Indigenous students. Queen's is a mid-sized, research-intensive university offering a full range of teaching and research programs, including professional programs in Business, Education, Engineering, Health Sciences and Law.

The audit of Queen's University described in this report was conducted using the provisions of the 2010 version of the Quality Assurance Framework (QAF) that is overseen by the Ontario Universities Council on Quality Assurance (the Quality Council). The QAF describes procedures for the academic review of proposed new degree programs and the periodic review of existing degree programs in Ontario's university sector. The Framework draws on the long experience of Ontario universities in undertaking quality assurance and brings together best practices at both the undergraduate and graduate levels. All Ontario universities have agreed to abide by this Framework, and each university has developed an Institutional Quality Assurance Process (IQAP) that complies with the QAF. The IQAP also provides each university with an internal policy for quality assurance. In 2018, the QAF and the Quality Council underwent an external review. This review led to a revised Quality Assurance Framework approved in 2021, and the Ontario universities revised their IQAPs accordingly.

The QAF provides Ontario universities with autonomy over their quality assurance processes. However, the Quality Council has the authority to audit their quality assurance activities periodically. The purpose of the audit is to determine whether each university's quality assurance practices are in compliance with its IQAP and the QAF, and to guide the university on needed remediation in any areas that are out of compliance. The audit process is part of the universities' accountability to stakeholders (prospective students, students, graduates, parents, employers, the provincial government, taxpayers, and public at large) to provide evidence that each university's degree programs not only meet national and international academic standards, but also strive continuously to improve quality.

The first cycle of audits under the 2010 QAF commenced in 2012 and was completed in 2020, with two to three universities being audited in each year. Queen's University was in the second group of universities undergoing an audit in 2013-14. The second cycle of audits commenced in 2022, and Queen's University is again one of the second group being audited in 2023-24. Because Ontario universities needed to update their IQAPs to comply with the 2021 QAF, universities undergoing audit in the first two years of the second cycle (Queen's University among them) will be audited in two phases. In Phase 1, the audit will focus on quality assurance activities undertaken under the 2010 QAF and relevant university IQAPs. In Phase Two, the audit will be based on activities undertaken under the 2021 QAF and the universities' subsequently revised IQAPs. This report comprises results from the first phase of this process.

The auditors followed the Audit Process as described in the 2021 Quality Assurance Framework (QAF 6.2, please refer to Appendix A).

The Quality Assurance Secretariat selected the three auditors from the Audit Committee's membership, and along with one of those auditors, provided an orientation to the University's Key Contact and other relevant stakeholders at the outset.

In the spring of 2023 Queen's University was asked to supply advance materials that included a list of the degree programs being offered. The Audit Team selected for audit a sample of six quality assurance activities conducted under Queen's 2015 IQAP's New Program Approval Protocol and the Cyclical Program Review (CPR) Protocol. This included two graduate new program proposals and four Cyclical Program Reviews, including one undergraduate program subject to accreditation.

In the fall of 2023 Queen's University submitted copies of records documenting the quality assurance activities for the six programs selected along with the Institutional self-study. The auditors then conducted a desk audit using the University's Institutional self-study and the records of the sampled programs, together with associated documents. The auditors conducted a site visit at Queen's University from February 6 to 8, 2024 (see Appendix B for the site visit schedule).

During the site visit, auditors met with the University's senior leadership, those with important roles in the quality assurance processes, and representatives from those programs selected for audit. Following the audit, the auditors prepared a report, with recommendations, subject to a multi-stage review process and final approval by the Quality Council.

The following comprised the Audit Team for the Queen's University audit (see brief biographical information in Appendix C).

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The audit process is both complex and time-consuming for all sectors of the University, including staff, faculty, and administration. It was clear to the auditors that much thought and preparation had gone into preparing for this audit and that the institution is committed to engaging with quality assurance and continuous improvement of the educational experience. Queen's University provided auditors with extensive and virtually complete documentation for the audit well in advance of the site visit. Requests for additional information and documentation were handled in a timely manner. The site visit, an intense series of meetings over a three-day period, was very well planned, and auditors commend those responsible for organizing the

meetings and offer their thanks for the hospitality and assistance they received throughout their stay.

The Quality Assurance Context at Queen's University

Queen's University's first IQAP (called "QUQAP" at Queen's University) was ratified by the Quality Council in 2011. The QUQAP was revised and re-ratified in 2015 and again in 2022. The latter revision was to align it with the revised 2021 Quality Assurance Framework (2021 QAF). Both revisions of the QUQAP considered recommendations and suggestions made as a result of the 2013-2014 audit, as well as observations and experiences noted while implementing quality assurance processes at the University. This Phase 1 of the Cycle 2 Audit used the 2010 QAF and the 2015 QUQAP as foundational documents. The 2021 QAF and 2022 QUQAP will be foundational documents for Phase 2 of the Cycle 2 Audit.

At Queen's University, the University Senate has ultimate authority over quality assurance for all academic programs. Responsibility for the quality assurance processes is in the Office of the Provost and Vice Principal Academic, with the assistance of the Vice-Provost Teaching and Learning (VPTL) (Section 1.1). The Dean of the School of Graduate Studies and the Faculty Deans also play an important role (Section 1.1). Support for quality assurance processes is a shared responsibility, provided by the Centre for Teaching and Learning and the team of the Vice-Provost (Teaching and Learning) through workshops, orientation sessions, report templates, and guidance documents. Two Senate Committees (Senate Committee on Academic Development and Procedures, or SCADP and Senate Cyclical Program Review Committee, or SCPRC), conduct a final review of quality assurance reports and documents. Both are chaired by the VPTL. The SCADP reviews proposals for new programs, program modifications, and expedited approvals (Section 2.1.6, 3.2, and p. 23-24). For programs undergoing Cyclical Program Review (CPR), the SCPRC reviews self-studies, reports from external reviewers, and responses to these reports from programs and Deans (Section 5.2.5). SCADP and SCPRC were described as the "final arbiters" of quality assurance processes since these reviews occur after all reports and documents have been reviewed and responded to by programs and Deans and their sign-off has occurred. For CPRs, the SCPRC sends a report with recommendations to the Provost. The Provost writes the Final Assessment Report (FAR) and associated Implementation Plan (IP) and provides these to the Head of the Academic Unit responsible for the Program(s), the Senate, and the Quality Council, for information (Section 5.2.6). The Provost (or delegate), in conjunction with the relevant Vice-Provost and the Faculty Dean(s) are responsible for monitoring the implementation of recommendations in each FAR and the IP. SCPRC reports annually to Senate.

While quality assurance has been structured at Queen's to provide responsibility for the central oversight of the QA processes to the two Vice-Provosts, the Audit Team was struck by the seemingly limited engagement by the academic units and Faculty Deans with those two offices. For example, there is a wide variety of roles within the Faculties that have been created to support QA processes at that level. This includes individual curriculum developers, Vice-Deans of Teaching and Learning, directors and managers, and staff to help develop the self-studies, among others. In practice, this looks like a decentralized model and was expressed as such by

several of the senior administrators the Audit Team met with during the site visit. Given this, and recognizing that greater detail on the roles and responsibilities of the Vice-Provosts and the Deans was built into the 2022 IQAP, there may be an opportunity to further communicate the role and availability of central supports, which currently seem to not be well understood or utilized (see Suggestions 1, 2, 5 and 12). The view of the Audit Team, both following the Desk Audit and the Site Visit, was that distributing administration of quality assurance activities across the centre and various Faculties inevitably means that the staff support of quality assurance is also spread more thinly than it would be if the activities were concentrated in a single office. It may also potentially lead to processes that are more disconnected. The Audit Team is also of the view that such a concentration would allow more depth and continuity of knowledge of the University's quality assurance processes and offer insurance against prolonged absences or resignation.

Similarly, further reflection on the provision of guidance, support and resources by the VPTL Team and the Centre for Teaching and Learning (CTL) may be warranted. As noted elsewhere in this report, the VPTL Team and CTL prepare and make available considerable resources, guidance, and support for programs undergoing quality assurance processes. However, in discussions with audited programs there was almost no acknowledgement of these resources or mention of their use. In meetings with the VPTL and quality assurance leadership, the Audit Team learned that programs do not necessarily avail themselves of the supports and resources provided by CTL. One program reported that it hired an outside consultant to prepare its quality assurance documents.

