

**YORK UNIVERSITY QUALITY ASSURANCE
PROTOCOLS AND PROCEDURES
(YUQAP)**

May 2014

York University Quality Assurance Procedures

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York University Quality Assurance Procedures (YUQAP)

1. QUALITY ASSURANCE CONTEXT

1.1 Preamble

Quality assurance of university academic programs has been adopted around the world and is widely recognized as a vital component of every viable educational system. An important component has been the articulation of degree level expectations and learning outcomes in postsecondary education.

The OCGS [Ontario Council of Graduate Studies] adopted its statement of Graduate University Degree Level Expectations in January 2005. This was followed in December 2005 by COU [Council of Universities] endorsing the Guidelines for University Undergraduate Degree Level Expectations (UUDLES) developed by OCAV [Ontario Council of Academic Vice-Presidents]. The Ontario Council of Academic Vice-Presidents subsequently incorporated UUDLES into its UPRAC Review and Audit Guidelines with an implementation date of June 2008. OCAV's adoption of the Degree Level Expectations set out the academic standards of Ontario's universities. Each university is expected to develop its own institutional expression of the undergraduate and graduate degree Level Expectations and to have them applied to each academic program.

In 2010 the Council of Ontario Universities (COU) approved protocols for the approval of new programs and other curriculum, and the cyclical review of programs set out in a document called the Quality Assurance Framework (QAF). These protocols are overseen at the provincial level by a new quality assurance body established by COU called the Ontario Universities Council on Quality Assurance (the Quality Council). It is the policy of York University to comply in full with these protocols.¹

As set out in the new QAF, academic standards, quality assurance and program improvement are, in the first instance, the responsibility of universities themselves. The Framework recognizes the institution's autonomy to determine priorities for funding, space, and faculty allocation. The Policy on the Approval and Cyclical Review of Programs and other Curriculum governs the approval of proposed new programs and the review of existing programs at York University. York University's Quality Assurance Procedures (YUQAP) outlines the protocols for the assessment and approval of new programs, review of existing programs, modifications to existing programs, and closures of programs. Templates for the various types of curriculum submissions may be found at <http://yuqap.info.yorku.ca/>. The Policy on the Approval and Cyclical Review of Programs and other Curriculum and YUQAP were approved by Senate on (October 28, 2010) and ratified by the Quality Assurance Council on (March 31, 2011).² In developing the new Quality Assurance Framework for postsecondary education, Ontario universities have shown significant leadership and a firm commitment to cultivating a culture of quality in education. The alignment of Ontario universities with international quality assurance standards also facilitates greater international acceptance of our degrees and improves the access that our students have to university programs and employment worldwide.

1.2 Scope of application

York's responsibility for quality assurance extends to new and continuing undergraduate and graduate degree/diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the university. These responsibilities also extend to programs offered in partnership, collaboration or other such arrangement with other postsecondary institutions including colleges, universities, or institutes, including Institutes of Technology and Advanced Learning (ITALs). For definitions of the inter-institutional arrangements please refer to the Guidelines for Intra-Institutional & Inter-Institutional Programs on the Quality Assurance website at <http://yuqap.info.yorku.ca/>.

Each institution's Quality Assurance Process is ratified by the Quality Council whose work is supported by both an Appraisal

1 The Quality Assurance Framework was approved by the Ontario Council of Academic Vice Presidents on February 8th, 2010, approved by Executive Heads of the Council of Ontario Universities on April 22, 2010. Italicized text throughout the YUQAP denotes text quoted directly from the Quality Assurance Framework, Ontario Universities Council on Quality Assurance, (May 2011). See the QAF document for further details on the evolution of quality assurance in Ontario.

2 The Senate *Policy on the Approval and Cyclical Review of Programs and other Curriculum*, was approved by the Senate of York University in October 2010.

Committee and an Audit Committee. The Council operates at arm's length from universities and the government to ensure its independence.

1.3 York University's Quality Assurance Procedures

The York University Quality Assurance Procedures reflects two principles: 1) the pursuit of academic quality is the University's highest academic objective; and 2) quality assurance is a responsibility shared by academic units, Faculty Councils and Senate. York University has a well-established commitment to academic quality. The two overarching themes identified in the 2005-2010 York University Academic Plan that informs all of the University specific planning objectives are: attaining the highest academic quality, and knowing ourselves and seeing how we are seen. These themes are carried forward in the White Paper (WP) that was endorsed by Senate in April 2010, which in turn provided the framework for the 2010- 2015 UAP.

The articulation of degree level expectations is central to York's approach to ensuring that our academic programs are of high quality compared to international standards and that the learning outcomes are clear to our students. A priority embedded in the approval of the YUQAP is to ensure that the degree level expectations have been articulated and are available to students in the case of all degree programs. Reviews are premised on the expectation that every program can be improved, and that regular evaluation directed towards improvement is a major responsibility of programs and the related departments/schools/faculties.

The York University Quality Assurance Procedures (YUQAP) comprises five distinct components based on the Quality Assurance Framework:

- The **Protocol for New Degree Program Approvals** applies to new undergraduate degrees, undergraduate honours specializations and majors (for which a similar specialization/major is not already approved), graduate degrees, joint degrees and intra/inter-institutional degree programs (dual credential, collaborative and combined degrees) when a new parent program at the University is being proposed in conjunction with the intra/inter-institutional degree). The Quality Assurance Framework defines a new program as brand new – that is, the program has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by the institution. New degree programs are externally reviewed as part of the process leading to institutional approval. Once approved by the institutional governance process, new programs are then reviewed by the Appraisal Committee of the Quality Council. The Council has the authority to approve or decline new program proposals.
- The **Protocol for New Programs with Expedited Approvals** applies to new graduate diplomas, new fields to existing graduate degrees, and joint degrees and intra/inter-institutional degree programs (dual credential, collaborative and combined degrees) when a parent program already exists at York. These programs do not require external appraisal. Once approved by the institutional governance process, new programs are then reviewed by the Appraisal Committee of the Quality Council. The Council has the authority to approve or decline these proposals.
- The **Protocol for Major Modifications** is used to assure program quality where significant changes have been made to existing and previously approved programs, but where the program requirements and learning outcomes are not changed in ways that denote a truly new program. Major modifications are approved by the institutional governance process and are reported annually to the Quality Council. The procedures for the identification and approval of Major Modifications in YUQAP are subject to Quality Council ratification. See Section 5.1 for examples of changes that would fall under the Major Modifications Protocol.
- The **Protocol for Program Closure** specifies the process for closing programs. Program closures are approved through the institutional governance process and are reported annually to the Quality Council.
- The **Protocol for Cyclical Program Reviews** assesses the academic standards of existing undergraduate and graduate programs, including credit graduate diploma and undergraduate certificate programs, and assures their ongoing improvement. To the extent possible, undergraduate and graduate program reviews will be conducted concurrently.

