

<b>TYPE:</b>	Academic
<b>TITLE:</b>	Academic Program Review and Renewal – Quality Assurance
<b>NO.:</b>	ACAD-105
<b>RESPONSIBILITY:</b>	Vice-President, Academic
<b>APPROVED BY:</b>	Durham College Leadership Team
<b>EFFECTIVE DATE:</b>	October 2020
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## 1. Introduction

Programs of instruction offered by Durham College (DC) are reviewed and revised on an ongoing basis using established program review processes and Ministry guidelines. These processes not only ensure the currency of program content and delivery, but they also support the adoption of teaching and learning best practices. Through program review and renewal, DC is able to provide high quality and relevant education that responds to student, industry and societal needs.

## 2. Purpose

This policy and procedure provides a consistent framework for the continuous review and renewal of academic programming.

## 3. Definitions

Refer to [Durham College's Standard Definitions](#).

## 4. Policy statements

4.1. DC is committed to academic excellence. Program review and renewal processes adhere to the college's quality assurance principles, measures and best practices.

4.2. Program review and renewal processes comply with the following, as appropriate:

- Minister's Binding Policy Directive, Framework for Programs of Instruction
- Ministry of Colleges and Universities (MCU) Program Standards or Program Descriptions
- Ontario Qualifications Framework (OQF)
- Standards, requirements and benchmarks required from the Ontario College Quality Assurance Service (OCQAS)
- College Quality Assurance Audit Process (CQAAP)
- Postsecondary Education Quality Assessment Board (PEQAB).

- 4.2.1. Program review and renewal processes align with DC's Strategic Mandate Agreement, Strategic Plan, Business Plan, Academic Plan, and where applicable, industry standards or certifications.
- 4.2.2. Program review and renewal processes are informed by the analysis of a variety of program and industry information including, but not limited to: provincial program standards; program curriculum mapping reports; student and program team feedback; institutional research and key performance indicators; enrolment, retention and employment data; internal and external stakeholder feedback and; external accreditation or regulatory requirements.
- 4.3. Typically, all academic programs including degrees and those offered by the Centre for Professional and Part-time Learning (PPL) undergo Annual Program Reviews (APR) and Comprehensive Program Reviews (CPR). CPRs occur cyclically, every five to seven years. Some programs may be selected for an ad hoc review, as required.
- 4.4. New academic programs are scheduled into the CPR review cycle after the completion of their first graduate cohorts. Typically, this will not exceed five years from the first student intake unless graduate data is not available.
- 4.5. Quality assurance report templates are reviewed annually by the Centre for Academic and Faculty Enrichment (CAFE) and the Office of the Vice-President, Academic (Office of the VPA). Templates may be updated periodically for relevancy and to support College priorities.
- 4.6. Programs may be reviewed individually or in small clusters of related programs.
- 4.7. Program review and renewal recommendations will be implemented across all delivery formats of the affected program, where appropriate.
- 4.8. In addition to the APR and CPR processes, externally accredited programs may be subject to review as required by their regulatory bodies. Records, certifications and/or assessments as part of an external accreditation review may be accepted in lieu of college quality assurance documentation where they are deemed to provide relevant information that has been gathered within a reasonable timeframe of the CPR cycle.
- 4.9. For degree programs, the CPR process will include a report from a Program Evaluation Committee (PEC) in alignment with the requirements outlined in the PEQAB Manual for Ontario Colleges.
- 4.10. For inter-institutional programs that are partnered with an Ontario university, the Ontario Universities Council on Quality Assurance (OUCQA) program review processes may apply.
- 4.11. Recommendations resulting from program review and renewal processes will be documented and communicated. Recommendations will be implemented in a timely manner and resourced in alignment with College priorities.

## 5. Procedure

### 5.1. Annual Program Review (APR)

- 5.1.1. The CAFE distributes the APR report template via ICE and the CAFE's website.
- 5.1.2. Each spring, the Executive Dean/Dean or designate outlines the APR process with the program coordinator and program team (all faculty teaching in the program) as needed.
- 5.1.3. The APR report is drafted by the program team, then reviewed and approved by the Executive Dean/Dean/Associate Dean. Once approved, the APR report is submitted to the CAFE for review on or before June 15 each year. The Manager, Academic Quality Assurance may provide feedback prior to submission to the Associate Vice-President, Academic (AVPA).
- 5.1.4. The AVPA reviews and approves the APR report recommendations and action plans, as appropriate. APR report recommendations that are not approved will be noted to the Manager, Academic Quality Assurance and the respective Executive Dean/Dean/Associate Dean.
- 5.1.5. APR recommendations are implemented by program teams and schools, in collaboration with other departments and stakeholders as required. At mid-year, program teams complete a status report documenting progress in implementing recommendations. Mid-year status reports are approved by the AVPA.
- 5.1.6. Completed APR reports, recommendations and action plans are stored electronically by each academic school and in CAFE's program review repository.