Findings Arising from the Quality Assurance Audit of Queen's University

The current Audit examined the application of the 2015 Queen's University Quality Assurance Process (QUQAP). Its findings are based on the following:

- The report of the 2013-2014 audit and the University's response.

- Advice from the Appraisal Committee of the Quality Council on areas where it has observed a pattern in the University's application of its IQAP during the development of its past new program proposals.

- The University's 2023 Institutional Self-study (ISS).

- A number of institutional-level documents such as the QUQAP and its associated templates and guidelines; the Schedule of Reviews; Terms of Reference for SCPRC and SCADP; etc.

- A scan of quality assurance-related pages on the University's website.

- The desk audit of documentation provided by the University for four programs that have undergone CPRs and two new programs that have undergone appraisal for approval.

- Information gathered at meetings with groups and individuals during a site visit at Queen's University.

The findings of the 2023-2024 Cyclical Audit lead to a series of Commendations, Best Practices, Recommendations, and Suggestions. Subsequent sections of this Audit Report provide further details on these findings.

The 2013-2014 Audit

The 2013-2014 audit included eight Recommendations and nine Suggestions from the Quality Council. The 2024 Phase 1 Cycle 2 Audit Team found that, for the most part, the University incorporated changes in the 2015 QUQAP (with elaborations and further refinements in the 2022 QUQAP) in response to the recommendations and suggestions from the 2013-2014 audit. However, a few items were unresolved and have resulted in recommendations and suggestions in this audit.

- Recommendation 1 in the Cycle 1 Audit Report directed the University to advise Review Teams that their reports are expected to address all the evaluation criteria for **each program** under consideration. This recommendation is elaborated in Recommendations 3 and 4 of this Audit Report where more details are provided related to requirements when multiple programs are bundled in a CPR.

- Recommendation 8 in the Cycle 1 Audit Report directed the University to ensure all programs are reviewed within the eight years required by the Quality Assurance Framework. This recommendation is repeated in Recommendation 2 of this Audit Report.

- Suggestion 6 in the Cycle 1 Audit Report addressed clarification of the roles and responsibilities of internal reviewers. This is elaborated in Suggestions 8 and 9 of this Audit Report which include suggestions for mentoring and orienting new internal reviewers to their roles and responsibilities (Suggestion 8) and more explicitly identify their role in production of the External Review Report (Suggestion 9).

- Suggestion 8 in the Cycle 1 Audit Report suggested that the University develop a process for formally discontinuing programs that are no longer operating. Suggestion 11 of this Audit Report takes this to the next step with the University ensuring the process detailed in the QUQAP is reliably followed.

- Suggestion 9 in the Cycle 1 Audit Report addressed simplification of review templates to streamline quality assurance processes and address concerns raised about the onerous workload involved in preparing documents for the CPR. Workload concerns and a desire to streamline quality assurance processes, particularly with respect to CPRs, arose during this audit and are addressed in Suggestions 1-7.

Implications of the Institutional Self-study

The 2021 Quality Assurance Framework requires the university to provide the Audit Team with an Institutional Self-study (ISS) that reflects on its quality assurance processes before a site

visit. Queen's University submitted a very helpful ISS that provided valuable insights into quality assurance at the University.

The ISS identified steps the University has taken to comply with recommendations and suggestions made in the 2013-2014 Audit Report, changes in the QUQAP based on areas for improvement identified by the University itself, and areas that required further work. The current Phase 1 of the Cycle 2 Audit focuses on implementation of the 2015 QUQAP. Implementation of the 2022 QUQAP will be the subject of Phase 2 of the Cycle 2 Audit.

Considering the commitment to continuous improvement and the challenges faced in fully realizing this commitment, the University asked the Audit Team to pay particular attention to and provide advice on the following aspects of its quality assurance-related work. For all of these questions, the Audit Team encourages the University to consider strategies used at other institutions as detailed in the [Omnibus Report on Key Contact meetings 2022-2023](#) and connect with Key Contacts at those institutions.

1. Advice on streamlining quality assurance templates and the workflow process. For example, in the CPR self-study, are there areas of focus in Queen's self-study that could be removed, or covered in less detail, so that programs can focus on meaningful quality improvement?

It was evident from both the desk audits and site visit that the University has put considerable thought and time into revising templates and preparing detailed workflow schedules, checklists, and guidance documents for quality assurance processes. Suggestions 1-7 address additional ways to potentially streamline CPR processes. [Handout 5: Advice for Workflow Processes for Completing a CPR](#) also contains strategies used at other Ontario universities for streamlining CPR processes. The Audit Team encourages the University to implement the suggestions in this Audit Report and to consider those in Handout 5 and the *[Omnibus Report](#)*. Since much of the work on revisions was done after the time period covered by this audit, impact of the new supports that have already been developed will be explored in greater detail during Phase 2 of this audit.

2. How can quality assurance processes best serve the larger purpose of continuing program improvement, to keep Queen's programs relevant in the evolving context of teaching and learning?

Queen's University has taken steps toward continuous program improvement by actively enhancing quality assurance processes, templates, and guidance; increasing the frequency of monitoring a program's progress toward improvement; and in the extensive work done by the CTL to support continuous improvement. Although some of these were steps were introduced under the 2022 QUQAP, the Audit Team witnessed their initiation in several programs that it audited.

The Audit Team notes that the [Handout 3: Guidance on Continuous Improvement and Self Reflection](#) is a source for strategies used by various universities to promote a culture of

continuous improvement. In addition, Recommendation 5 and Suggestion 13 are likely to enhance engagement with quality assurance and contribute to continuous improvement.

3. Where programs are extremely delayed participating in their CPR, or in implementing recommendations from a review, how do we balance compliance versus intrinsic engagement? Do other institutions consider program closure if significant problems are evidenced in cyclical reviews?

Delays in initiation and completion of CPRs, which contribute to extended CPRs beyond the required 8-year timeframe, were problems at Queen's identified in the 2013-2014 audit that have extended throughout the intervening years and into this audit. The Audit Team, under advisement from the Quality Council, sought to identify root causes of these delays. A potential root cause is the quality assurance governance model. This is discussed in some detail in response to question 4 below. Suggestions 1, 2, 4, 5, and 6 address ways to reduce delays in completion of CPRs and Recommendation 6 and Suggestion 13 address ways to enhance program engagement with the outcomes of the CPR process that could contribute to a more intrinsic involvement. An approach taken by some universities to compliance with schedules is to track and report on the completion of CPRs. Reports on the status of each CPR are regularly presented to meetings of Senior Administrators or Senate. This makes both timely and delayed completion of CPRs visible to the wider university community. Suggestions contained in two documents prepared by the Secretariat may also provide insight into and be of assistance in dealing with delayed CPRs, Handout 2: Coping with CPR Delays and Handout 8: Managing Changes in Leadership.

Considering the second question raised here, if serious issues are identified through a CPR, initiating the QUQAP's procedures of suspension followed by closure could be an appropriate response by the University.

4. Examples of governance models for CPR at other institutions that are working well and balance committee members' workload.

The Audit Team was struck by the fact that SCPRC discusses only one CPR per monthly meeting. As noted in Suggestion 6, this likely contributes to the backlog and delays in CPRs experienced by the University and the University is strongly encouraged to evaluate the role and function of the SCPRC, as detailed in the ISS.

Drawing from an example at one university, it has a single committee that oversees, monitors and reports on all aspects of Cyclical Program Reviews, new programs, major modifications, program closures, Final Assessment Reports, and Annual Reports of Major Modifications. It has the authority to hold program units accountable to ensure CPRs and subsequent monitoring processes are completed in a timely and appropriate manner. It ensures that the CTL is included in all CPRs and new program proposals by requiring units to demonstrate adequate engagement with the CTL and development of a suitable curriculum map prior to considering their submissions. Deans are directly involved in quality assurance by engaging with program

leaders. They support the development of new program proposals by helping programs navigate relationships with Faculties where there are opportunities for collaboration. This governance model removes the costs associated with maintaining a multiplicity of educational developers, freeing up funds for more complete staffing of a centralized office. It also provides a system of checks-and-balances for comprehensive and timely completion of processes. Deans, faculty, and programs at the other institution provided considerable praise for this approach.