In addition to the Protocols described in the YUQAP, the Quality Assurance website:

- a) specifies the proposal brief required for new program proposals, new program proposals with an expedited approval process, and major modifications;
- b) provides guidance on self-studies including the articulation of degree level expectations and examples of curricular mapping for degree level expectations that allow programs to assess:
 - i) the extent of curricular alignment with degree level expectations;
 - ii) how degree level expectations are being assessed in the curriculum; and
 - iii) the appropriateness of the teaching and learning strategies for achieving learning outcomes;
- c) identifies responsibilities for the collection, aggregation and distribution of data and outcome measures required for self-studies;
- d) outlines the processes for the selection of reviewers and scheduling of site visits;
- e) specifies the format required for external review reports;
- f) provides specifics for joint programs and other inter-institutional programs governed by the YUQAP;
- g) sets out the Rota for the conduct of undergraduate and graduate program reviews;
- h) provides definitions of terms as set out in the QAF; and
- i) offers contact information for support and assistance.

1.4 York University's Quality Assurance Procedures for Inter-institutional Programs

In the case of joint programs and other inter-institutional programs in which all partners are within Ontario, the Quality Council's standards will apply. The separately approved quality assurance protocols will apply to all elements of the programs irrespective of the partner offering them. Where partners are outside of Ontario, the elements of the programs contributed by partners outside of Ontario will be subject to the quality assurance processes in their respective jurisdictions. The Quality Council will maintain a registry of jurisdictions with similar standards to those of Ontario. In cases involving a jurisdiction not in the registry, the Quality Council will make a determination about the appropriate action to be taken on quality assurance.

The following criteria will apply:

- a) There will be one self-study brief for the purposes of the YUQAP that will specify how input from the faculty, staff and students at all partner institutions was received;
- b) The partner institutions will provide input on the external reviewers and selection of the internal reviewer;
- c) The site visit will involve all partner institutions although separate reviewers may be assigned to different partners/institutions;
- d) There will be one Reviewer Report and feedback will be solicited from all partner institutions including the respective Deans/Principal;
- e) The Final Assessment Report and Implementation Plan prepared with oversight from the resource Dean/Principal will incorporate input from each partner;
- f) The Summary Report and Implementation Plan will be made available at each institution (normally on the website unless available in a specific jurisdiction); and
- g) The Implementation Plan will include information on the monitoring process.

2. UNIVERSITY AUTHORITIES

2.1 Quality Council Liaison and Reporting

The Vice President Academic and Provost is the chief academic officer at York University and is responsible for the oversight of the YUQAP. Within the Office of the Vice President Academic and Provost, the Vice Provost Academic is the sole contact between the institution and the Quality Council, and oversees the administration and reporting functions associated with the YUQAP.

2.2 Institutional Quality Assurance Authority

2.2.1 Senate Authority and Relationship to Faculty Councils

All proposals for the establishment of new graduate and undergraduate degree programs, diplomas and certificates, or for new fields, degrees, majors, options, streams or areas of concentration within existing programs – whether offered solely by the University or in cooperation with other institutions -- require the approval of Senate. Similarly, all major revisions, restructuring, or closure of graduate and undergraduate degree programs, diplomas and certificates require the approval of Senate. Normally only proposals that have been approved by the applicable Faculty Council(s) shall be considered by Senate and its committees.

- 2.2.2 Authority for York University Quality Assurance Policy
 Authority for Institutional Quality Assurance Policy is vested with the Joint Sub-Committee established by Senate's Academic Policy, Planning and Research Committee and the Academic Standards, Curriculum and Pedagogy Committee.
- 2.2.3 Role of the Joint Sub-Committee
 On behalf of Senate, the Joint Sub-Committee will ensure compliance with the Quality Council's protocols, respond to audit reports conducted by the QC proposing changes as may be needed, and oversee the cyclical review of programs.
- 2.2.4 Composition of the Joint Sub-Committee
 The Joint Sub-Committee is composed of the following members:
- two members of the Academic Policy, Planning and Research Committee
 - two members of the Academic Standards, Curriculum and Pedagogy Committee
 - the Vice Provost Academic and Associate Vice-President Academic
 - the Associate Vice-President Graduate and Dean of the Faculty of Graduate Studies
- 2.2.5 Eligibility for Membership on the Joint Sub-Committee
 At least one member from each of the parent committees shall hold an appointment in the Faculty of Graduate Studies.

2.3 Administration of Processes

The Office of the Vice President Academic and Provost is responsible for the publication of documents as required by the COU protocols, and shall maintain a Website for the purpose. The Office of the Vice President Academic and Provost will ensure compliance with protocols before reporting to the QC. Within the Office of the Vice President Academic and Provost, the Vice Provost Academic shall have oversight for the cyclical review process and shall have responsibility for establishing a Rota of reviews, which shall be submitted annually to the Joint Sub-Committee. The Vice Provost Academic shall provide advice to proponents and facilitate processes covered by this policy. Graduate programs will receive special attention from the Associate VP Graduate/Dean of FGS.

3. PROTOCOL FOR NEW DEGREE PROGRAM APPROVALS

3.1 Definition

The **Protocol for New Degree Program Approvals** applies to any degree, degree program or program of specialization currently approved by Senate which has not been previously approved by the Quality Council (or other intra-institutional approval processes with similar responsibility). Examples of new programs include:

- undergraduate degrees
 undergraduate honours specializations and majors (for which a similar specialization/major is not already approved)
- graduate degrees
- dual credential degrees (when a new parent program at York is being proposed)
- collaborative degrees (when a new parent program at the University is being proposed)
- combined degrees (when a new parent program at the University is being proposed)

A change of name, only, does not constitute a new program; nor does the inclusion of a new program of specialization where another with the same designation already exists (e.g., a new honours program where a major with the same designation already exists). A new program is brand-new and has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by the institutions.

3.2 Initial Institutional Process

The approval process for the introduction of new undergraduate and graduate degree programs follows the **New Degree Program Approvals Protocol** set out below (see Chart 3.2).

