TYPE:	Academic
TITLE:	Academic Program Review and Renewal – Quality Assurance
NO.:	ACAD-105
RESPONSIBILITY:	Executive Vice-President, Academic
APPROVED BY:	Durham College Leadership Team
EFFECTIVE DATE:	November 2023
REVISED DATE(S):	
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1. Introduction

Academic 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 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 measures and best practices.

4.2. Program review and renewal processes comply with the following, as appropriate:
- College Quality Assurance Audit Process (CQAAP)
- Credential Validation Service (CVS) Program Descriptions
- Minister's Binding Policy Directive, Framework for Programs of Instruction
- Ministry of Colleges and Universities (MCU) Program Standards
- Ontario Qualifications Framework (OQF)
- Postsecondary Education Quality Assessment Board (PEQAB)
- Skilled Trades Ontario (STO) training standards
- Standards, requirements and benchmarks required from the Ontario College Quality Assurance Service (OCQAS)

4.3.   Program review and renewal processes align with DC's Strategic Mandate Agreement, Strategic Plan, Business Plan, Academic Plan, and where applicable, professional accreditations, industry standards or certifications.

4.4.   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.

4.5.   Typically, all academic programs including degrees and those offered by 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. Due to the nature of programming in PPL, the cyclical review for CPRs may be extended.

4.6.   New non-degree 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. Degree programs are scheduled for CPRs five years after their dates of consent.

4.7.   Quality assurance report templates are reviewed annually by the Centre for Teaching and Learning (CTL) and the Office of the Executive Vice-President, Academic (EVPA). Templates may be updated periodically for relevancy and to support College priorities. Templates used in PPL may vary from those used in Faculties.

4.8.   Programs may be reviewed individually or in small clusters of related programs. Program review and renewal recommendations will be implemented across all delivery formats of the affected program, including third-party delivery, where appropriate.

4.9.   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.

4.10. 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.

4.11. For inter-institutional programs that are partnered with an Ontario university, the Ontario Universities Council on Quality Assurance (OUCQA) program review processes may apply.

4.12. 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 CTL distributes the APR template via ICE and the CTL'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. Typically, APR reports are drafted by the program team and then reviewed and approved by the Executive Dean/Dean/Associate Dean. Once approved, the APR report is submitted to the CTL for review, by a prescribed deadline. The Manager, Academic Quality Assurance may provide feedback prior to submission to the Associate Vice-President, Academic Administration (AVPA). PPL may use modified templates and variable deadlines, due to the nature of its programming.

5.1.4. The AVPA reviews 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 Faculties, in collaboration with other departments and stakeholders, as required.

5.1.6. Approved APR reports, recommendations and action plans are stored electronically by each academic Faculty and in the CTL'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 EVPA. Revisions to the roster are approved in consultation with the appropriate Executive Dean/Dean/Associate Dean and the Office of Research Services, Innovation and Entrepreneurship (ORSIE).

5.2.2. The roster of programs scheduled for review and renewal is published electronically on CTL'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(s).

5.2.4. An orientation meeting with the Program Review Team Lead(s) 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 CTL facilitate one or more curriculum review and mapping sessions with designated faculty 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 by ORSIE, in consultation with the Program Review Team Lead(s) and the Executive Dean/Dean/Associate Dean.

5.2.7. Stakeholder consultations with representative groups including students, alumni, industry, field placement hosts and relevant partners are facilitated by CTL to collect program feedback.

5.2.8. As warranted, 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(s), 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. Due to the nature of its programming, PPL may use modified templates and a modified process.

5.2.11. When 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 EVPA for approval.

5.2.12. When the CPR report is approved by the EVPA, a summary of its recommendations is presented to Academic Council by the Program Review Team Lead(s) or designate. The approved CPR report is posted on ICE.

5.2.13. The Executive Dean/Dean/Associate Dean monitors the implementation of CPR recommendations. CPR recommendations are implemented by program teams and Faculties, in collaboration with other departments and stakeholders as required.

