



**ONTARIO UNIVERSITIES**  
COUNCIL on QUALITY ASSURANCE

**REPORT ON THE  
QUALITY ASSURANCE AUDIT OF  
WESTERN UNIVERSITY**

**AUGUST 2024**



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## Introduction to the Cyclical Audit for Western University

Western University (formerly The University of Western Ontario) was founded in 1878. Today it consists of 11 Faculties, eight of which are professional, and three<sup>1</sup> affiliated Colleges (Brescia University College, Huron University College, King's University College) plus the London Health Sciences Centre. In 2021-22, it counted 44,000+ students, 355,000+ alumni, 1,403 faculty and 2,590 staff. Many of its professional Faculties are subject to professional accreditation.

The audit of Western 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 (QA) and brings together best practice 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 and provides each university with an internal policy for the conduct of quality assurance. In 2018, the QAF and the Quality Council underwent an external review. This led to a revised Quality Assurance Framework being approved in 2021, and the Ontario universities have 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. Western University was the third university to undergo audit with the audit occurring in 2013-14. The second cycle of audits commenced in 2022, and Western University is again the third university being audited, with the audit occurring in 2023-24. Because Ontario universities have updated their IQAPs to comply with the 2021 QAF, universities undergoing audit in the first two years of the second cycle (Western 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 2, the audit will be based on activities undertaken under the 2021 QAF, the universities' subsequently revised IQAP and the results of the Phase 1 audit.

The auditors followed the Audit Process as described in the Quality Assurance Framework (QAF 6.2; please refer to Appendix A). The Quality Assurance Secretariat selected the three

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<sup>1</sup> The absorption of Brescia College into Western University has been ratified with a May 2024 deadline.

auditors (see brief biographical information for the auditors in Appendix B) 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 on November 23, 2022. Following this orientation, Western University was asked to provide preliminary institutional documentation. Upon receipt and review of the preliminary documentation, the Audit Team selected a sample of quality assurance activities completed under the IQAP's New Program Approval Protocol and the Cyclical Program Reviews Protocol.

In the summer of 2023, Western University submitted documentation of the quality assurance activities for the six programs selected along with the Institutional self-study (ISS). The auditors completed a desk audit using the University's ISS and records of the selected quality assurance activities (program documentation), together with associated supporting documents. The Audit Team then conducted an on-site visit with Western University from November 14 – 16, 2023 (see Appendix C for the site visit schedule) during which the auditors met with the University's senior leadership, those with important roles in the quality assurance processes, representatives from those programs selected for audit, and students. Following the site visit, 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 Western University audit:

Dr. Roelof (Rudy) Eikelboom  
Dr. Sarah McKinnon  
Dr. Bettina (Tina) West  
Dr. Christopher Evans, Quality Council Secretariat support  
Ms. Cindy Robinson, Quality Council Secretariat support

The audit process is both complex and time-consuming for all sectors of the University, from staff to faculty and administration. It was clear to the auditors that Western University showed evidence of strong and ongoing commitment to quality assurance principles and practices. In particular, the Audit Team noted that the recently created Office of Academic Quality Enhancement (OAQE) provides robust leadership and support to all units undergoing review processes and learned that its efforts are much appreciated across the campus. In establishing the well-staffed office, the University has made a major statement about the importance of QA for the institution. Western University provided auditors with well-organized and virtually complete documentation (plus additionally-requested supplementary information) for the audit well in advance of the site visit. Requests for limited 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.

### **Quality Assurance Context at Western University**

Quality Assurance (QA) policy, practice and procedures at Western University are governed by the University's Institutional Quality Assurance Policy (IQAP) which was first approved by the

institution and ratified by the Quality Council in 2011, with some institutional revisions and Quality Council re-ratification occurring in 2012. In 2021-22, the University undertook a process to update its IQAP to reflect the requirements of the revised QAF. The Quality Council requested further revisions on June 8, 2022 after the University's first submission of the revised IQAP and these were completed, as required. The new IQAP was ratified by the Quality Council on August 18, 2022.

The University has three main committees dealing with quality assurance processes: Senate Committee on Academic Curriculum and Awards (ACA, formerly Senate Committee on Academic Policy and Awards, SCAPA); Senate Subcommittee on Program Review – Undergraduate (SUPR-U); and, Senate Subcommittee on Program Review – Graduate – SUPR-G. ACA has final responsibility to Senate for oversight and recommendations for approvals regarding the IQAP policies and procedures for Cyclical Program Reviews, new programs, major modifications, and Final Assessment Reports (FARs)/Implementation Plans (IPs). SUPR-U and SUPR-G make their recommendations to ACA based on their evaluation of these IQAP process outcomes. ACA's recommendations are then forwarded to the Senate for approval.

In 2021, the University created the OAQE with a full-time Director to oversee Western's IQAP-related quality assurance work. Recently, Administrative Coordinator roles in the Vice-Provost (Academic Programs) and Vice-Provost (Graduate Studies) portfolios were also restructured to become full-time in support of quality assurance.

The 2012 IQAP indicated that for both new and existing programs, monitoring would occur through the Annual Planning Process. The Audit Team was told that in practice, this resulted in a verbal conversation, with little to no documented evidence of the monitoring occurring for either process. In 2022, the OAQE recognized that no dedicated monitoring report existed. The integration of a required Ongoing Improvement Progress Report was therefore subsequently introduced in the fall of 2022, with the first completed reports from programs reviewed in the 2019-2020 cycle being received by the OAQE in July 2023. This system now requires that reports be prepared three-to-four years following a CPR or new program approval, and will be considered as part of the next cyclical review of the program. The University indicated that the reports are now routinely being produced and monitored by the OAQE and the amended practice has been codified in the 2022 IQAP.