3.2.1 Early Notice of Intentions

Prior to the development, review and approval at any stage of a proposal that is subject to the York University Quality Assurance Process, proponents shall notify the office of the Dean(s) / Principal in the respective faculties/schools of their intentions. It is understood that the respective faculties/schools in this instance refer to

the faculties/schools where a program is anchored (i.e., the faculties/schools from which the program will receive resources). The Deans/Principal shall notify the University Secretariat and the Office of the Vice-President Academic and Provost including a statement from the Dean(s)/Principal signaling their agreement with the development of the proposal. The purpose of this required step is to: 1) provide input from the Office of the Vice-President Academic and Provost (graduate programs receive special attention from the Associate Vice-President Graduate/FGS Dean); and 2) facilitate consultations among interested parties at the earliest opportunity and make possible preliminary assessments of academic resource requirements and consistency with academic plans. Authorization to proceed with a proposal does not constitute formal support.

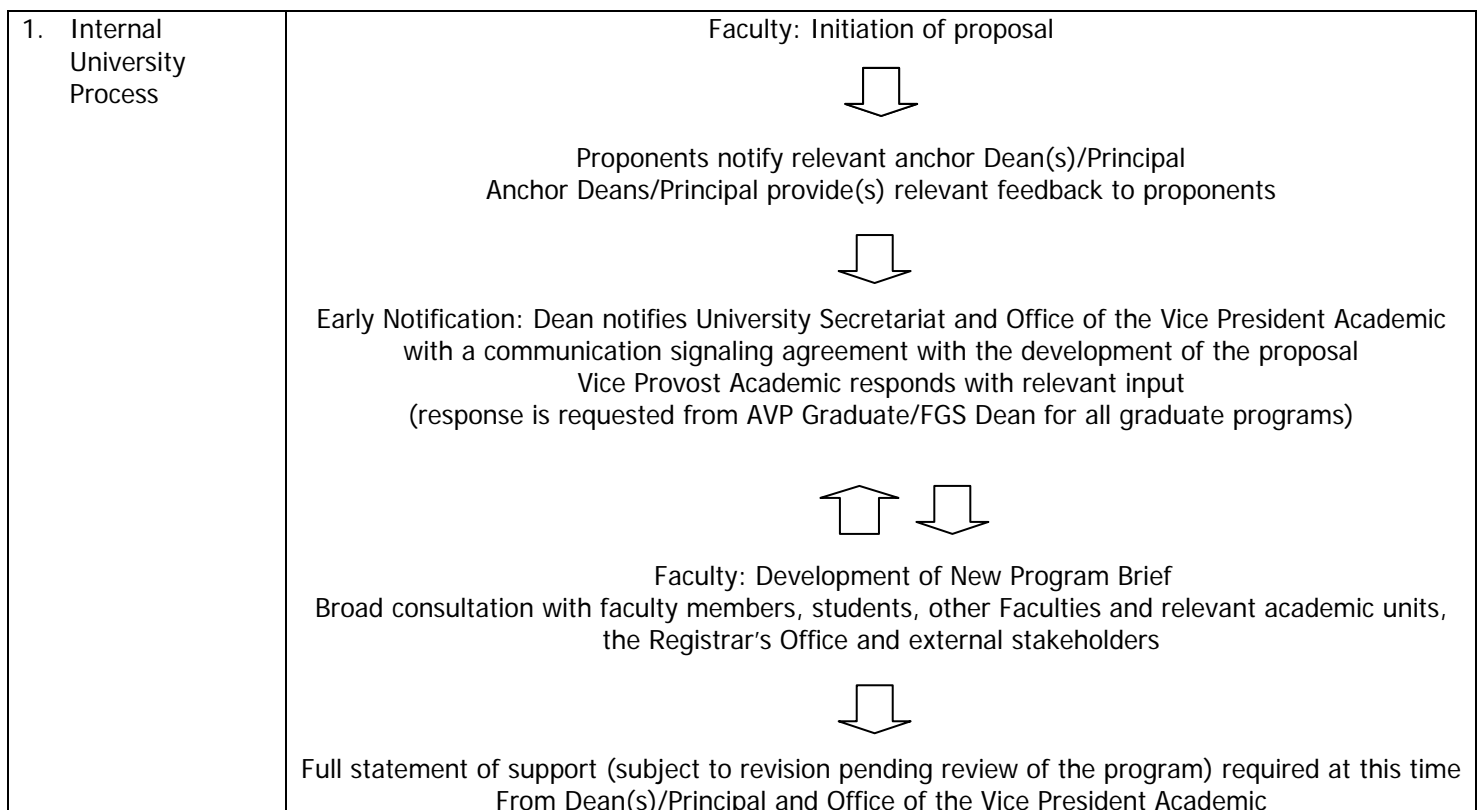
3.2.2 Development of the New Program Brief

Upon submission of the early notice of intention from the anchor Dean(s)/Principal, the Office of the Vice Provost Academic:

- responds to queries in consultation with other Associate Vice-Presidents and the VP Students as needed to facilitate proposal development with respect to academic resource planning, students, and approval processes (the Associate VP Graduate/FGS Dean provides a response in the case of all graduate programs);
- facilitates consultations among interested parties; and
- ensures consistency with academic plans.

The Faculty then proceeds to develop the new program brief with oversight from the Office of the Dean/Principal. Programs that are interdisciplinary or multidisciplinary, and/or have cognate programs at Keele and Glendon must have an identified lead administrative Faculty/School responsible for the coordination with the Office of the Vice Provost Academic and ensuring that the Proposal Brief (and associated reports and internal responses) are complete. The Brief is forwarded to the Faculty Dean(s) who provides a full statement of support subject to revision pending the review of the proposal. The Dean(s) ensure(s) compliance with the evaluation criteria (Section 3.3) and is/are responsible for ensuring that appropriate consultations have been/are conducted with the Office of the Vice Provost Academic. The Office of the Vice President Academic provides a full statement of support at this time subject to revision pending the review of the proposal and the new program brief is submitted to the Faculty Council Curriculum Committee(s) for approval to proceed.