Several other universities use the "lead reviewer" or "discussant" approach by assigning CPRs to one or two members of their Senate sub-committee to review the material in-depth and report on their findings to the remaining members of the Committee. In some cases, a member of the QA Office is also assigned to do this work and present their findings to the Committee alongside these lead reviewers / discussants. Implementing a model such as this may help to reduce the workload of the members of SCADP and SCPRC.

Commendations and Best Practices (QAF 6.2.7)

Commendations

The Commendations section is where individuals, programs, or administrative units that have demonstrated characteristics that have led to strong quality assurance practices, or a culture of continuous improvement are recognized. The Audit Team commends the strong commitment to quality assurance at Queen's University reflected in the improvements in quality assurance processes and the dedication of members of Senate Committees to engage in detailed, time-consuming, and valuable reviews of reports and proposals.

The Audit Team's in-depth review of a small, select group of CPRs and New Program Proposals brought several other commendable practices that contribute to continuous improvement to its attention. They are noted here to encourage their spread across the University.

- Maintaining the currency of a program and keeping up with rapidly evolving areas, especially in programs in emerging fields, were facilitated through annual meetings with an advisory committee that included representation from students, industry, professionals, and faculty in one of the new programs audited.

- Identifying areas for improvement or modification in a timely manner was supported through the frequent gathering and review of program data.

- The tasks involved in preparing a New Program Proposal were demystified in one audited program by reaching out to other units that had recently completed this process.

- Students were motivated to participate in quality assurance when it was contextualized as a component of professional development or professional activity in some units. Meetings with students were held yearly, and their feedback was used to make program adjustments, contributing to a culture of continuous improvement in which students played an essential role.

These and other practices at Queen's contributed to understanding and engagement in quality assurance and move the University towards continuous improvement across an increasing number of units.

Best Practices

Best practices are specific systems, processes, structures and actions that enhance the effectiveness of the application of the QUQAP or contribute to the University's efforts toward a culture of continuous improvement. A best practice observed during the desk audit and site visit was the use of quality assurance processes to realize the institutional goal of embedding equity, diversity, inclusion, Indigenization, and accessibility in all aspects of university life. Equity was included in the evaluation criteria and throughout quality assurance processes in the 2015 QUQAP. This led to the development of the Diversity and Equity Assessment Planning Tool (DEAP) which was used in several of the CPRs audited in this cycle. While not a requirement of the Quality Assurance Framework, the 2022 QUQAP enshrined the use of DEAP across all processes, with units required to use it in the development of New Program Proposals, Major Modification submissions, and CPRs. The tool assists units in identifying how program objectives, outcomes, and curriculum address equity, diversity and inclusion and how Indigenization, reconciliation, anti-racism, and anti-oppression initiatives are incorporated into the program. The Audit Team was informed at the site visit that the use of the DEAP is supported by the Human Rights and Equity Office and that the CTL provides examples of how to integrate Indigenization, equity, diversity, inclusion, anti-racism, and accessibility into Program Learning Outcomes, their assessment, and their mapping to Degree Level Expectations. The DEAP and the examples provided by CTL concretize goals and values and assess progress toward their realization pragmatically, holding programs and individuals accountable for their realization.

Recommendations to the Institution

Recommendations result from the identification of failures to comply with the QUQAP and/or a misalignment between the QUQAP and the required elements of the QAF. The University must address these recommendations, including in its response to the auditors' report. In this first phase of the Cycle 2 audit, the Audit Team focused on failures to comply with the 2015 QUQAP or a misalignment between this QUQAP and the 2010 QAF. Omitted from this report are any concerns or problems that were corrected in the 2022 QUQAP. Compliance of quality assurance processes with the 2022 QUQAP and the 2021 QAF will be the focus of attention of Phase 2 of the Cycle 2 audit.

Queen's University must:

RECOMMENDATION 1: Ensure that the CPR schedule is up to date, listing all operational programs, and excluding closed programs.

This was addressed in Recommendation 4 in the 2013-2014 Audit Report. The ISS indicates that this issue has been resolved with the Vice-Provost Teaching and Learning and Office of the Registrar validating the complete list of programs and updating the CPR schedule at least annually. However, problems were identified in the listing of several programs. Four programs were not listed correctly in the Schedule for CPRs at the time of this audit and one new program, approved by the Quality Council, was not listed. The two degree programs that had been closed were still listed on the Schedule for CPRs.

In addition, when a program's admissions are suspended and the program remains on the CPR schedule, the suspension should be noted. A suspended program was on the University's list of programs but not the CPR schedule.

Both the QAF and the 2015 and 2022 QUQAP require the university to maintain an update schedule of CPRs, listing only operational programs.

RECOMMENDATION 2: Ensure that all CPRs are conducted within an eight-year cycle.

This replicates Recommendation 8 in the 2013-2014 Audit Report. In the 2024 CPR Schedule, the Audit Team identified 11 program reviews that were scheduled nine years following their last review (for example, Art History, English and French Studies, among others) and several of the audited programs had CPRs outside the 8-year cycle. Meeting the 8-year requirement has been an ongoing concern for Queen's and there have been several communications about this between the University and Quality Council. A letter from Queen's to the Quality Council in 2022 addressed the issue within the context of the COVID-19 pandemic. At that time, the Quality Council accepted Queen's University's explanation of the delayed CPRs and the measures taken to prevent future delays. These included a change to a seven-year schedule for CPRs and requiring a bridging report detailing progress concerning IPs for programs that might be delayed. The seven-year schedule has been incorporated into the 2022 QUQAP (6.4). The Queen's ISS noted that the Vice-Provost Teaching and Learning aimed to grant requests to defer a CPR only in the most extenuating circumstances. The Audit Team acknowledges that the Quality Council accepted the plans presented by Queen's as well as the existing extensions to the 8-year cycle. However, the presence of this Recommendation reflects several observations of practices and situations that could continue to contribute to placing CPRs off-schedule. The steps proposed by Queen's, as well as those included as Suggestions in this report (see the next section), should help move all programs at Queen's to timely completion of CPRs, as required in the 2021 QAF (Section 5, p. 35).

RECOMMENDATION 3: Ensure that documentation is retained when accreditation materials have been substituted or added for use in a CPR self-study and maintain a record of the grounds on which such decisions were made.

Both the 2010 QAF (4.2.7) and 2021 QAF (5.5) require that a record of substitution or addition related to the use of accreditation materials in cyclical program reviews, and the grounds on which such decisions be made, be available for audit. Such documentation was not available for

one of the CPRs selected for audit. While the Audit Team acknowledges that there is no mention of documentation of repurposed materials in the 2015 QUQAP, given the QAF requirements, as well as those in the 2022 QUQAP (6.10.3.2.2), the University must ensure that all future CPRs fulfill the requirements set out in the 2022 QUQAP.

RECOMMENDATION 4: Ensure that when multiple programs are reviewed at once, all elements of the self-study are addressed for all included programs, as specified in section 5.1.3 of the 2021 Quality Assurance Framework and 4.2.3 b of the 2010 Quality Assurance Framework.

This recommendation elaborates on the requirement of Recommendation 1 in the 2013-2014 audit. The Audit Team recognizes the benefits of combining multiple programs in a single CPR. These may include reducing workload and for programs that integrate faculty, courses, or learning experiences from other programs ensuring the context for, and the coherence of the program is evidenced in the review. However, there is the risk that, when multiple programs are combined in a single review, the quality of some programs will not be fully addressed. All programs whose CPR procedures were reviewed for this audit were part of multi-program reviews. The Audit Team observed several problems in these reviews. These included: CPR orientations not including representatives from all programs undergoing review, absence of external reviewers with adequate expertise in some programs, absence of required components of the self-study, and the reality of some programs not being considered in recommendations in Review Reports and items in Implementation Plans.