### 5.2. Comprehensive Program Review (CPR)

- 5.2.1. Each year, the Academic Leadership Team (ALT) designates a number of academic programs for review and renewal. The roster of programs under review may be amended by the Vice-President, Academic (VPA). Revisions to the roster are approved in consultation with the appropriate Executive Dean/Dean/Associate Dean.
- 5.2.2. The roster of programs scheduled for review and renewal is published electronically on CAFE's ICE page and its website.
- 5.2.3. Once a program or program cluster is designated for review, the Executive Dean/Dean/Associate Dean assigns faculty to the Program Review Team, and designates a Program Review Team Lead.

- 5.2.4. An orientation meeting with the Program Review Lead Team Lead and Program Review Team, facilitated by the Manager, Academic Quality Assurance, provides an overview of the standard renewal process and its objectives.
- 5.2.5. Staff from the CAFE facilitate one or more curriculum review and mapping sessions with all faculty teaching in the program to examine curriculum alignment, program standards and learning outcomes, essential employability skills, course learning outcomes and evaluation/assessment methods.
- 5.2.6. A Program Information Package (PIP) is prepared for and presented to the Program Review Team, in consultation with the Executive Dean/Dean/Director and the Office of the Vice-President, Academic by the Office of Research Services, Innovation and Entrepreneurship (ORSIE).
- 5.2.7. Stakeholder meetings from representative groups including students, alumni, industry, field placement hosts and relevant partners are facilitated by CAFE to collect relevant program feedback.
- 5.2.8. If applicable, external assessors are contracted to provide feedback on a program or cluster of related programs. External assessors are selected for their academic and industry expertise, and shall be arms-length from the program and program team.
- 5.2.9. The Manager, Academic Quality Assurance facilitates a meeting with the Program Review Team to support the development of evidence-informed recommendations.
- 5.2.10. The Program Review Team Lead, with support from the Program Review Team, prepares the CPR report using the approved template and submits it to the Executive Dean/Dean for review and approval.
- 5.2.11. If approved, the Executive Dean/Dean forwards the CPR report to the Manager, Academic Quality Assurance, who submits it to the AVPA. The AVPA reviews the final report prior to its submission to the Vice-President, Academic for approval.
- 5.2.12. If the CPR report is approved by the VPA, a summary of its recommendations is presented to Academic Council by the Program Review Team Lead or designate. The final CPR report is posted on ICE.
- 5.2.13. The Office of the VPA monitors the implementation of CPR recommendations. CPR recommendations are implemented by program teams and schools, in collaboration with other departments and stakeholders as required.
- 5.2.14. Status reports documenting progress in implementing CPR recommendations are submitted to the Manager, Academic Quality Assurance. Mid-year status reports are approved by the AVPA.

5.2.15. Completed CPR report recommendations and action plans are stored electronically by each academic school and in CAFE's program repository.

### 5.3. Degree Consent Renewal

- 5.3.1 Prior to MCU consent renewal (normally not exceeding five to seven years), degree programs undergo a thorough review process as identified in the PEQAB Manual for Ontario Colleges.
- 5.3.2 This review includes a comprehensive program review with a program self-study by faculty members and administrators of the program, utilizing student feedback. The self-study includes a thorough and accurate evidence-based analysis relating to the program's performance against PEQAB requirements.
- 5.3.3 A Program Evaluation Committee (PEC) is organized and is comprised of senior academic peers, both scholars and administrators, with relevant expertise external and internal to DC. The DC member of the PEC must be from outside the applicable program area and free of conflict of interest. The PEC may be replaced by a panel from a professional accreditation agency upon meeting PEQAB's requirements.
- 5.3.4 The PEC submits a degree program quality evaluation report to the Vice-President, Academic based on review of the program's self-study, report of commitments/conditions, changes, developments and improvements, as well as observations from a site visit.
- 5.3.5 DC's response to the PEC report, along with the degree program's self-study, report of commitments and program status is submitted to the PEQAB Board for review and to MCU for recommendation of consent renewal.
- 5.3.6 Degree consent renewal is granted by MCU for a fixed duration of time, before which the next cycle of the consent renewal process must be initiated.

### 5.4 Ad Hoc Program Review

- 5.4.1 The Executive Dean/Dean/Director of a program determines, in consultation with staff in the CAFE, whether a program or cluster of related programs should initiate an ad hoc program review.
- 5.4.2 Ad hoc program review requirements (scope, timelines, data collection/assessment tools) and goals are established by the Executive Dean/Dean.

- 5.4.3 Ad hoc program review results and action plans (if developed) are shared with the Manager, Academic Quality Assurance and incorporated into subsequent annual and/or comprehensive program reviews.

## **6. Roles and responsibilities**

### **6.1. Vice-President, Academic**

- 6.1.1. Implementing this policy and procedure and overseeing Durham College's quality assurance processes.
- 6.1.2. Approving the CPR Roster;
- 6.1.3. Approving the hiring of external assessors, if required; and
- 6.1.4. Approving the CPR final report and recommendations generated from the program review process.

### **6.2. Associate Vice-President, Academic**

- 6.2.1. Approving APR reports, APR status updates and CPR status updates; and
- 6.2.2. Overseeing the implementation of program team recommendations and ensuring implementation in a timely manner.