Chart 3.2: Process for approval of new undergraduate and graduate degree programs



	<p style="text-align: center;">↓</p> <p style="text-align: center;">Faculty: Curriculum Committee approval</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Faculty: External appraisal commissioned (new)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Faculty and Office of the Vice President Academic: Internal response to appraisal / modify statements if necessary</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Faculty Council approval</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Faculty submits proposal to Committee on Academic Standards, Curriculum, and Pedagogy (ASCP) for approval</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">ASCP forwards proposal to the Academic Policy, Planning and Research Committee (APPRC) for concurrence and then ASCP forwards to Senate</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Office of the Vice President Academic: Submits proposal to Quality Council</p> <p style="text-align: center;">↓</p>
2. Quality Council Approval Process	<p style="text-align: center;">Appraisal Committee Review and Recommendation (normally within 45 days of receipt of the institution's submission)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Quality Council approval to commence</p>
3. MTCU Process	<p style="text-align: center;">↓</p> <p style="text-align: center;">Office of the Vice President Academic: Submission to MTCU where required</p>
4. Follow-up Process	<p style="text-align: center;">↓</p> <p style="text-align: center;">Ongoing program monitoring by the institution</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Cyclical review within 8 years of first enrolment</p>

3.2.3 External Review of New Program Proposals

External reviews of new undergraduate degrees, undergraduate specializations or majors (where no similar specialist/major has been approved) and graduate degrees are a requirement of the QAF and will normally be conducted following approval of proposals by the Curriculum Committee of Faculty Councils but before consideration of the proposals by Faculty Councils. The Vice Provost Academic is responsible for commissioning the initial external appraisal of proposed new degree programs in consultation with the faculties/schools. There will be at least one reviewer for new undergraduate programs and two for new graduate programs. External review of new graduate program proposals requires an on-site visit. External review of new undergraduate program proposals will normally be conducted on-site, but may be conducted by desk audit, video-conference or an equivalent method if the external reviewer is satisfied that the off-site option is acceptable.

3.2.4 External Reviewers

External reviewers will normally be associate or full professors, or the equivalent, with program management experience, a strong track record as academic scholars and previous academic administrative experience. They will be at arm's length from the program under development. Arm's length means that external reviewers are not close friends, current or recent collaborators, former supervisors, advisors or colleagues – that is, reviewers should not be chosen who are likely, or perceived to be likely, to be predisposed, positively or negatively, about the program. Examples of potential conflicts include a previous member of the program or department under review (including being a visiting professor); a graduate of the program; regular co-author and research collaborator with a member of the program within the past eight years; relative; close friend; and a doctoral supervisor of one or more members of the program (these examples have been drawn from the Council of Quality Assurance Guide).

3.2.5 Appraisal Report

Excepting occasions when two languages are used or when contrary circumstances apply, the reviewers will normally provide a joint report (see template on the Quality Assurance website) that appraises the standards and quality of the proposed program (addressing the criteria set out in Section 3.3) including the faculty members associated with the program and the material resources. They will also be invited to acknowledge any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to it. The report will normally be due within two weeks of the site visit.

3.2.6 Internal responses

Responses to the Appraisal Report and recommendations are required from both the proposing academic unit and the relevant Deans or their delegate. The proponents may modify the program at this time. The Dean(s)/Principal and/or Office of Vice President Academic may modify their statements of support if necessary based on the appraisal and the response from the proponents. Depending on the extent of any such modifications, the Faculty Council(s) may deem it appropriate to have the revised proposal return to the Curriculum Committee(s) for review or proceed directly to Faculty Council(s). **Internal responses to the Appraisal Report and recommendations are required**

3.2.7 Institutional approval

Based on the Proposal Brief, the Appraisal Report(s) and the internal responses to both, the proposal proceeds to Faculty Council and then to the Senate Committee on Academic Standards, Curriculum and Pedagogy (ASCP) for approval. In accordance with YUQAP, ASCP determines whether the proposal meets the program evaluation criteria and is thus acceptable or needs further modification or additional information. Existing Faculty rules / procedures governing the review of curriculum proposals remain in effect.

Upon approval by ASCP, proposals are forwarded to the Senate Academic Policy, Planning and Research Committee (APPRC) for concurrence and then forwarded to Senate by ASCP. The institution may stop the whole process at any point.

3.2.8 Quality Council Secretariat

Following Senate's approval of the proposal, the Office of the Vice President Academic confirms that the New Program Brief is complete, and submits the Proposal Brief, together with all required reports and documents, to the Quality Council Secretariat. The submission template requires information on whether or not the proposed program will be a cost-recovery program. The same standards and protocols apply regardless of the source of funding. No curriculum proposal shall be reported to the Quality Council without an institutional commitment from the relevant Faculty (normally through the Dean(s) / Principal) and the University (as reported through the Office of the Provost).

3.2.9 Announcement of new programs

Following Senate's approval of a new program and the submission of the New Program Brief to Quality Council, and subject to approval by the Office of the Vice-President Academic and Provost, the University may announce its intention to offer the new undergraduate or graduate program in advance of approval by the Quality Council. In such instances, prospective students are advised that offers of admission to a new program may be made only after the University receives confirmation that the Ontario Universities Council on Quality Assurance has approved the program.

3.3 Evaluation Criteria

Proposal Briefs prepared by the faculties and academic units for new undergraduate degree programs, undergraduate specializations or majors (where no similar specialist/major has been approved) and graduate degree programs must address the evaluation criteria set out in the Quality Assurance Framework as follows:³

3.3.1 Objectives

- a) Consistency of the program with the institution's mission and academic plans.
- b) Clarity and appropriateness of the program's requirements and associated learning outcomes in addressing the institution's own undergraduate or graduate degree structure and Degree Level Expectations.
- c) Appropriateness of degree nomenclature.

3.3.2 Admission requirements

- a) Appropriateness of the program's admission requirements for the learning outcomes established for completion of the program.
- b) Sufficient explanation of alternative requirements, if any, for admission into a graduate, second-entry or undergraduate program, such as minimum grade point average, additional languages or portfolios, along with how the program recognizes prior work or learning experience.

3.3.3 Structure

- a) Appropriateness of the program's structure and regulations to meet specified program learning outcomes and degree level expectations.
- b) For graduate programs, a clear rationale for program length that ensures that the program requirements can be reasonably completed within the proposed time period.

3.3.4 Program content

- a) Ways in which the curriculum addresses the current state of the discipline or area of study.
- b) Identification of any unique curriculum or program innovations or creative components.
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.
- d) Evidence that each graduate student in the program is required to take a minimum of two thirds of the course requirements from among graduate level courses.