While inclusion of multiple programs in a single CPR is allowed under the Framework, the University must ensure, when multiple programs are being "bundled" into a single review, each program is fully addressed in the self-study, that the external reviewers are suitably qualified to review the diverse programs, that their orientation addresses the importance of addressing each program included in the bundle, and that the FAR and IP distinguish between the recommendations and actions to be taken for each distinct program. The Audit Team notes the observation in the ISS that there has been a recent initiative to conduct CPRs on smaller groups of programs and is supportive of this approach.

RECOMMENDATION 5: Ensure that all units are informed about the role of the FAR/IP.

For academic units to fully utilize the Cyclical Program Review and develop an approach to continuous improvement, they must recognize the purpose of the Implementation Plan and their role in advancing the actions. Units cannot meet their obligations to modify elements of their programs if they do not understand how to use the reports and plans that delineate problems and outline the approved plans for modification. This oversight must be corrected.

RECOMMENDATION 6: Ensure that all new program submissions to the Quality Council contain both program and decanal responses to the recommendations in the reports of the external reviewers.

The 2015 QUQAP (4.2.4 f and g) requires independent responses to Review Team Reports from the Unit and Dean. However, the Audit Committee was advised by the Appraisal Committee that, between 2013 and 2022, several submissions were either missing decanal responses or responses were missing to critical recommendations. The University must ensure that all required responses are obtained and included in future new program submissions.

RECOMMENDATION 7: Ensure there is an Executive Summary accompanying the FAR.

The 2015 QUQAP (5.2.7) requires that an Executive Summary accompany the FAR. However, an Executive Summary was not present in the documentation provided for two of the CPRs selected for audit. The University must ensure that all FARs include an Executive Summary.

Suggestions to the Institution

Suggestions are forward-looking and are made when auditors identify opportunities for the university to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good and even on occasion, best practices. Universities are under no obligation to implement or otherwise respond to the auditors' suggestions, though they are encouraged to do so. The Audit Team for Queen's University has taken notice of requests made in the ISS for suggestions or advice, particularly with respect to streamlining quality assurance processes and increasing progress towards a culture of continuous improvement. With these requests in mind, suggestions have been grouped by the following themes: Streamlining Cyclical Program Reviews and New Program Proposals; Conduct of Quality Assurance Procedures; Final Assessment Reports, Implementation Plans, and Monitoring; and Student Engagement.

Streamlining Cyclical Program Reviews and New Program Processes

Queen's University should:

SUGGESTION 1: Explore ways to facilitate completion of each step in the CPR process in a timely manner.

Although the QUQAP does not address timelines or deadlines for steps in the CPR process, current online guidance documents and flowcharts at Queen's contain recommendations for the time required for each step. Based on these documents, a CPR should require 27 months from the time the Provost initiates the process to approval and submission of the FAR and IP to the Quality Council. In the desk audit of four specific programs, only one completed the CPR within this time. The other three required additional years to complete. The Audit Team noted that all programs requiring additional time were initiated 1-3 years before pandemic restrictions; whereas the program completed within the designated timeframe was initiated in 2021, during the second year of pandemic restrictions. Thus, pandemic restrictions cannot solely account for

the delays. Delays in completion of self-studies were most common although, in one case, lengthy periods were required for administrative reviews and approvals.

Delays can result in an IP that is obsolete before it commences, as well as out-of-date data and self-reflection on the part of the program. Additionally, programs have little time to implement changes before the next CPR, with monitoring reports potentially overlapping with the next CPR. This may negatively affect the ability of the University to maintain the required 8-year cycle for CPRs (see Recommendation 2). Such an overlap between implementation and review was identified as problematic in the ISS that reported a sense among faculty that quality assurance processes took too long and that stakeholders expressed the desire for a greater focus on implementation of recommendations but identified lack of time and capacity as barriers.

Some universities have found that establishing a monitoring and reporting system for tracking completion of specific steps in the CPR process helps keep the process on time, identifies bottlenecks in the process, and contributes to a stronger commitment to conducting CPRs. Queen's University may wish to consider implementing such a system for each quality assurance process conducted (e.g., CPR, New Program, Major Modifications).

SUGGESTION 2: Review the number of steps in the internal governance (review and approval) for a New Program Proposal / CPR self-study and consider retaining only steps that are required in the QAF.

The ISS noted that stakeholders expressed the view that the number of offices that reviewed New Program Proposals and components of the CPR self-study was excessive and unnecessarily prolonged the time required to complete these processes. Administrative Officers raised the issue of the heavy workloads of administrators and directors and the Audit Team noted that extended time periods were required to complete the approval process in several programs they reviewed. Reducing the number of reviews and approvals required could reduce the burden on administrators as well as the time to complete a New Program Proposal or components of the CPR.

SUGGESTION 3: Consider no longer conducting CPRs of undergraduate certificates.

Certificates are short programs that tend to be developed to fulfill a particular demand. CPRs are lengthy processes that are neither designed for such programs nor required in the QAF. Given the significant amount of time to conduct a CPR and the burden placed on the unit to do so, as well as that the review of undergraduate certificates is not required by the QAF, the Audit Team suggests the University no longer conduct CPRs of undergraduate certificate programs.

SUGGESTION 4: Consider ways to ensure continuity of quality assurance processes in the transition to new Chairs and Deans.

In the ISS, changes in program leadership were noted as one of the most common reasons for requesting a deferral of a self-study. This was also provided as the primary reason that the self-study was delayed in one of the audited programs. Providing orientation and mentoring for those who hold key roles in quality assurance processes such as program coordinators, Chairs and Deans can contribute to a smooth transition and continuity in quality assurance processes when occupants of the positions change.

SUGGESTION 5: Consider offering workshops for faculty members on preparation of CPR self-studies and New Program Proposals.

The lack of training for faculty in the preparation of New Program Proposals and CPR self-studies was raised during the site visit. Making workshops available and encouraging faculty to attend could decrease delays and difficulties in completion of both documents, as well as raise awareness of the central supports available to them while they work on these documents. Faculty from units scheduled for CPRs could attend a workshop in the year prior to the scheduled review. Faculty from units that are considering developing a new program or that have had their pre-proposal approved could attend a workshop prior to preparation of the full proposal. This may reduce requests for deferrals of CPRs due to a change in leadership and contribute to enhancing the culture of continuous improvement across the University. It may also reduce requests for additional information from the Quality Council Appraisal Committee if faculty are more knowledgeable on the steps and requirements for new program proposals.

SUGGESTION 6: Investigate how long it takes the SCPRC to review the outcomes of a CPR and approve a FAR and IP, identify reasons for any delays, and implement measures to reduce delays.

During the site visit meeting with members of the SCPRC, the Audit Team learned that the committee typically meets once a month and typically completes the review of one CPR each month. Given the number of programs at Queen's, this is likely to create major backlogs. Delays in completion of FARs and IPs seriously reduce the value of CPRs, can contribute to a reduced commitment to quality assurance among faculty and programs, impede the ability of programs to maintain continuous improvement since recommendations and plans based on their CPRs may be well out of date by the time they are received, and can disrupt the schedule of CPRs.

The Audit Team notes that this was identified as an area of concern in the ISS and supports the University's plan to evaluate the role and function of the SCPRC and investigate alternative governance models at other universities.

Conduct of Quality Assurance Procedures

Queen's University should:

SUGGESTION 7: Encourage units developing New Program Proposals and conducting CPRs to use the supports available through the Centre for Teaching and Learning.

Prior to the site visit, the Appraisal Committee of the Quality Council advised the Audit Team that, for half of the unique New Program Proposals reviewed since the last audit, requests were made for additional information or modifications related to 2010 QAF 2.1.6a and/or b. These evaluation criteria deal with the assessment of teaching and learning with respect to intended Program Learning Outcomes and Degree Level Expectations. In the site visit meeting with the Senior Quality Assurance Team, the Audit Team learned that consultation with and use of the resources available through the CTL was not consistent across units. The University is strongly encouraged to explore how to motivate units to use these resources, particularly in the development of learning outcomes and assessment procedures when developing new programs.