In 2022, the OAQE piloted a Quality Assurance Academy (commonly referred to as the QA Academy) to facilitate student engagement as internal reviewers in Western's quality assurance work. According to the University's [website](#), this is now an ongoing initiative, which seeks to:

- Recruit student leaders via the central undergraduate and graduate student councils, the network of student senators, and pool of high achieving student volunteers;
- Train and initiate a mentorship process via a student reviewer retreat;
- Provide skill and leadership development as part of meaningful university service work; and

- Learn from the experiences and perspectives of student leaders and implement these insights into the continuous improvement of academic programs.

Finally, the Audit Team would like to recognize the tools being developed by the University to assist in their QA practices including UWorkflow and the new standard data packages, as developed by the Office of Institutional Planning and Budgeting, that can be used as a dashboard to assist Units in the preparation and analysis of data for self-studies. The Phase 2 Audit will provide an opportunity for auditors to review these tools.

### **Findings Arising from the Quality Assurance Audit of Western University**

The findings of this audit are based on the following:

- The report of the 2013-14 audit and the University's one-year responses;
- The University's 2023 Institutional self-study;
- A number of institutional-level documents such as the IQAP and its associated templates and guidelines; the Schedule of Reviews; Terms of Reference for SUPR-U / SUPR-G, etc.;
- A scan of quality assurance-related pages on the University's website;
- 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 desk audit of documentation provided by the University for six programs that have either undergone Cyclical Program Review or were new programs that have undergone appraisal for approval; and
- Information gathered at meetings with groups and individuals during a site visit at Western University.

The 2013-14 Cyclical Audit found no Causes for Concern, but the Audit Report resulted in 12 Recommendations and 18 Suggestions from the Quality Council. The 2022-23 Audit Team found that the University has appropriately responded to the outcomes of the previous Cyclical Audit.

The findings of the 2023-24 Cyclical Audit led to a series of Commendations and Best Practices, Recommendations, and Suggestions. Further details on these findings can be found in the subsequent sections of this Audit Report.

### **Implications of the Institutional Self-Study**

As already indicated, Western University submitted a very helpful Institutional self-study that provided for the Audit Team a useful perspective on QA at the University. The Audit Team recognized many of the topics and questions raised in the self-study as being excellent topics for further discussion at meetings of the Key Contacts. Within this document, the University asked the Audit Team pay particular attention to and advise on the following aspects of its quality assurance-related work:

1. *Strategies to further reduce the administrative workload on programs. In other words, creative ways of ensuring that the time and energy of program representatives is focused on reflection, discussion, deliberation, visioning and articulation of the program narrative in the brief.*

The Audit Team was impressed with the supports for QA that the University has put into place, both generally and specifically, such as the OAQE, the QA Academy for the training of student reviewers, and the support for the work of the SUPR-U and SUPR-G Committees. See Commendations below.

The Quality Council's Secretariat has prepared a series of handouts as resource material for institutions seeking further assistance on QA processes and activities. [Handout 1 Conducting CPR's](#) provides advice and suggestions that may be useful for managing workload issues.

Further, it is not clear to the Audit Team what training is provided for the program-based administrative support personnel, but perhaps the OAQE could summarize the expertise and administrative assistance that is available to program-specific staff members. See Suggestion 2.

2. *Ways of further supporting continuous enhancement between program reviews.*

The Audit Team believes that the recent introduction of the mid-cycle Ongoing Improvement Progress Reports will provide opportunities for program representatives to meet to discuss previous reviews, progress made in achieving the FAR/IP goals, and plans for the continuous improvement of both the programs and processes during the current cycle. When such a meeting occurs, the program representatives may endeavour to invite all members of the program, especially if there have been new hires since, or as a result of, the last review. See Suggestion 7.

In addition, the Quality Council Secretariat's [Handout 3 Approaches to Continuous Improvement](#), offers a number of suggestions, advice and resources for institutions, based on the work of Ontario universities, meetings of the Key Contacts and the guidance to the QAF. The strategies provided in this document may be useful for Western's OAQE in providing related guidance across the institution. The document considers in particular how universities can address issues of engagement (lack of buy-in from stakeholders) and also suggests ways to convey the value of quality assurance processes to the community.

3. *Strategies to meaningfully integrate recent program graduates in the self-study process.*

While, historically, there was limited involvement of recent graduates in the development of the self-study, the Audit Team commends the involvement of students in Western's QA processes, especially the introduction of the QA Academy program (See Commendations below).

For many universities, one of the difficulties with involving recent graduates in continuing activities is that of staying in touch with alumni. The Audit Team noted Western's desire to improve its connections with alumni to support QA work. Building the capacity and understanding for QA of current students may in return create alumni who are more interested in continuing their participation in QA related activities. As noted in the QAF [Guidance on](#)

[Involving Students in Quality Assurance Processes](#), the role of alumni on program advisory committees can be a way to integrate the views of program graduates into the self-study, either through the development or review of the self-study.