3.3.5 Mode of delivery

Appropriateness of the proposed mode(s) of delivery) to meet the intended program learning outcomes and Degree Level Expectations.

3.3.6 Assessment of teaching and learning

- a) Appropriateness of the proposed methods for the assessment of student achievement of the intended program learning outcomes and Degree Level Expectations.
- b) Completeness of plans for documenting and demonstrating the level of performance of students, consistent with the institution's statement of its Degree Level Expectations.

³ Proposal briefs prepared by the faculties and academic units for new undergraduate degree programs, undergraduate specializations or majors (where no similar specialist/major has been approved) and graduate degree programs must also address any other criteria that the academic division chooses to apply.

- 3.3.7 Resources for all programs
- Indication of whether the new program is a professional program and/or a full cost recovery program
 - Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, and any institutional commitment to supplement those resources, to support the program.
 - Participation of a sufficient number and quality of faculty members who are competent to teach and/or supervise in the program.
 - Evidence that there are adequate resources to sustain the quality of scholarship produced by undergraduate students as well as graduate students' scholarship and research activities, including library support, information technology support, and laboratory access.
- 3.3.8 Resources for graduate programs only
- Evidence that faculty members have the recent research or professional/clinical expertise needed to sustain the program, promote innovation and foster an appropriate intellectual climate.
 - Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students.
 - Evidence of how supervisory loads will be distributed, and the qualifications and appointment status of faculty members who will provide instruction and supervision.
- 3.3.9 Resources for undergraduate programs only
- Evidence of and planning for adequate numbers and quality of: (a) faculty members and staff to achieve the goals of the program; or (b) of plans and the commitment to provide the necessary resources in step with the implementation of the program; (c) planned/anticipated class sizes; (d) provision of supervision of experiential learning opportunities (if required); and (e) the role of adjunct and part-time faculty members.
- 3.3.10 Quality and other indicators
- Definition and use of indicators that provide evidence of quality of the faculty members (e.g., qualifications, research, innovation and scholarly record; appropriateness of collective faculty members' expertise to contribute substantively to the proposed program).
 - Evidence of a program structure and faculty members' research that will ensure the intellectual quality of the student experience.

3.4 Initial Appraisal Process by the Quality Council

- 3.4.1 Secretariat check
- The Quality Council Secretariat will confirm that the Proposal Brief and associated reports and internal responses to them (as set out in Section 3.3 above) are complete. If there is missing information or defects of substance, the Secretariat will return the Proposal Brief to the institution for revision or amendment and resubmission. Otherwise the Proposal Brief and accompanying documents will be forwarded directly to the Quality Council Appraisal Committee.
- 3.4.2 Appraisal Committee reviews and recommends
- The Quality Council's Appraisal Committee reviews and appraises the complete file. This committee may seek further information from the institution, in which case it provides reasons for its requests to the institution. In rare instances, the Appraisal Committee may invite further input from an external expert, either through desk audit or site visit. If no further information is required, the Appraisal Committee, through the Quality Council, will advise the institution of its proposed recommendation, including a brief explanation of its reasons. This assessment includes one of the following recommendations:
- Approval to commence;
 - Approval to commence, with report (This typically refers to some provision or facility not currently in place but planned for later implementation, often two to three years in the future. The with report condition implies no lack of quality in the program at this point, does not hold up the implementation of the new program, and is not subject to public reference, whether on the web or elsewhere);
 - Deferral for up to one year during which time the university may address identified issues and report back; or
 - Against approval.

This step will normally be completed within forty-five days of receipt of the institution's submission, provided that the submission is complete and in good order, and that no further information or external expert advice is

required. Where additional information is required by the Appraisal Committee, one of the four possible recommendations (see above) to the Council will be made within a further thirty days of its receipt.

3.4.3 Institution may consult/appeal to Committee

When the recommendation is one of b), c) or d) in 3.4.2 above, the proposing university may, within sixty days, make an appeal to, or request a meeting with, the Appraisal Committee for reconsideration. Normally, the grounds for seeking reconsideration are that the institution will be providing new information, or that there were errors of fact in the Appraisal Committee's commentary, or there were errors of process. Following such communication, the Appraisal Committee revisits and may revise its assessment. It will convey its final recommendation to the Quality Council.

3.4.4 Institution may appeal to Council.

Having received and considered the Appraisal Committee's final assessment and recommendation, any additional comments from the institution on the assessment, and further, having heard any requested appeal from the institution on matters of fact or procedure, the Council makes one of the following decisions:

- a) Approved to commence;
- b) Approved to commence, with report;
- c) Deferred for up to one year, affording the institution an opportunity to amend and resubmit its proposal brief; or
- d) That the program proposal is declined.

When the Quality Council chooses option c), then the Appraisal Committee suspends the assessment process until the institution has resubmitted its Brief. After this, the Appraisal Committee reactivates its appraisal process (see Section 3.4.2 above). When the Appraisal Committee does not receive a response within the specified period, it considers the proposal to have been withdrawn.

3.4.5 Council reports decision

The Quality Council conveys its decision to the institution through the designated institutional contact, and reports it for information to OCAV and to the Ministry of Training, Colleges and Universities (MTCU). The Quality Council and the institution post information about decisions on approval to commence new programs on their respective websites, together with a brief description of the program. Only at this point may institutions make offers of admission to the program.

3.4.6 Waiting period before resubmission

To allow time for revisions to proposals, any institution declined permission to proceed at this stage (3.4.2) of the process, or following a denied appeal of the decision (3.4.4), will normally wait until one year has elapsed from the date of the Quality Council's decision before resubmitting a revised version of its proposal. The same waiting period normally applies when a university does not resubmit a deferred program proposal within the specified period.

3.4.7 Subsequent with report appraisal

When an institution has been given approval to commence a program with report, the Appraisal Committee reviews the subsequently submitted report, conducts whatever consultation it requires, and then makes one of the following recommendations to the Council. That:

- a) The program be approved to continue without condition;
- b) The program may continue accepting admissions but the Council requires additional follow-up and report within a specified period, prior to the conduct of the initial cyclical review. On the Council's receipt of that required report, the procedure returns to this same step in the appraisal process (i.e., 3.4.8).
- c) The program be required to suspend admissions for a minimum of two years. The Quality Council will then specify the conditions to be met in the interim in order for admissions to the program to resume.
- d) The institution may appeal, to the Quality Council, the proposed recommendation of the Appraisal Committee to suspend admissions to the program (3.4.7 c), on the same terms as are set out in Framework Section 3.4.3 above (i.e., the institution will be providing new information; and/or there were errors of fact in the Appraisal Committee's commentary; and/or there were errors of process).