5.2.14. Approved CPR report recommendations and action plans are stored electronically by each academic Faculty and in CTL's program repository.

5.3. Degree Consent Renewal

5.3.1 Prior to MCU consent renewal, degree programs undergo a thorough review process as identified in the PEQAB Manual for Ontario Colleges: Three Year Degrees or PEQAB Manual for Ontario Colleges: Four Year Degrees.

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 EVPA 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/Associate Dean of a program or program cluster determines, in consultation with staff in the CTL, 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/Associate Dean and the CTL.

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.   Executive Vice-President, Academic

6.1.1.   Implementing this policy and procedure and overseeing DC'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 Administration

6.2.1.   Reviewing APR reports and CPR reports.

6.3.   Executive Deans/Deans/Associate 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, CPR and ad hoc program review and renewal processes;

6.3.3.   Overseeing Degree Consent Renewal;

6.3.4.   Selecting faculty members to be Program Review Team Leads and part of the Program Review Teams;

6.3.5.   Inviting the participation of PPL in APR and/or CPR processes, where appropriate;

6.3.6.   Providing an overview of the APR process;

6.3.7.   Providing advice on the selection of external assessor(s), if required;

6.3.8.   Submitting the CPR final report and recommendations to the Manager, Academic Quality Assurance; and

6.3.9.   Overseeing the implementation of approved APR and CPR recommendations and action plans.

6.4. Dean, Professional and Part-time Learning

   6.4.1. Reviewing and revising APR and CPR templates, as appropriate;

   6.4.2. Establishing timelines for APR and CPR processes;

   6.4.3. Reviewing APR recommendations; reviewing and submitting CPR recommendations to the Manager, Academic Quality Assurance, as appropriate; and

   6.4.4. Overseeing the implementation of approved APR and CPR recommendations and action plans.

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(s)

   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. Associate Dean, Teaching, Learning and Program Quality

   6.7.1. Maintaining and updating the CPR cyclical roster of programs.

6.8. Manager, Program and Curriculum Development

    6.8.1. 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.

6.9. Manager, Academic Quality Assurance

    6.9.1. Collaborating with the Program Review Team to ensure feedback is solicited from employers, students, graduates and Program Advisory Committee members;

    6.9.2. Facilitating student and external consultations, ensuring completion of summary report;

    6.9.3. Facilitating discussion and analysis of program performance information and completion of summary discussion documents;

    6.9.4. Liaising with selected external assessors and internal college departments to facilitate site visits and receive assessment report(s);

    6.9.5. Ensuring program CPR presentations are made to Academic Council;

    6.9.6. Providing unbiased support and facilitation and integrating stakeholder perspectives, as appropriate;

    6.9.7. Maintaining (in consultation with the EVPA) program review documents to guide and support the review process; and

    6.9.8. Preparing annual reports to communicate program review status and outcomes.

6.10. Director, Institutional Research and Planning

    6.10.1. Providing resources to evaluate program effectiveness in support the APR and CPR processes;

    6.10.2. Determining additional information needs for the PIP; and

    6.10.3. Presenting the PIP to the Program Review Team for discussion and recommendations.

6.11. External Assessors

    6.11.1. Duties may include 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

6.11.2. Providing a summary report of their findings to the Manager, Academic Quality Assurance and the Executive Dean/Dean/Associate 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 Multi-Year Accessibility Plan.

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, unsuccessful external program accreditation or quality assurance audits; and graduates who do not have the requisite skills and knowledge for their chosen professions.

9. Related forms, legislation or external resources

- Credential Validation Service Program Descriptions
- Durham College Annual Program Review template
- 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
- Ontario Qualifications Framework
- PEQAB Manual for Ontario Colleges: Three Year Degrees
- PEQAB Manual for Ontario Colleges: Four Year Degrees
- Skilled Trades Ontario