As well, input from alumni is frequently obtained by conducting surveys of past graduates. Units that are in regular contact with alumni, either through the circulation of newsletters, the use of social media, or regular alumni events, may find it easier to engage alumni for QA processes. Perhaps also the OAQE could approach some students from the QA Academy as they graduate and recruit them to continue their service as alumni or as ambassadors of their programs to encourage other alumni participation. There may be additional ways to combine the efforts of the Alumni Affairs and Student Affairs Offices to assist in maintaining up-to-date contact lists so that recent graduates can be recruited to participate in quality assurance activities. See Suggestion 8.

4. *How to further engage community partners on QA? For instance, experiential learning partners and international partners.*

Unfortunately, the Audit Team is unable to comment as this topic is out of scope of the Audit. However, the auditors agree that this would be a good topic for a future Key Contacts Exchange Forum.

5. *In a context where nearly every program is advocating for greater resources and faculty hires, what advice would you have about framing the scope of IQAP reviews in relation to hiring and resource allocation more broadly?*

The Audit Team was impressed with Western's current practice that was provided in the Institutional self-study. Specifically, the University currently indicates to reviewers and programs that while specific recommendations related to hiring and budgets are outside the scope of the review process, the issues that may drive these are relevant to ensuring the quality and sustainability of the program. For instance, the University will signal to the externals that while a recommendation to hire two new faculty lines would not be appropriate, recommended actions to remedy missing disciplinary expertise, and sharing considerations as well as a range of proposed actions specific to the program context, would be welcome.

This issue is a common one across universities, and Western's response is clear and could be useful to other institutions. Indeed, specific recommendations related to hiring and budgets are outside the scope of the review process but the issues that may drive these, as they relate to ensuring the quality and sustainability of the program, are relevant.

Beyond that, the auditors suggest that this might also be a good topic for a future Key Contact Exchange Forum.

6. *Advice with respect to meaningfully considering program integration of EDID.*

While this topic is currently out of scope of the Audit, the Audit Team recognize this is an ongoing and evolving area that the system is working to further develop. Currently, the Ontario Council of Academic Vice-Presidents (OCAV) has created a working group that has generated a

draft set of revisions to the current Degree Level Expectations with an eye to incorporating elements of equity, diversity, inclusion, Indigeneity and accessibility into the foundational statements that underpin the quality assurance system. Additionally, the University is encouraged to review the [2021-22 Omnibus Report on Quality Assurance](#) for previous discussions of Key Contacts on this area.

Recognizing there is still work to done, the Audit Team suggest this topic would also be suitable for a future Key Contact meeting.

## **Commendations and Best Practices (QAF 6.2.7)**

### **Commendations**

#### *1. The Office of Academic Quality Enhancement*

The Audit Team recognized that much has been done across the University since the last Cyclical Audit to strengthen the institution's work on quality assurance and its processes and practices. A strong commitment to QA and to continuous improvement across the campus was clearly evident through the documentation submitted for audit as well as through the discussions during the site visit.

In large part, this is due to the OAQE. The Audit Team heard many positive comments during its meetings about the leadership and support for QA processes from this office. In particular, the University community is appreciative of the organizational and training assistance provided by the OAQE Team to academic units undergoing CPR and new program approval processes.

#### *2. The QA Academy*

The Audit Team also commends the creation of the QA Academy, a training program that prepares students to serve as internal reviewers on program review panels. Students are also paid for their contributions to these processes. Student volunteers provided feedback about their QA experience in this organized way as part of the audit site visit and overall, the Audit Team saw this as a very positive innovation.

#### *3. Senate Committees (ACA/SCAPA, SUPR-U, SUPR-G)*

The three Senate committees (ACA/SCAPA, SUPR-U and SUPR-G) are also to be commended for their thorough work and sustained commitment to QA. Members of these committees are fully engaged in review processes, with Associate Deans rotating as internal reviewers on all CPRs and new program proposals. Many have served on the committees for a number of years and they bring experience and collective institutional memory to their deliberations. Moreover, during the meetings of the Audit Team with the Senior QA leadership, auditors learned that these Committees (particularly the SUPR-U/G) have the authority to require that new program proposals, program reviews and monitoring reports fully and appropriately address all IQAP/QAF requirements. The Committees indeed have the ultimate authority to suspend a program's admission if their recommendations do not result in corrective action by the unit.

## Best Practices

**UWorkflow:** The Audit Team also noted that the School of Graduate and Postdoctoral Studies (SGPS) has devised a software-based tracking system for the program review processes. UWorkflow is very effective in managing the progress of each academic unit's quality assurance-related work. Such supports contribute positively to the culture of shared responsibilities for QA across the institution and offer a model for other institutions.

## Recommendations to the Institution

Recommendations, which are recorded in the Audit Team's 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, including in its response to the Audit Team's report when required.

Western University must:

**RECOMMENDATION 1: Ensure that the process for monitoring the University's new programs, as detailed in its IQAP and required by QAF 2.4.3, is consistently followed.**

The Audit Team was concerned by the absence of any formalized and documented monitoring of the University's new programs. During the course of the audit, the Audit Team was informed that the OAQE recognized this monitoring was not taking place. To address this concern, the revised 2022 IQAP introduced the requirement for an Ongoing Improvement Progress Report which will be produced by the academic units between the program's launch and its first cyclical review and be submitted to the OAQE. The Ongoing Improvement Progress Report will evaluate the new program in areas including program administration and resource allocation. It will allow the program to reflect on its successes in terms of objectives, requirements, enrolment targets and learning outcomes.