3.4.8 Council hears with report appeal.

Having received and considered the Appraisal Committee's recommendation, and the institution's appeal, if any, the Quality Council may decide either:

- a) To approve the program without condition, or
- b) To approve the program continuing admissions with a further report, or
- c) To require the program to suspend admissions for a minimum of two years. This decision is final. The Quality Council conveys its decision to the institution, and reports it to OCAV and to MTCU for information.

3.5 Subsequent Process

3.5.1 Ministry of Training, Colleges and Universities (MTCU) funding approval for new undergraduate and graduate degrees. The MTCU approves BIU funding for new degree programs. The approval process occurs several times each year. Proposals are submitted to MTCU as required by the Office of the Vice President Academic once Quality Council approval has been received.

3.5.2 Monitoring of new programs
New programs are expected to be monitored by the academic unit and respective Dean(s)/Principal responsible for delivering the program including an assessment of expected enrolment targets and adequate course offerings. The Undergraduate or Graduate Program Director, as relevant, has specific responsibility for reviewing the annual data that will be considered as part of the quality assurance cyclical review.

3.5.2 First cyclical review
The first cyclical review for any new program must be conducted no more than eight years after the date of the program's initial enrolment and normally in accordance with York University's program review schedule (the Rota).

3.5.3 Implementation window
After a new program is approved to commence, the program will begin within thirty-six months of that date of approval; otherwise the approval will lapse.

3.6 Quality Council Audit Process

At least one undergraduate program and one graduate program selected for the sample for each institutional audit (See YUQAP Section 8) will be a New Program or a Major Modification to an Existing Program approved within the period since the conduct of the previous audit. The audit cannot reverse the approval of a program to commence.

4. PROTOCOL FOR NEW PROGRAMS FOR EXPEDITED APPROVALS

4.1 Definition

The **Protocol for New Programs with Expedited Approvals** applies to new:

- minor program, if there is no existing undergraduate degree program
- graduate diplomas
- dual credential programs (with existing parent programs)
- collaborative programs (with existing parent programs)
- combined programs (with existing parent programs)
- fields in existing graduate degrees (only if a graduate program is requesting endorsement of the field by the Quality Council – otherwise new fields are covered under the Protocol for Major Modifications)

These programs do not require external appraisal and are forwarded to Senate by ASCP. Once approved by Senate, the new programs are then reviewed by the Appraisal Committee of the Quality Council. The Council has the authority to approve or decline these proposals.

4.2 Initial Institutional Process

Chart 4.2 shows the overview of the Protocol for Expedited Approvals and the major steps within the institution and through the Quality Council. It differs from the Protocol for New Degree Programs (Section 3) only in the following respects.

4.2.1 Development of the Proposal Brief

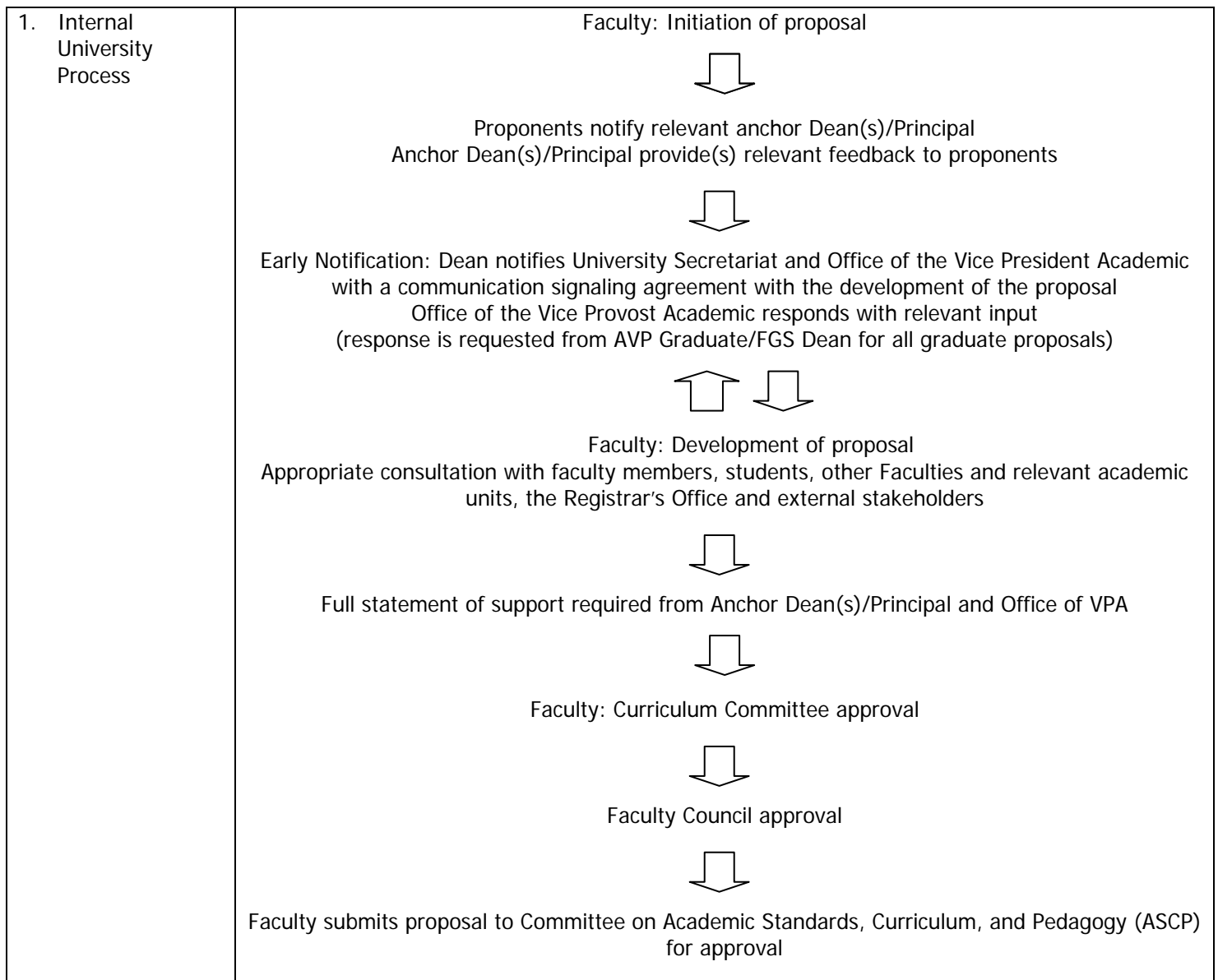
The **Expedited Approvals** process requires the submission to the Quality Council of a **Proposal Brief** of the proposed new program (or field as detailed above when QC endorsement has been requested) and the rationale for it. Only the applicable criteria outlined in Section 3.3 will be applied to the proposal with reference as appropriate to learning outcomes, faculty members and resources (see the template for expedited approval. The process is further expedited by not requiring the use of external reviewers; hence Sections 3.2.3 through 3.2.6 (inclusive) do not apply. Furthermore, the Council's appraisal and approval processes are reduced (see Section 4.3).