SUGGESTION 8: Consider providing more guidance for internal reviewers.

In the previous audit, Suggestion 6 was to clarify the roles of internal reviewers, including their responsibilities with respect to the preparation of the Review Team Report. In the Audit Team's meeting with internal reviewers, a diverse range of interpretations of their roles and responsibilities was expressed. The Audit Team also heard that new internal reviewers were, at times, uncertain of their responsibilities. Mentorship from those with experience could increase the confidence and abilities of new reviewers as well as contribute to the willingness of faculty to become internal reviewers. In addition, an orientation, together with a written summary of roles and responsibilities, would contribute to consistency across reviews and better prepare new internal reviewers for the task at hand.

SUGGESTION 9: Consider limiting the role of the internal reviewers to fact checking, advising, and providing context for the External Review Reports.

As in Suggestion 8, this suggestion is also similar to Suggestion 6 in the previous audit with respect to clarifying internal reviewers' responsibilities with respect to the preparation of the Review Team Report. The Audit Team acknowledges that the 2010 and 2021 versions of the QAF do not preclude having internal reviewers involved in writing of the Review Team Report and the 2015 QUQAP (5.2.5) explicitly makes participation in writing the Report part of internal reviewers' responsibilities. However, the Quality Council's Guidance [Internal Members of the Review Committee: Role and Responsibilities (QAF 2.2.1 and 5.2.1](#)) advises, "Best practice would dictate that the internal does no more than review a draft of the externals' report, provide comments on its accuracy and provide local context."

SUGGESTION 10: Consider having Review Team Reports (both for New Program Proposals and CPRs) reviewed for completeness and clarity of recommendations prior to distribution to Units and Deans for response.

Although the 2015 QUQAP (similarly in the 2022 QUQAP) designates the Provost to review self-studies and New Program Proposals, there is no such designee for Review Team Reports. The Audit Team was advised that the Appraisal Committee queried the quality of the external reviews in several New Program submissions. Some omissions were also noted in the Review

Team Reports of CPRs that were reviewed for this audit (e.g., a failure to address any distinctive characteristics or attributes of the discrete programs that had been bundled for the CPR). An authoritative review of Review Team Reports as soon as they are received by the University could identify such problems and request amendments, additions, or modifications to the reports by the authors of the Review Report if the recommendations are unclear or unactionable. This would ensure that Units and Deans receive a complete and usable report before they prepare their responses and reduce the likelihood that review and approval by the Quality Council's Appraisal Committee will be delayed.

SUGGESTION 11: Ensure that the process for program suspension and closure provided for in the QUQAP is reliably followed.

Suggestion 8 in the 2013-2014 audit advised Queen's to establish a clear process for program closure. The Audit Team noted that the 2015 QUQAP (4.2) detailed a process for closure preceded by suspension. However, the ISS acknowledged that some programs continue to be in a liminal state. That is, it is unclear whether they are open to new students, or they have suspended admission for quite some time but have not proceeded to formal closure. This was observed during the desk audit of one of the CPRs. The Audit Team noted the ISS identified this as "an area for further work over the coming 1-2 years" and supports this initiative.

SUGGESTION 12: Consider undertaking a review of the administrative structure overseeing quality assurance, and the distribution and depth of staffing that supports quality assurance.

The earlier section of this report titled "The Quality Assurance Context at Queen's University" discusses in some detail the University's current dispersed arrangements for administrative oversight of the IQAP and the staffing levels that support this oversight. While the ISS indicated that there is a centralized approach to quality assurance at Queen's, worryingly, several very senior administrators described it as a decentralized approach. Therefore, it is the Audit Team's view that the current structure and staffing arrangements in support of quality assurance are likely contributing to the issues of non- or variable-compliance with the University's IQAP, as identified in this report. Accordingly, the University is encouraged to consider conducting a review – potentially drawing on the experiences and expertise of other universities in the province – to inform how best it might structure and finance its quality assurance-related supports.

FARs/IPs AND Monitoring

Queen's University should:

SUGGESTION 13: Consider more directly involving academic units in the preparation and follow-up to the FAR/IP.

The penultimate goal of a Cyclical Program Review is the identification of areas for improvement, the strengths that a program can bring to those improvements (encapsulated in

the FAR), and a plan to actualize the improvements (the IP). The Audit Team noted that there was a lack of understanding among some academic units about how recommendations had been selected for action post-review and who was responsible for carrying them out. The Audit Team strongly suggests that the value of the reviews would be more clearly understood by the academic unit if it were more involved in the determination of next steps. One way of achieving this would be to have the program's lead review and comment on a draft of the FAR/IP while it is being prepared. Having this or similar forms of engagement by the unit could facilitate a greater degree of buy-in to the wider Cyclical Program Review process, and ultimately a greater engagement in continuous quality improvement.

SUGGESTION 14: Consider scheduling the assessment report for a New Program earlier.

The 2010 QAF (2.4.3) requires that university IQAPs ensure monitoring of new programs but does not set a schedule for such monitoring. The 2015 QUQAP (2.3.10) (as well as the 2022 QUQAP 2.5.11.2.1) sets the schedule for monitoring of a new program within five years of commencement of the program and prior to the first CPR. In the documentation provided to the Audit Team for one of the new programs selected for audit, there was no mention of a monitoring report, although one was overdue. The Audit Team notes that the five-year timeline has the potential to place the monitoring report close to the first CPR of the program. This may reduce its usefulness if academic units don't have time to utilize findings in the monitoring report prior to the first CPR.

Student Engagement

Queen's University should:

SUGGESTION 15: Consider creating a process for engaging students in quality assurance processes.

The involvement of students in the quality assurance processes is very important. Some students interviewed by the Audit Team were aware of the quality assurance processes and spoke very well about their involvement in committees, while others were less aware of the processes and wanted to know more. The Audit Team suggests that the University create guidance for students to explain the purpose of CPRs, how they can become involved in providing input into a self-study, and what to expect when meeting with external reviewers.

The Audit Team also heard that time can be an impediment to student involvement in quality assurance activities. Since changes resulting from quality assurance processes are likely to occur after a student's tenure in a program, incentives for student involvement are important to motivating students to take time to participate. Two incentives that have been successful in increasing student participation are the framing of participation in quality assurance as part of professional development and assigning a course credit to certain types and levels of participation.

The University should take great care in helping student voices to emerge as fully as possible. Queen's is encouraged to consult the Guide to the QAF for additional ideas on how to involve students in their QA processes, [Involving Students in Quality Assurance Processes](#).

Conclusion and Next Steps for Queen's University

The audit of Queen's University has revealed a number of strong components in their quality assurance processes. Particularly outstanding is how Queen's is using quality assurance to realize its institutional values of equity, diversity, Indigenization, inclusion and accessibility. This aligns with a central value underpinning quality assurance: quality assurance contributing to engagement in continuous improvement. Other contributions to progress toward continuous improvement evidenced by the Audit Team were the continuous evaluation mode present in one of the audited programs through frequent collection, analysis, and use of data to inform program delivery and in another audited program where the currency of curriculum in a rapidly changing and advancing field is ensured through regular meetings with stakeholders from inside and outside the university. These and other developments noted in this report speak to the commitment to quality assurance processes and movement towards continuous quality improvement at Queen's University.

The Audit Team also took note of challenges that Queen's faces with respect to quality assurance, several of which were acknowledged in the University's Institutional self-study. An overarching challenge is the on-going delays in Cyclical Program Reviews. This includes delays in completion of specific segments of the review process, lengthy timeframes for completion of CPRs, and delays in their initiation, which all contribute to taking CPRs out of the required 8-year cycle.

This report also identifies an apparent decentralization of quality assurance processes. This was primarily discussed in the section on *The Quality Assurance Context at Queen's University*, and both Recommendations (1, 2, and 5) and Suggestions (1, 2, 4, 5, 6, and 13) have been provided to help the University address this issue. However, the Audit Team also recognizes the improvements the University has made to its most recent IQAP, as well as the creation of documents such as the CPR Workload Schedule, to facilitate such changes. The success of these changes should be considered as part of the Phase 2 Audit.