Given that a remedy was put in place prior to the audit, the Audit Team determined that a Cause for Concern was not appropriate. However, while details on the new monitoring processes and associated templates were provided, the auditors were unable to observe its application in practice. Successful implementation of the new monitoring processes for new programs will therefore be verified through the University's Phase 2 audit.

**RECOMMENDATION 2: Ensure that there is consistent, ongoing and timely monitoring of the recommendations selected for action in the Implementation Plans, as detailed in the IQAPs Protocol for Cyclical Program Reviews.**

Similarly, the Audit Team was told that only informal and undocumented monitoring of Cyclical Program Reviews was being undertaken by the University up until the mid-cycle monitoring progress reports were introduced in 2022. As with Recommendation 1, as a remedy is now in place, this area of non-compliance with the QAF has resulted in a Recommendation versus Cause for Concern. Successful implementation of the new monitoring processes for Cyclical Program Reviews will be verified through the University's Phase 2 audit.

**RECOMMENDATION 3: Ensure that the monitoring reports arising from the Cyclical Program Reviews are posted on the University’s website, as required by Section 4.2.6 c) of the Quality Assurance Framework.**

Not surprisingly, as the monitoring process for the University’s Cyclical Program Reviews was historically only informal and undocumented, the requirement of the QAF to post these monitoring reports on the University’s website could not be met. And while the University followed its 2012 IQAP in that this did not include a requirement to post these reports, as previously noted, the Quality Assurance Framework in place at that time included such a requirement. The Audit Team is aware that the 2022 version of the IQAP has now rectified this error. Successful implementation of the new monitoring processes for Cyclical Program Reviews, including the subsequent posting of the monitoring reports on the University’s website, will therefore be verified through the University’s Phase 2 audit.

**RECOMMENDATION 4: Document the steps specified in the IQAP and criteria used to verify the external reviewers are selected using an arm’s length process.**

While the IQAP describes an appropriate process for verifying that the external reviewers are at arm’s length from the program being reviewed, there was inconsistent documentation to demonstrate that the process was followed. It was not clear to the auditors what happened between the preparation of the unit’s proposed list and the sending of invitations to external reviewers. The paper trail suggests that the unit prepares a list and that invitations will be extended by the Dean or Vice-Provost in order of names listed, but there was no documentation associated with who confirms the arm’s length status of the invitees.

The QAF and the Western IQAP indicate that the external reviewers are vetted to ensure that they are at arm’s length to the program. The University must ensure there is also a record of this process being completed for each program review and new program process (including who is responsible for the vetting and who for the approval) in order to give the University confidence in its selection of external reviewers. See also Suggestion 6.

### **Suggestions to the Institution**

Suggestions, which are forward-looking, are made by the Audit Team 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 Audit Team’s province-wide experience in identifying good, and even on occasion, best, practices. Universities are under no obligation to implement or otherwise respond to the Audit Team’s suggestions, though they are encouraged to do so.

Western University should:

**SUGGESTION 1: Consider more directly involving academic units in the preparation of their FAR/IPs.**

The Audit Team noted that there was a lack of understanding among some academic units about what recommendations had been selected for action post-review and who was responsible for carrying them out. The earlier practice of FAR/IPs being written by internal reviewers has been replaced by the work of the Director – OAQE, with oversight by the relevant Senate committee including the internal reviewer. While the Director emphasizes the role of the academic unit's responses to the external reviewers' recommendation in the development of the FAR and IP, 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 Chair (or equivalent) review and comment on a draft of the FAR/IP while it is being prepared. Having this or a similar form of engagement by the unit could facilitate a greater degree of buy-in to the wider Cyclical Program Review process and ultimately, an increased sense of ownership of and responsibility for the items selected for action in the IP.

**SUGGESTION 2: Consider preparing a short summary document outlining the required steps and what central University support services (Centre for Teaching and Learning, Libraries, Institutional Planning and Budgeting) are available to programs beginning the new program and CPR process.**

The development of a new program proposal or CPR self-study involves several processes and people to be effective. It would be helpful for the University to prepare clear and explicit information for programs about which central resources to contact and when. A brief overview document might prove helpful as a quick reference guide to the relevant process steps. As such, it could act as a quick guide on who to contact for assistance and where in the process this might happen, it could be used as an opportunity to restate the purpose and value of the CPR process and/or quality assurance for new program development, and is something that can be referred to quickly again and again by those in review/program development to check they are on track.

**SUGGESTION 3: Consider expanding the pool of internal reviewers for CPRs.**

Currently, internal reviewers are selected from the membership of SUPR-U and SUPR-G committees and as such, are normally Associate Deans. While this practice ensures that reviewers are experienced and familiar with quality assurance protocols, it also means that there is a limited pool of individuals who can serve. It could be useful to consider the appointment of additional faculty who have been involved in QA activities across the institution, including from the affiliate colleges, to the role of internal reviewer. In this way, workload could be balanced and knowledge of (and support for) the processes could be expanded more widely through information sharing. Further, using a member of one affiliate college to act as the internal reviewer of another affiliate college would provide the external reviewers with additional insights and awareness from an affiliate's perspective. Additionally, inviting program chairs from units scheduled for review in the next academic year could be seen as an educational and awareness-raising opportunity in terms of preparation for their own program's review.