4.3 Expedited Approval Process

After reviewing the submission, conferring with the proposing institution, and receiving further information as needed, the Council's Appraisal Committee will come to its decision:

- a) That the institution proceeds with the proposed changes/new programs;
- b) That it consult further with the institution, over details of interest or concern, regarding the proposed changes/new programs. It can be anticipated that these subsequent consultations will normally be brief and affirmative in their outcome.

Chart 4.2: Protocol overview for new programs with an expedited approval



	<p style="text-align: center;">↓</p> <p style="text-align: center;">ASCP forwards approved proposals to Senate</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Office of Vice President Academic: Submits proposal to Quality Council</p>
2. Quality Council Approval Process	<p style="text-align: center;">↓</p> <p style="text-align: center;">Expedited Approval Process: Appraisal Committee Review and Recommendation (normally within 45 days of receipt of the institution's submission)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Quality Council approval to commence</p>
3. MTCU Process	<p style="text-align: center;">↓</p> <p style="text-align: center;">Office of the Vice President Academic: Submission to MTCU if new diploma</p>
4. Follow-up Process	<p style="text-align: center;">↓</p> <p style="text-align: center;">Ongoing program monitoring by the institution</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Cyclical review within 8 years of first enrolment</p>

The final decision of the Appraisal Committee will be conveyed to the Quality Council within forty-five days of receipt of a final and complete submission. The outcomes of these **Expedited Approvals** will be conveyed to the proposing institution through the Office of the Vice Provost Academic directly by the Executive Director of the Quality Council.

5. PROTOCOL FOR MAJOR MODIFICATIONS TO EXISTING PROGRAMS

5.1 Definition

Major modifications involve changes to existing programs due to curricular renewal to keep a program current, the restructuring of a program, a merger of existing programs, and proposals for new certificates. Major modifications typically include one or more of the following:

- a) Requirements for the program that differ significantly from those existing at the time of the previous cyclical program review. There will inevitably be a qualitative component to the determination of what constitutes significant change. However changes to courses comprising approximately one-third of the major requirements, core requirements and/or the degree program, might serve as a benchmark. The intention here is to reflect not a shift in one or two full course equivalents as an example but substantial change in the curriculum that might have an impact on the learning outcomes.
- b) The addition of a new major or specialization where a similar major or specialization currently exists at the undergraduate level for which a student registers and receives credit on his or her transcript.
- c) The addition of a new option (e.g. location where program is offered) within an existing graduate program.
- d) Establishment of undergraduate certificates.
- e) The merger of two or more programs.
- f) New bridging programs for college diploma graduates and / or internationally educated professionals.
- g) At the Master's level, the introduction or deletion of a major research paper or thesis, course-only, co-op, internship or practicum option.

- h) The deletion or creation of a new field in a graduate program (see template for the proposal of a new field).
- i) Any change to the requirements for graduate program candidacy examinations or residence requirements.
- j) Significant changes to the learning outcomes, but not meeting the threshold for a new program, such as additions to learning outcomes that constitute new categories of degree level expectations beyond those previously specified requiring new curricula and/or those that have implications for human, physical, and financial resources; and deletions of previously agreed learning outcomes that would eliminate an entire category of degree level expectations.⁴
- k) Significant changes to the faculty complement engaged in delivering the program that may result from a large number of retirements and/or new hires with different teaching and/or research interests.
- l) Change to the essential resources that have the potential to impair the delivery of an approved program as may occur, for example, where there have been changes to the existing mode(s) of delivery. Adding online courses and other pedagogical enhancements such as experiential education are excluded from major modifications [unless such changes fall into the criteria specified under (a) and (i) above] and are assumed to be handled at the Faculty-level.

Major modifications to existing programs do not require submission of a Proposal Brief to the Quality Council. The University may request that the QC review a major modification proposal and normally that will occur through the Expedited Approval Process without the requirement of an external review process.

Minor modifications require divisional approval by the respective Faculty Council(s) and include:

- the revision of a field in a graduate program
- the creation of a new course
- substitution of a course requirement
- edits to a list of courses from which students are required to take one or more courses

These modifications are forwarded to ASCP and Senate for either information or approval as appropriate.

Proposals for the addition of a minor, emphasis or option within an existing program should comment on the relationship of the admission requirements (if applicable) and curricular requirements for the minor, emphasis or option to those of the parent program. If different, the proposal should include a description of the admission requirements (if applicable) and/or curricular requirements, including an indication of how they are different from those of the parent program as well as a rationale for the difference in relation to the focus and learning outcomes of the minor, emphasis or option.

5.2 Proposal Brief

The proposal brief for a major modification includes the following along with any additional requirements that a Faculty may choose to apply (see the Proposal Brief template for major modifications):

- a) A description of the proposed changes and the rationale including alignment with academic plans;
- b) An outline of the changes to requirements and the associated learning outcomes including how the proposed requirements will support the achievement of program learning objectives;
- c) An overview of the consultation undertaken with relevant academic units and an assessment of the impact of the major modifications on other programs (where and as appropriate, the proposal must include statements from the relevant program(s) confirming consultation/support);
- d) A summary of any resource implications and how they are being addressed (attention should be paid to whether the proposed changes will be supported by a reallocation of existing resources or if new/additional resources are required a letter from the relevant resource Dean(s)/Principal is required if new resources are required);
- e) The application of any other relevant criteria outlined in Section 3.3 to the proposed changes;
- f) A summary of how students currently enrolled in the program will be accommodated; and
- g) A side-by-side comparison of the existing and proposed program requirements as they will appear in the Undergraduate or Graduate Calendar

5.3 Institutional Approval Process

The institutional process is abbreviated by not requiring the use of external reviewers; hence Sections 3.2.3 through 3.2.6 (inclusive) do not apply. Flow chart 5.3 provides an overview of the protocol and approval process for major modifications.