Several other Recommendations and Suggestions are included in this report that address areas where quality assurance processes at Queen's are not in compliance with the QAF or suggest ways in which issues that were raised during this audit might be addressed. Several of the issues that led to specific recommendations and suggestions have been addressed in the 2022 QUQAP. Implementation of the 2022 QUQAP will be the focus of Phase 2 of the Cycle 2 audit which will provide Queen's with the opportunity to demonstrate how provisions in the new QUQAP and procedures implemented in relation to this report's recommendations and selected suggestions have further enhanced quality assurance at the University.

Appendix A: Overview of the Quality Assurance Audit Process for Queen's University

Every publicly assisted university in Ontario will be audited at least once every eight years (QAF 6.1).

Purpose

Quality assurance is a shared responsibility between the Quality Council and Queen's University. Its aim is to ensure a culture of continuous improvement and support for a vision of a student-centered education based on clearly articulated program learning outcomes.

Quality assurance processes result in an educational system that is open, accountable, and transparent. The Cyclical Audit process allows the University to evaluate its quality assurance policies and practices, together with an assessment of performance by the Quality Council.

Objectives

The objectives of the Cyclical Audit are to ensure transparency and accountability in the development and review of academic programs, to assure students, citizens, and the government of the international standards of quality assurance processes, and to monitor the degree to which the university has:

a) Improved/enhanced its quality assurance processes and practices;
b) Created a culture of continuous improvement; and
c) Developed processes that support program-level learning outcomes and student-centered learning.

Scope

The Cyclical Audit:

a) Reviews institutional changes made in policy, process, and practice in response to the recommendations from the previous audit;
b) Confirms the University's practice is compliant with its IQAP as ratified by the Quality Council and notes any misalignment of its IQAP with the QAF; and
c) Reviews institutional quality assurance practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews.

AUDIT PROCESS (QAF 6.2)

A. Pre-orientation and briefing

To initiate the audit process, a briefing occurred on March 23, 2023. The Quality Assurance Secretariat and a member of the Audit Team provided an orientation on what to expect from the Cyclical Audit to the Key Contact and other relevant stakeholder(s).

B. Assignment of auditors

Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, are assigned to conduct the Cyclical Audit. The auditors are senior academics with experience in the development, delivery and quality assessment of graduate and undergraduate programs, and are at arm's length from the university. They are accompanied on the audit visit by member(s) of the Quality Assurance Secretariat.

C. Institutional Self Study

The University prepared a written Self Study report that presented and assessed its institutional quality assurance processes, including challenges and opportunities, and with particular attention to any issues flagged in the previous audit. The report was submitted to the Quality Assurance Secretariat in advance of the desk audit and formed the foundation of the Cyclical Audit.

D. Selection of the sample of quality assurance activities for audit

The audit team independently selected a sample of programs for audit, normally two programs developed under the New Program Approval Protocol and three or four programs that have undergone a Cyclical Program Review. Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications are not normally subject to audit.

A small sample of new programs still in development and/or cyclical program reviews that are still in progress may additionally be selected, in consultation with the University. In these instances, documentation for these in-progress programs is not required for submission. Instead, the auditors ask to meet with program representatives to gain an understanding of current quality assurance practices.

Specific areas of focus may also be added to the audit when an immediately previous audit has documented causes for concern, or when the Quality Council so requests. The University may also request specific programs and/or quality assurance elements be included in the audit. The auditors may consider, in addition to the required documentation, any additional elements and related documentation stipulated by the university in its IQAP.

The auditors selected the following Queen's University programs for audit:

New Programs:

1. Master of Financial Innovation & Technology (MFIT), Smith School of Business, approved by the Quality Council in 2020
2. Translational Medicine, MSc, PhD, Faculty of Health Sciences, approved by the Quality Council in 2018

Cyclical Program Reviews:

1. Education (BEd), from within the 2020-21 of the Faculty of Education
2. German Language and Literature (BA, BAH, MA, PhD), Faculty of Arts and Sciences, from within the 2021-22 review of Languages Literatures, and Cultures
3. Healthcare Quality (Master of Health Quality), Faculty of Health Sciences, from within the 2019-20 review of the School of Nursing
4. Jewish Studies (BA, BAH, MA), Faculty of Arts and Sciences, from within the 2021-22 review of the School of Religion

E. Desk audit of the university's quality assurance practices

In preparation for the site visit, the auditors undertook a desk audit of the University's quality assurance practices. Using the university's Self-Study and records of the sampled programs, together with associated documents, this audit tests whether the university's practice is compliant with its IQAP[1], as ratified by the Quality Council, as well as any misalignments of the IQAP with the QAF.

It is essential that auditors have access to all relevant documents and information to ensure a clear understanding of the university's practices. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate an effective and efficient audit. The documentation submitted for audit includes:

a) Relevant documents and other information related to the programs selected for audit, as requested by the Audit Team;
b) The record of any revisions of the university's IQAP, as ratified by the Quality Council; and
c) The annual report of any minor revisions of the university's IQAP that did not require Quality Council re-ratification.

Universities may provide additional documents at their discretion (QAF 6.2.5).

The auditors undertook to preserve the confidentiality required for all documentation and communications and to meet all applicable requirements of the Freedom of Information and Protection Privacy Act (FIPPA).

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[1] Changes to the institution's process and practices within the eight-year cycle are to be expected. The test of the conformity of practice with process will always be made against the ratified Institutional Quality Assurance Process applying at the time of the conduct of the review.

F. Site visit

The principal purpose of the site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of its IQAP in its pursuit of continuous improvement of its programs. Further, the site visit serves to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality assurance practices contribute to continuous improvement of its programs.

During the site visit, auditors spoke with the University's senior academic leadership including those who the IQAP identifies as having important roles in the QA process, as well as representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. (QAF 6.2.6)

G. Audit Report

Following the conduct of the audit, the auditors prepared a report that is considered "draft" until it is approved by the Quality Council. The report, which is to be suitable for subsequent publication, comments on the institution's commitment to the culture of engagement with quality assurance and continuous improvement, and:

a) Describes the audit methodology and the verification steps used;
b) Comments on the institutional Self Study submitted for audit;
c) Describes whether the university's practice is in compliance with its IQAP as ratified by the Quality Council, on the basis of the programs selected for audit;
d) Notes any misalignment of its IQAP with the QAF;
e) Responds to any areas the auditors were asked to pay particular attention to;
f) Identifies and records any notably effective policies or practices revealed in the course of the audit of the sampled programs; and
g) Comments on the approach that the University has taken to ensuring continuous improvement in quality assurance through the implementation of the outcomes of cyclical program reviews and the monitoring of new programs.

The report shall not contain any confidential information. A separate addendum, not subject to publication, provides the University with detailed findings related to the audited programs.

Where appropriate, the report may include:

● **Suggestions**, which are forward-looking, are made by auditors when they identify opportunities for the university to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best, practices. Universities are under no obligation to implement or otherwise respond to the auditors' suggestions, though they are encouraged to do so.

- **Recommendations**, which are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these recommendations in its response to the auditors' report.
- **Causes for concern**, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as required per QAF 5.4.1d) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as required per QAF 5.4.2). Causes for concern require the university to take the steps specified in the report and/or by the Quality Council to remedy the situation.

The Audit Report includes recommendations that the Quality Council take one or more of the following steps, as appropriate:

  i.   Direct specific attention by the auditors to the issue(s) with in the subsequent audit, as describe in QAF 6.2.4;
  ii.   Schedule a larger selection of programs for the university's next audit;
  iii. Require a Focused Audit;
  iv.   Adjust the degree of oversight and any associated requirements for more or less oversight;
  v.   Require a Follow-up Response Report, with a recommended timeframe for submission; and/or
  vi.   Any other action that is deemed appropriate.