**SUGGESTION 4: Consider providing formal orientation sessions for internal reviewers.**

As a refresher for members of the SUPR-U and SUPR-G Committees (and for other faculty who might be appointed as internal reviewers), a formal process of training internal reviewers would provide consistent information and updates for both new and returning reviewers. It could also be beneficial to include internal reviewers in the orientation for external reviewers as they begin their site visits for CPRs and new program reviews to make sure that roles and responsibilities for the reviews are understood.

**SUGGESTION 5: Consider requiring two year's notice if changes to the CPR schedule are being contemplated.**

On occasion, there may be reasons to adjust the timing of CPRs. In the case of bringing the review forward in time for any reason (for example to align with an accreditation review) and to avoid missed opportunities for internal assistance, the decision should ideally be made no later than two years before the originally scheduled review. Two years' notice would allow units to still be able to utilize the supports available for the process, understand and take into account any complications arising from adjusting the date, and participating in regular orientation sessions. Units would then be able to take full advantage of central university supports in the preparation of the self-study.

**SUGGESTION 6: Consider revising the process for appointing External Reviewers to also ask that they confirm their arm's-length status from the program under review.**

At some institutions, the external reviewers are asked to confirm their arm's length status when accepting the invitation to serve. While not a requirement, introducing this step would serve to further strengthen Western's existing processes for verifying the arm's length status of its external reviewers. See also Recommendation 4.

**SUGGESTION 7: Consider exploring additional ways to engage all program representatives in the mid-cycle Ongoing Improvement Progress Reports stage.**

As noted in point 2 of the Implications of the Institutional Self-Study section above, the relatively new mid-cycle Ongoing Improvement Progress Reports provides an opportunity for the program representatives to meet and discuss progress on the IP action items prior to finalizing the progress report. The University may wish to find ways to encourage such meetings to occur and that by doing so, new(er) hires could be engaged in the discussions around steps taken to continuously improve the program.

**SUGGESTION 8: Consider additional opportunities for engaging alumni in the Cyclical Program Review process.**

The input of program alumni can offer a unique perspective on the program's success in reaching its objectives and learning outcomes. Point 3 under the Implications of the Institutional Self-study above provides some suggestions for how this might additionally be done. However, the Audit Team was particularly impressed with the concept of the QA Academy. The University may wish to ask students in the QA Academy whether they are interested in continuing their

service post graduation, either as alumni or as ambassadors of their programs to encourage other alumni participation in their own program's next Cyclical Review.

## **Conclusion and Next Steps for Western University**

The audit of quality assurance activities at Western University has demonstrated a robust program that is deeply engaged with the policies and practices of the Quality Council. The institution's leadership is fully committed and supportive of the culture of academic quality. Through the Office of Academic Quality Enhancement (OAQE) and its governance and academic processes, the University has incorporated the notion of continuous improvement (such as the investment in the UWorkflow and the creation of standardized data packages) in its academic programs and this understanding has been embraced by the campus community. Western is also proactive in introducing innovative practices (e.g. the QA Academy) to strengthen the awareness of the value of QA and its assessment.

The Audit Team has provided several Recommendations for the University's action and a number of Suggestions for the University's consideration. However, at this time in advance of the aforementioned Phase 2 Audit, it has no Causes for Concern and no follow-up reporting is required.

# Appendix A: Overview of the Quality Assurance Audit Process for Western 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 Western 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 November 23, 2022. The Quality Assurance Secretariat and one member of the Audit Team provided an orientation on what to expect from the Cyclical Audit to the Key Contact and other relevant stakeholders.

## **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 Western University programs for audit:

### **New Programs**

- Interdisciplinary Medical Sciences, MSc, approved by the Quality Council in 2019, Faculty of Medicine and Dentistry
- Major in Human Rights Studies, BA, approved by the Quality Council in 2020, King's University College

### **Cyclical Program Reviews**

- Health and Rehabilitation Sciences, Graduate Programs, 2021/21, Faculty of Health Sciences
- Political Science, MA/PhD, 2020/21, Faculty of Social Science
- Software Engineering, BESC, 2018/19, Faculty of Engineering
- Theatre Studies, BA, 2021/22, Faculty of Arts and Humanities

#### **E. Findings in Areas of focus Requested by the University (if Applicable):**

The university requested review of the following areas about which it has particular concerns:

Not Applicable

#### **F. 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<sup>2</sup>, 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).

#### **G. 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

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<sup>2</sup> 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.

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)

## H. 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 ensure 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:

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

#### **I. 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.

#### **J. 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.

#### **K. 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.

#### **L. 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.

#### **M. 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.

#### **N. 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. Sarah McKinnon**, Former Professor of Art History, OCAD University

Dr. McKinnon served as Vice-President Academic at OCAD U from 2002-2012, during the period in which OCAD became degree-granting. She was a member of OCAV when the Ontario Universities Council on Quality Assurance was formed and was an author of the OCAD U Quality Assurance policies. She was also the OCAV representative to the OUAC Advisory Board and the Co-Chair of the COU Reference Group on Accessibility as an OCAV appointee. From 2012-2016, Dr. McKinnon held the position of Senior Vice President for Academic Affairs and Dean at the School of the Museum of Fine Arts, Boston. One of her major responsibilities was to assist in the School's achievement of New England Association of Schools and Colleges (NEASC) regional accreditation, accomplished in 2014. From 2020-2022, she served as Interim President at NSCAD University in Halifax. Dr. McKinnon received her PhD from the University of Toronto. Prior to her tenure at OCAD U, she was Professor of Art History at the University of Winnipeg. There she was also founding University Art Curator, Chair of the History Department, Associate Dean and Dean, Faculty of Arts and Sciences. She developed and taught in the undergraduate art history major at the University of Winnipeg.