### **6.3. Executive Deans/Deans**

- 6.3.1. Overseeing the quality of the programs offered by their respective schools;
- 6.3.2. Overseeing the timely completion of the APR and CPR program review and renewal processes;
- 6.3.3. Selecting faculty members to be part of Program Review Teams;
- 6.3.4. Assigning program review workload on the Standard Workload Formula (SWF) for participating full-time faculty;
- 6.3.5. Providing an overview of the APR process;
- 6.3.6. Providing advice on the selection of external assessor(s), if required;
- 6.3.7. Submitting the CPR final report and recommendations to the Office of the VPA; and
- 6.3.8. Collaborating with the AVPA in overseeing the implementation of APR and CPR recommendations, including submission of mid-year status updates.

- 6.4. Dean, Centre for Professional and Part-time Learning
  - 6.4.1. Ensuring representation on Program Review Teams, for academic programs delivered by both an academic school and the PPL.
- 6.5. Program Review Team
  - 6.5.1. Accessing and reviewing program performance data and information;
  - 6.5.2. Participating in program review meetings and providing input in the program review process;
  - 6.5.3. Developing and implementing recommendations for program improvement; and
  - 6.5.4. Implementing action plans.
- 6.6. Program Review Lead
  - 6.6.1. Providing academic leadership for the Program Review Team;
  - 6.6.2. Scheduling and chairing Program Review Team meetings, as necessary;
  - 6.6.3. Identifying students, graduates, employers and PAC members to obtain their feedback on program quality. Assisting with identifying two external assessors (as needed);
  - 6.6.4. Promoting collaborative completion of program and curriculum self-assessment exercises;
  - 6.6.5. Preparing the CPR final report for submission to the Executive Dean/Dean within established timelines; and
  - 6.6.6. Presenting CPR process outcomes and recommendations to Academic Council.
- 6.7. Manager, Academic Quality Assurance
  - 6.7.1. Maintaining and updating the CPR cyclical roster of programs;
  - 6.7.2. Facilitating the program curriculum mapping process, developing a final curriculum mapping report and forwarding the final report to the Executive Dean/Dean/Associate Dean and Program Review Team;
  - 6.7.3. Collaborating with the Program Review Team to ensure feedback is solicited from employers, students, graduates and Program Advisory Committee members;
  - 6.7.4. Facilitating student focus groups and external focus groups, ensuring completion of summary report;

- 6.7.5. Facilitating discussion and analysis of program performance information and completion of summary discussion documents;
  - 6.7.6. Liaising with selected external assessors and internal college departments to facilitate site visits and receive assessment report(s);
  - 6.7.7. Ensuring program CPR presentations are made to Academic Council;
  - 6.7.8. Providing unbiased support and facilitation and integrating stakeholder perspectives, as appropriate;
  - 6.7.9. Maintaining (in consultation with the Office of the Vice-President, Academic) program review documents to guide and support the review process.
  - 6.7.10. Preparing annual reports to communicate program review status and outcomes.
- 6.8. Director, Institutional Research and Planning
- 6.8.1. Providing program effectiveness reports to support the APR and CPR processes;
  - 6.8.2. Determining additional information needs for the PIP;
  - 6.8.3. Presenting the PIP to the Program Review Team for discussion and recommendations.
- 6.9. External Assessors
- 6.9.1. Conducting a site/campus visit to review the program of studies, curriculum, labs and field placement component of the program and to consult with students, reviewing feedback from recent graduates, Program Advisory Committee members and employers to make an assessment on the quality of the program; and
  - 6.9.2. Providing a summary report of their findings to the Manager, Academic Quality Assurance and the Executive Dean/Dean.

## **7. Accessibility for Ontarians with Disabilities Act considerations**

Accessibility for Ontarians with Disabilities Act (AODA) standards have been considered in the development of this policy and procedure and it adheres to the principles outlined in the College's commitment to accessibility as demonstrated by the Accessibility Plan (ADMIN-203).



## **8. Non-compliance implications**

Non-compliance puts the College at risk. Risks may include, but are not limited to: delivery of programs that do not meet the Minister's Binding Policy Directive – Frameworks for Programs of Instruction; unsatisfactory feedback from students, graduates, and employers; loss of program credibility and reputation; below-standard/not-met ratings in performance indicators, external program accreditation or quality assurance audits; and graduates who do not have the requisite skills and knowledge for their chosen professions.

## **9. Communications plan**

A message will be posted on ICE alerting employees when new or revised policies and procedures are added to ICE.

A message will be posted on MyCampus alerting students when new or revised policies and procedures are added.

## **10. Related forms, legislation or external resources**

- Ontario Qualifications Framework
- Durham College Annual Program Review
- Ministry of Colleges and Universities - Minister's Binding Policy Directives: Framework for Programs of Instruction
- Ministry of Colleges and Universities Program Standards
- Ontario College Quality Assurance Service – CQAAP Standards
- Post-Secondary Education Quality Assessment Board Manual for Ontario Colleges (Standard 9 and Appendix 9.10).