H. **Disposition of the Audit Report**

The Quality Assurance Secretariat submits the Audit Report to the Audit Committee for consideration. Once the Audit Committee is satisfied with the Report, it makes a conditional recommendation to the Quality Council for approval of the Report, subject only to minor revisions resulting from the fact checking stage described below:

- The Quality Assurance Secretariat provides a copy to the University's '"authoritative contact" (QAF 1.3), for fact checking to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report.
- That authority submits its report on the factual accuracy of the draft report within 30 days. If needed, the authority can request an extension of this deadline by contacting the Quality Assurance Secretariat and providing a rationale for the request. This response becomes part of the official record, and the audit team may use it to revise their report. The University's fact checking response will not be published on the Quality Council's website. When substantive changes are required, the draft report will be taken back to the Audit Committee.

The Chair of the Audit Committee takes the Audit Committee's recommendation for approval of the report to the Quality Council. The Council either accepts the report or refers it back to the Audit Committee for modification.

I. Transmittal of the Audit Report

Upon approval by the Quality Council, the Quality Assurance Secretariat sends the approved report to the University with an indication of the timing for any required follow-up.

J. Publication of main audit findings

The Quality Assurance Secretariat publishes the approved report of the overall findings, absent the addendum that details the findings related to the audited programs, together with a record of the recommendations on the Quality Council's website. The University will also publish the report (absent the previously specified addendum) on its website.

K. Institutional Follow-up Response Report

When a Follow-up Response Report is required (QAF 6.2.7v), the University will submit the report within the specified timeframe, detailing the steps it has taken to address the recommendations and/or Cause(s) for Concern. If the Audit Team is satisfied with the University's Follow-up Response Report, it drafts a report on the sufficiency of the response. The auditors' report, suitable for publication, is then submitted to the Audit Committee for consideration. If the Audit Team is not satisfied with the institutional response, the Audit Team will consult with the institution, through the Quality Assurance Secretariat, to ensure the follow-up response is modified to satisfy the requirements of the Audit Report. The Institution will be asked to make any necessary changes to the follow-up response within a specified timeframe. The Audit Committee submits a recommendation to the Quality Council to accept the University's follow-up response and associated auditors' report.

L. Web publication of Follow-up Report

When a Follow-up Report is required, the Quality Assurance Secretariat publishes this Report and the auditors' report on the scope and adequacy of the University's response on the Quality Council website and sends a copy to the University for publication on its website.

M. Additional reporting requirements

A report on all audit-related activity is provided to the Ontario Council of Academic Vice-Presidents, the Council of Ontario Universities and the Ministry of Colleges and Universities through the Quality Council's Annual Report.

Appendix B: Auditor Bios

Dr. Michel Laurier, Past Interim Provost, Adjunct Professor, Faculty of Education, University of Ottawa

Michel Laurier is a full professor in the Faculty of Education at the University of Ottawa and was Dean of the Faculty from 2012 until 2015. He was then appointed Interim Vice-President Academic and Provost till May 2017. Before arriving at the University of Ottawa, he had been at the Faculty of Education of the University of Montreal where he worked as professor in Measurement and Evaluation and served as Dean for two terms. He holds an MA in Applied Linguistics from the University of Ottawa and a PhD in Curriculum from the University of Toronto (OISE). His research focuses on testing and evaluation with a particular interest in the assessment of language competencies and the development of computerized testing instruments. He is also interested in program evaluation. He conducted several program evaluations at the national and the international level. He also has been involved in the development of educational policies about assessment and evaluation. Michel has been on the Quality Council's Audit Committee since 2017.

Dr. Eleanor Maticka-Tyndale, Sociology and Criminology, University of Windsor

Dr. Maticka-Tyndale is a Distinguished University Professor Emerita, retired from the Department of Sociology and Criminology at the University of Windsor where she was a faculty member from 1993-2017. Dr. Maticka-Tyndale obtained her PhD in Sociology from the University of Calgary in 1989. Her administrative experience includes: Chair of the department's graduate committee during the approval process for its PhD program in sociology (2000), member of the provincial review committee for the sexuality, marriage and family studies program at the University of Waterloo, president's representative on the employment equity committee (2014-2016), and Associate Dean Research and Graduate Studies in the Faculty of Arts, Humanities and Social Science (2012-2017). As a tier 1 Canada Research Chair from 2002-2016 she led or co-led 31 research projects with partners in Canada, the United States, Europe, Africa, and South and Southeast Asia, funded by some $18 million in grants and contracts. She has served on the executive committees/ boards of the Canadian Sociology and Anthropology Association, Canadian Sex Research Forum, and the Society for the Scientific Study of Sexuality as well as on task forces for Health Canada, the Pan American and World Health Organizations, and the World Association for Sexual Health. Eleanor has been on the Quality Council's Audit Committee since 2018.

Dr. Douglas McDougall, Professor, Department of Curriculum, Teaching and Learning, University of Toronto

Doug McDougall is a Professor of Mathematics Education in the Department of Curriculum, Teaching and Learning at the Ontario Institute for Studies in Education at the University of Toronto. He is a member of the Governing Council of the University of Toronto and serves as chair of the Academic Board. Dr. McDougall was the Associate Dean, Programs from 2015-

2019 and Chair of the department from 2010-2015 and 2022-2023. Dr. McDougall has supervised to completion over 60 doctoral students and 21 MA students over the past 20 years. He is the Editor-in-Chief of the Canadian Journal of Science, Mathematics and Technology Education and the Director of the Centre for Science, Mathematics and Technology Education. Dr. McDougall has been involved with conducting research in schools for over 25 years focusing on school improvement, professional learning groups, student and teacher needs around students at risk, and peer coaching at both the elementary and secondary level. Doug has been on the Quality Council's Audit Committee since 2016.

Appendix C: Site Visit Schedule

Queen's University Schedule of Meetings with Quality Council Auditors
February 6, 7 and 8, 2024

Audit Team:

- Dr. Michel Laurier, Past Interim Provost, Adjunct Professor, Faculty of Education, University of Ottawa
- Dr. Eleanor Maticka-Tyndale, Professor Emerita, Sociology, Anthropology, and Criminology, University of Windsor
- Dr. Douglas McDougall, Ontario Institute for Studies in Education, University of Toronto
- Dr. Christopher Evans, Executive Director, Quality Council Secretariat
- Ms. Cindy Robinson, Director Operations, Quality Council Secretariat

Observers:

- Dr. Alice Pitt, York University
- Dr. Kirsten Woodend, Trent University

Day 1: Tuesday, February 6, 2024

Time	Participants	Location
8:30 – 9:30 am	**Audit Team Planning Meeting**	Richardson Hall, Room 118
9:30 – 9:45 am	**Break**	Richardson Hall, Room 116
9:45 am – 11:45 am	**Audit Team meets with Senior Quality Assurance Team:** - Matthew Evans, Provost and Vice-Principal, Academic - Gavan Watson, Vice Provost, Teaching and Learning, Office of the Provost and Vice-Principal, Academic - Fahim Quadir, Vice Provost and Dean, School of Graduate Studies and Postdoctoral Affairs - Claire O'Brien, Manager, Academic Initiatives, Office of the Provost and Vice-Principal, Academic - Sarah Lublink, Teaching and Learning Coordinator, Office of the Provost and Vice-Principal, Academic	Richardson Hall, Room 118
11:45 am – 12:15 pm	**Lunch**	Richardson Hall, Room 116

12:15 – 1:15 pm	**Audit Team meets with Institutional Research and Planning Representatives, Library Representatives, Representatives from Human Rights and Equity Office, and Representatives from the Centre for Teaching and Learning:** - Heather McMullen, Associate University Librarian - Vanessa Yzaguirre, Associate Director (Equity Services), Human Rights and Equity Office (virtual) - Jake Kaupp, Assistant Director, Institutional Research and Planning - Dale Lackeyram, Director, Centre for Teaching and Learning - Nevena Martinović, Educational Developer, Centre for Teaching and Learning	Richardson Hall, Room 118
1:15 – 2:15 pm	**Audit Team meets with representatives of Master of Financial Innovation and Technology (MFIT), Smith School of Business:** - Erin Leeann LeBlanc, Former Director, Strategic Program Development & Accreditation, Office of the Dean (Retired) - Lori Garnier, Director, Strategic Program Development and Accreditation - Roshan Udit, Program Director	Richardson Hall, Room 118
2:15 – 2:30 pm	**Break**	Richardson Hall, Room 116
2:30 – 3:30 pm	**Audit Team meets with representatives from the Senate Cyclical Program Review Committee (SCPRC):** - Gavan Watson, Vice Provost, Teaching and Learning, Office of the Provost and Vice-Principal, Academic, SCPRC Chair	Richardson Hall, Room 118