### **Dr. Roelof (Rudy) Eikelboom**, Professor Emeritus, Psychology, Wilfrid Laurier University

Rudy Eikelboom received his BSc from McGill and his MSc and PhD in Experimental Psychology from Concordia, both in Montreal. Before joining the faculty at Wilfrid Laurier University, he taught at Queen's, Concordia, and Algoma. He served as the undergraduate and graduate officer in the Psychology Department and then became its chair for three terms. He was responsible for heading a cyclic review of all the department's undergraduate and graduate programs and completing the follow-up recommendations. Dr. Eikelboom was Secretary of the Laurier Senate for many years, serving on multiple university academic and hiring committees. He has been the external reviewer on cyclic review committees of neuroscience programs and the internal reviewer on many new programs at Laurier.

### **Dr. Bettina (Tina) West**, Professor Emerita, Marketing, Toronto Metropolitan University (TMU)

Bettina (Tina) West joined the Department of Marketing Management in the Ted Rogers School of Management (TRSM) as a tenure-stream faculty member in 2005. Her research interests include topics related to reputation management, online privacy, social media communication and management education. In addition to her teaching and research responsibilities, Dr. West has served as a reviewer for TMU's Research Ethics Board, as a member of the Academic Integrity Council's appeals committee, and as an invited member of the Senate Academic Standards Committee, as well as the Learning and Teaching Committee. She was Chair of the Department of Marketing Management for several years, before assuming the role of TRSM Associate Dean, Faculty and Academic in 2016, leading the School's undergraduate curriculum renewal initiatives, and working to build a culture of innovation, inclusivity and collaboration. In 2018, Dr. West was appointed Director, Curriculum Quality Assurance, in the Office of the Vice-Provost Academic, where she ensured continuous improvement and effective implementation of the policies related to TMU's Institutional Quality Assurance Process.

## Appendix C: Site Visit Schedule

### Schedule of Meetings with Quality Council Audit Team November 14, 15 and 16, 2023 | IGAB 1N05

#### Day 1 – Tuesday, November 14<sup>th</sup> 2023

| Time               | Participants  | Location            |
|--------------------|---|---------------------|
| 8:30 – 9:00 a.m.   | <b>Audit Team travel to Western</b><br>Greeted by Jovan Groen and accompanied to IGAB 1N05  | Alumni Thompson lot |
| 09:00 - 10:00 a.m. | <b>Audit Team planning meeting</b>  | 1N05                |
| 10:00 - 12:00 p.m. | <b>Audit Team meets with senior QA team:</b> <ul style="list-style-type: none"> <li>● Florentine Strzelczyk, Provost &amp; Vice- President</li> <li>● Susan Lewis, Vice-Provost (Academic Programs)</li> <li>● John Doerksen, Past Vice-Provost (Academic Programs)</li> <li>● Linda Miller, Vice-Provost (SGPS)</li> <li>● Lorraine Davies, Associate Vice-Provost (SGPS)</li> <li>● Nica Borradaile, Acting Associate Vice-Provost (SGPS)</li> <li>● Jovan Groen, Director OAQE</li> <li>● Alicia Kemp, Administrative Specialist</li> <li>● Artie Harricharran, Administrative Coordinator OAQE</li> <li>● Candace Loosley, Administrative Coordinator SGPS</li> </ul> | 1N05                |
| 12:00 - 12:30 p.m. | <b>Lunch</b>  | 1N05                |
| 12:30 – 1:00 p.m.  | <b>Audit Team meets with representatives of CTL and Library:</b> <ul style="list-style-type: none"> <li>● Aisha Haque, Director, Centre for Teaching and Learning</li> <li>● Ken Meadows, Educational Developer, CTL</li> <li>● Kelly Hatch, Acting Associate Chief Librarian, Research</li> <li>● Heather Campbell, Curriculum Librarian</li> <li>● Rachel Melis, Director, Library &amp; Learning Services (Huron)</li> </ul>   | 1N05                |
| 1:00 - 2:00 p.m.   | <b>Audit Team meets with representatives of the:</b><br><b>Interdisciplinary Medical Sciences, MSc, Faculty of Medicine and Dentistry</b> <ul style="list-style-type: none"> <li>● Nicole Campbell, Graduate Chair &amp; Director of the Program</li> <li>● Joy Camaro, Experiential Learning Coordinator</li> <li>● Jennifer Franco, Graduate Assistant</li> <li>● Hossein Noyan, Faculty Member</li> <li>● Faraj Haddad, Faculty Member</li> </ul>  | 1N05                |