	- Fahim Quadir, Vice Provost and Dean, School of Graduate Studies and Postdoctoral Affairs, SCPRC Member - Claire O'Brien, Manager, Academic Initiatives, Office of the Provost and Vice-Principal, Academic, SCPRC Secretary - Patricia Collins, Faculty of Arts and Science, Geography and Planning, SCPRC Faculty Member - Katrina Gee, Faculty of Health Sciences, Department of Biomedical and Molecular Sciences, SCPRC Faculty Member - Adam Roco, SCPRC Undergrad Student Member - Betsy Donald, Associate Vice-Principal Research, SCPRC Member - Nevena Martinović, Educational Developer, Centre for Teaching and Learning, SCPRC Member *All SCPRC members and guests, including student representatives, were invited to attend this meeting. Confirmed attendees above.*	
3:30 – 4:30 pm	**Audit Team meets with representatives from Master of Healthcare Quality, School of Nursing, Faculty of Health Sciences:** - Allison Mackey, Associate Director, Administration, Initiatives and Operations - Rosemary Wilson, Associate Director, PhD Programs - Linda Schmalz, Programs Manager - Roger Pilon, Interim Associate Director	Richardson Hall, Room 118

Time	Participants	Location
9:00 – 10:00 am	**Audit Team meets with representatives of MSc and PhD in Translational Medicine, Department of Medicine, Faculty of Health Sciences:** - Paula James, Deputy Head, Department of Medicine & Inaugural Program Director - Anne Ellis, Program Director - Julie Heagle, Graduate Program Advisor - Chris Smith, Department Head - Stephen Archer, Director of the Translational Institute of Medicine (TIME)	Richardson Hall, Room 118
10:00 – 11:00 am	**Audit Team meets with representatives from German Studies, Faculty of Languages Literatures and Cultures, Faculty of Arts and Sciences:** - Bronwyn Bjorkman, Department Head - Donato Santeramo, Former Department Head	Richardson Hall, Room 118
11:00 – 11:15 am	**Break**	Richardson Hall, Room 116
11:15 - 12:00 pm	**Audit Team meets with Internal Reviewers:** - Marcus Taylor, Department Head and Professor, Department of Global Development Studies, Faculty of Arts and Science - Richard Ascough, Professor, School of Religion, Faculty of Arts and Science - Margaret Walker, Professor, DAN School of Drama and Music, Faculty of Arts and Science	Richardson Hall, Room 118

	- Shai Dubey, Adjunct Assistant Professor & Distinguished Faculty Fellow of Business Law, Smith School of Business - Peter Taylor, Professor, Chair of Undergraduate Studies, Department of Mathematics and Statistics, Faculty of Arts and Science	
12:00 – 1:00 pm	**Lunch with Students:** - Charlotte Alfred, BCommerce - Sophia Baldasaro, Life Sciences DSN Academics - Sabrina Bernard, English DSC, Co-President - Yasmeen Chamas, Gender Studies - Sarah Eklove, Academics Commissioner - Lavy Kh., Management, PhD - Anneliese Klug Kenkel, BCommerce - Amber Mifkovic, Classics, Archaeology and History - Tara Rezvan, Management, MSc - Sarah Waldron, Biology, MSc (BGSC, SGPS rep) - Kerry Zheng, Commerce	Richardson Hall, Room 315
1:00 – 1:30 pm	**Break**	Richardson Hall, Room 116
1:30 – 2:30 pm	**Audit Team meets with representatives of Bachelor of Education (BEd), Faculty of Education:** - Rebecca Carnevale, Director of Operations, Advancement and Communications - Stefan Merchant, Adjunct Assistant Professor	Richardson Hall, Room 118

	- Brooke Ethridge, Administrative and Staffing Assistant	
2:30 – 3:30 pm	**Audit Teams meets with representatives from the School of Religion, Faculty of Arts and Science:** - Richard Ascough, Interim Director - Dustin Atlas, Undergraduate Chair and Director, Jewish Studies Program - Sharday Mosurinjohn, Graduate Chair - Levanna Schönwandt, Department Administrator	Richardson Hall, Room 118
3:30 – 4:30 pm	**Audit Team meets with representatives from the Senate Committee on Academic Development and Procedures (SCADP):** - Gavan Watson, Vice Provost, Teaching and Learning, Office of the Provost and Vice-Principal, Academic, SCADP Chair - Fahim Quadir, Vice Provost and Dean, School of Graduate Studies and Postdoctoral Affairs, SCADP Guest - Claire O'Brien, Manager, Academic Initiatives, Office of the Provost and Vice-Principal, Academic, SCADP Secretary - Tracy Al-idrissi, University Registrar, SCADP Member - Kelley Packalen, Associate Professor of Strategy, Organization and Entrepreneurship, Smith School of Business, SCADP Faculty Member	Richardson Hall, Room 118

| | - Kristi Allik, Professor Emerita, Faculty of Arts and Science, SCADP Faculty Member
- Syed Zarak Shah, Project Manager, SCADP Staff Member
- Kai Siallagan, SCADP Undergraduate Student Member
- Luca DiFrancesco, SCADP Undergraduate Student Member
- Mary (Cella) Olmstead, QUFA President, SCADP Observer
- Tim Almeida, Executive Director, Office of Planning and Budgeting, SCADP Guest
- Rebecca Coupland, Interim University Secretary, SCADP Guest

All SCADP members and guests, including student representatives, were invited to attend this meeting. Confirmed attendees above. | |

Day 3: Thursday, February 8, 2024

Time	Participants	Location
8:45 – 9:45 am	**Audit Team meets with Faculty Deans:** - Wei Wang, Associate Dean, Professional Graduate Programs *delegate for Wanda Costen, Dean, Smith School of Business* - Barbara Crow, Dean, Faculty of Arts and Science - Kevin Deluzio, Dean, Smith Engineering - Colleen Flood, Dean, Faculty of Law - Rebecca Luce-Kapler, Dean, Faculty of Education	Richardson Hall, Room 118

	- Jane Philpott, Dean, Faculty of Health Sciences	
9:45 – 10:30 am	**Audit Team Meeting**	Richardson Hall, Room 118
10:30 – 11:00 am	**Break**	Richardson Hall, Room 116
11:00 – 12:30 pm	**Audit Team meets with senior Quality Assurance Team:** - Matthew Evans, Provost and Vice-Principal, Academic - Gavan Watson, Vice Provost, Teaching and Learning, Office of the Provost and Vice-Principal, Academic - Fahim Quadir, Vice Provost and Dean, School of Graduate Studies and Postdoctoral Affairs - Claire O'Brien, Manager, Academic Initiatives, Office of the Provost and Vice-Principal, Academic - Sarah Lublink, Teaching and Learning Coordinator, Office of the Provost and Vice-Principal, Academic	Richardson Hall, Room 118
12:30 – 1:30 pm	**Lunch with Principal:** - Patrick Deane, Principal and Vice Chancellor	Richardson Hall, Room 315
1:30 – 2:00 pm	**Break**	Richardson Hall, Room 116
2:00 – 3:00 pm	**Audit Team wrap up meeting**	Richardson Hall, Room 118
3:00 – 4:00 pm	**Audit Team Debrief with Provost and Vice Principal (Academic) and Vice Provost, Teaching and Learning:** - Matthew Evans, Provost and Vice Principal (Academic) - Gavan Watson, Vice Provost, Teaching and Learning, Office of the Provost and Vice-Principal, Academic	Richardson Hall, Room 11