|                  |  |      |
|------------------|--|------|
| 2:00 – 3:00 p.m. | <b>Audit Team meets with representatives of the:<br/>Major in Human Rights Studies, BA, King’s University College</b> <ul style="list-style-type: none"> <li>• Graham Broad, Department Chair, Human Rights Studies</li> <li>• Robert A. Ventresca, Interim Vice-President &amp; Academic Dean</li> <li>• Stephanie Bangarth, Program Coordinator</li> </ul>   | 1N05 |
| 3:00 – 3:30 p.m. | <b>Break</b>   | 1N05 |
| 3:30 – 4:30 p.m. | <b>Audit Team meets with QA partners across the University:</b> <ul style="list-style-type: none"> <li>• Denise Connelly, Associate Vice-Provost (Academic Planning Policy &amp; Faculty Relations)</li> <li>• Amy Bryson, University Secretary</li> <li>• Caroline Whippey, Associate University Secretary</li> <li>• Melissa O’Connor, Governance Specialist</li> <li>• Crystal Middaugh, Senior Data Analyst</li> <li>• Kimi Maruoka, Student Academic Services</li> <li>• Ryley Yost, Program Coordinator (Graduate Program Design)</li> <li>• Ken Peter Vanderwal, Registrar Data Analyst</li> <li>• Bryce Evon, Program Innovation Specialist, IPB</li> <li>• Ken Meadows, Educational Developer, CTL</li> </ul> | 1N05 |

**Day 2 – Wednesday, November 15<sup>th</sup> 2023**

| <b>Time</b>       | <b>Participants</b>   | <b>Location</b> |
|-------------------|---|-----------------|
| 8:30 – 9:00 a.m.  | <b>Presentation of uWorkflow Tool</b> <ul style="list-style-type: none"> <li>• Candace Loosley, Administrative Coordinator SGPS</li> </ul>  | 1N05            |
| 9:00 - 10:00 a.m. | <b>Audit Team meets with representatives of the:<br/>Health and Rehabilitation Sciences, Graduate Programs,<br/>Faculty of Health Sciences</b> <ul style="list-style-type: none"> <li>• Dianne Bryant, Past Graduate Chair</li> <li>• Marissa Butler, Graduate Assistant</li> </ul>   | 1N05            |
| 10:00 -11:00      | <b>Audit Team meets with representatives of the:<br/>Political Science, MA/PhD, Faculty of Social Science</b> <ul style="list-style-type: none"> <li>• Matthew Lebo, Department Chair</li> <li>• Christopher Alcantara, Past Graduate Chair</li> <li>• Elizabeth Hayden, Associate Dean</li> <li>• Teresa McLauchlan, Graduate Program Advisor</li> </ul> | 1N05            |

|              |  |      |
|--------------|--|------|
| 11:00-11:45  | <p><b>Audit Team meets with representatives from SUPR-G:</b></p> <ul style="list-style-type: none"> <li>● Lorraine Davies, Associate Vice-Provost (SGPS) Co-Chair</li> <li>● Nica Borradaile, Acting Associate Vice-Provost (SGPS) Co-Chair</li> <li>● Linda Miller, Vice-Provost (SGPS)</li> <li>● Elizabeth Hayden, Associate Dean (Graduate and Postdoctoral Studies), Faculty of Social Sciences</li> <li>● Kamran Siddiqui, Associate Dean Graduate and Postdoctoral Studies</li> <li>● Kevin Mooney, Associate Dean (Graduate Studies) Don Wright Faculty of Music</li> <li>● Elizabeth Webb, Associate Dean, Graduate and Post-Doctoral Studies, Faculty of Science</li> <li>● Immaculate Namukasa, Associate Dean, Graduate Education</li> <li>● Kelly Hatch, Acting Associate Chief Librarian, Research</li> </ul>  | 1N05 |
| 11:45-12:00  | <b>Break</b>   |      |
| 12:00 - 1:00 | <p><b>Working Lunch - Audit Team meets with Students</b></p> <p>Students who have participated in Western’s QA Academy and served as internal student reviewers over the last two years</p> <ul style="list-style-type: none"> <li>● Morgan Helena Decampos, QA and Site visit participant</li> <li>● Sarah Carver, QA and Site Visit participant</li> <li>● Adam Greasley, QA and Site visit participant, SUPR-G</li> </ul>   | 1N05 |
| 1:00 – 1:30  | <b>Break</b>   |      |
| 1:30 – 2:30  | <p><b>Audit Team meets with Deans and Academic Deans from the affiliate University Colleges:</b></p> <ul style="list-style-type: none"> <li>● Michael Kim, Dean, Don Wright Faculty of Music</li> <li>● Jan Plug, Acting Dean, Faculty of Arts and Humanities</li> <li>● Karin Schwerdtner, Acting Associate Dean Academic, Faculty of Arts and Humanities</li> <li>● Donna Kotsopoulos, Dean, Faculty of Education</li> <li>● Ovidiu-Remus Tutunea-Fatan, Associate Dean, Faculty of Engineering</li> <li>● Erika Chamberlain, Dean, Faculty of Law</li> <li>● Lisa Henderson, Dean, Faculty of Information &amp; Media Studies</li> <li>● Daniel Shrubsole, Associate Dean (Undergraduate studies), Faculty of Social Science</li> <li>● Elizabeth Hayden, Associate Dean (Graduate Studies), Faculty of Social Science</li> <li>● Sharon Hodgson, Dean, Ivey Business School</li> </ul> | 1N05 |

|                  |  |      |
|------------------|--|------|
|                  | <ul style="list-style-type: none"> <li>• Lyn Purdy, Associate Dean, Ivey Business School</li> <li>• John Yoo, Dean, Schulich School of Medicine and Dentistry</li> <li>• Jeff Hutter, Acting Dean, Faculty of Science</li> <li>• John Mitchell, Associate Academic Dean, Brescia University College (BUC)</li> <li>• Geoff Read, Provost and Dean of Arts and Social Science, Huron University College (HUC)</li> <li>• Mark Yenson, Associate Academic Dean, King's University College (KUC)</li> <li>• Nick Harney, Dean, Faculty of Social Science</li> </ul> |      |
| 2:30 - 3:30 p.m. | <b>Audit Team meets with representatives of the:<br/>Software Engineering, BSc, Faculty of Engineering</b> <ul style="list-style-type: none"> <li>• Luiz Capretz, Director of Software Engineering Program</li> <li>• Ken McIsaac, Department Chair</li> <li>• Abdelkader Ouda, Past Program Director</li> </ul>   | 1N05 |
| 3:30 - 4:30 p.m. | <b>Audit Team meets with representatives of the:<br/>Theatre Studies, BA, Faculty of Arts and Humanities</b> <ul style="list-style-type: none"> <li>• MJ Kidnie, Program Director</li> <li>• Matthew Rowlinson, Past Department Chair</li> </ul>   | 1N05 |

**Day 3 – Thursday, November 16th 2023**

| Time               | Participants   | Location |
|--------------------|--|----------|
| 08:30 - 09:15 a.m. | <b>Audit Team meets with members of SUPR-U:</b> <ul style="list-style-type: none"> <li>• Susan Lewis, Vice-Provost Academic Programs, Chair</li> <li>• Mark Yenson, Associate Academic Dean, KUC</li> <li>• Ovidiu-Remus Tutunea-Fatan, Acting Associate Dean Undergraduate Studies, Faculty of Engineering</li> <li>• Andrew Johnson, Associate Dean (Undergraduate Programs), Faculty of Health Sciences</li> <li>• Geoff Read, Provost &amp; Dean, Faculty of Arts and Social Science, HUC</li> <li>• Caroline Whippley, Associate University Secretary</li> <li>• Kathryn Hibbert, Associate Dean, Teacher Education, Faculty of Education</li> <li>• Daniel Shrubsole, Associate Dean, Undergraduate Studies</li> <li>• Karin Schwerdtner, Acting Associate Dean, Academic, Faculty of Arts &amp; Humanities</li> <li>• Geoff Wild, Former SUPR-U member</li> </ul> | 1N05     |

|                    |   |      |
|--------------------|---|------|
|                    | <ul style="list-style-type: none"> <li>• Sarah Tribe, SUPR-U member Undergraduate Student</li> <li>• Kelly Hatch, Acting Associate Chief Librarian, Research</li> <li>• Evan Abbey, undergraduate student member</li> <li>• Susan Knabe, Associate Dean, Faculty of Information and Media Studies</li> </ul>  |      |
| 09:15-10:15 a.m.   | <p><b>Audit Team meets with Internal Reviewers:</b></p> <ul style="list-style-type: none"> <li>• Kevin Mooney, Associate Dean (Graduate), Faculty of Music</li> <li>• Pam McKenzie, Associate Dean, Faculty of Information and Media Studies</li> <li>• Tracy Isaacs, Special Advisor to the Provost on Gender-Based and Sexual Violence</li> <li>• Susan Knabe, Associate Dean, Faculty of Information and Media Studies,</li> <li>• Brad Urquhart, Associate Dean, Basic Medical Sciences Undergraduate Education</li> <li>• Geoff Read, Provost and Dean, Faculty of Arts and Social Science at Huron University College</li> <li>• Andrew Johnson, Associate Dean (Undergraduate), Faculty of Health Sciences</li> <li>• Kathryn Hibbert, Associate Dean, Teacher Education Faculty of Education</li> <li>• Kamran Siddiqui, Associate Dean (Graduate) Faculty of Engineering</li> <li>• Immaculate Namukasa, Associate Dean, Faculty of Education</li> </ul> | 1N05 |
| 10:15 - 11:00 a.m. | <b>Audit Team meeting</b>   | 1N05 |
| 11:15 a.m.         | <b>Break</b>  | 1N05 |
| 11:15 - 1:30 p.m.  | <p><b>Audit Team meets with senior QA team and Lunch:</b></p> <ul style="list-style-type: none"> <li>• Susan Lewis, Vice-Provost (Academic Programs)</li> <li>• John Doerksen, Past Vice-Provost (Academic Programs)</li> <li>• Linda Miller, Vice-Provost (SGPS)</li> <li>• Lorraine Davies, Associate Vice-Provost (SGPS)</li> <li>• Nica Borradaile, Acting Associate Vice-Provost (SGPS)</li> <li>• Jovan Groen, Director OAQE</li> <li>• Artie Harricharran, Administrative Coordinator OAQE</li> <li>• Candace Loosley, Administrative Coordinator SGPS</li> </ul>  | 1N05 |
| 1:30 - 2:30 p.m.   | <b>Audit Team wrap-up meeting</b>   | 1N05 |
| 2:30 - 3:30 p.m.   | <p><b>Audit Team de-brief with QA leaders</b></p> <ul style="list-style-type: none"> <li>• Susan Lewis, Vice-Provost (Academic Programs)</li> <li>• Linda Miller, Vice-Provost (SGPS)</li> </ul>  | 1N05 |

|  |  |  |
|--|--|--|
|  | <ul style="list-style-type: none"><li>• Nica Borradaile, Acting Associate Vice-Provost (SGPS)</li><li>• Jovan Groen, Director OAQE</li></ul> |  |
|--|--|--|