⁴ Shifts in the operationalization of previously defined categories of degree level expectations would generally be considered minor modifications.

The Office of the Vice President Academic will determine whether a change constitutes a major modification. Matters pertaining to policy changes regarding major modifications are decided by the Joint Sub-Committee.

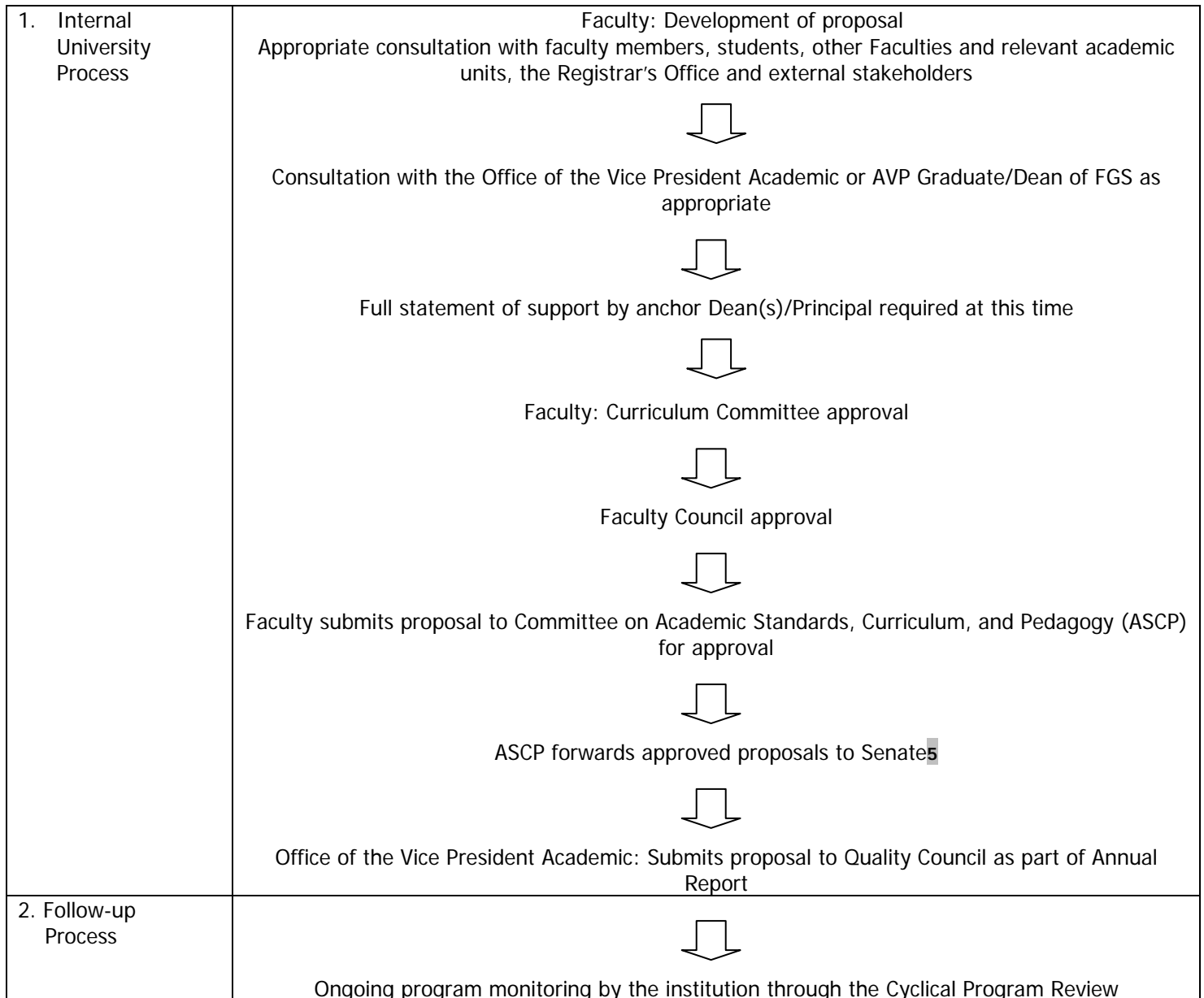
5.4 Annual Report to the Quality Council

The Office of the Vice President Academic files an Annual Report to the Quality Council which provides a summary of major program modifications that were approved through the university's internal approval process in the past year.

5.5. Subsequent University Process

Cyclical review of the program according to the rota within 8 years.

Chart 5.3: Process for approval of major modifications.



⁵ Proposals for certificates proceed to APPRC for concurrence.

6. PROTOCOL FOR PROGRAM CLOSURE

6.1 Definition

The protocol for a program closure includes the closure of degrees and degree programs including credit diplomas and certificates. There are several reasons for closing a program including low enrolment, changes in academic programs, and poor quality whether articulated in cyclical reviews or determined solely by the institution.

6.2 Proposal Brief

The Program Brief for a program closure will include the following criteria along with any other requirements that a Faculty may choose to add:

- a) Rationale for the closure including alignment with academic plans.
- b) Impact on other units that may utilize courses in their programs including inter-Faculty and inter-institutional agreements.
- c) Impact of closure on students currently enrolled in the program including an outline of the provisions for students to complete their programs, timelines, and availability to transfer credits to other programs.
- d) Impact on faculty members.
- e) General implications for the quality and diversity of academic programming.

6.3 Institutional Approval Process

The institutional process is abbreviated by not requiring the use of external reviewers; hence Sections 3.2.3 through 3.2.6 (inclusive) do not apply. Flow Chart 6.3 provides an overview of the protocol and approval process for the closure of degrees, and for-credit diplomas and certificates. Proposals follow a similar path to that set out for new program proposals. Once the Dean/Principal has provided a letter of support for the closure and a letter of confirmation is received from the Office of the VPA/Provost, the proposal goes through the Faculty governance process, and then proceeds to ASCP. ASCP forwards proposals that close undergraduate and graduate degree programs to APPRC. All other proposals for program closure (i.e., specializations, majors, certificates, diplomas) are forwarded directly from ASCP to Senate.

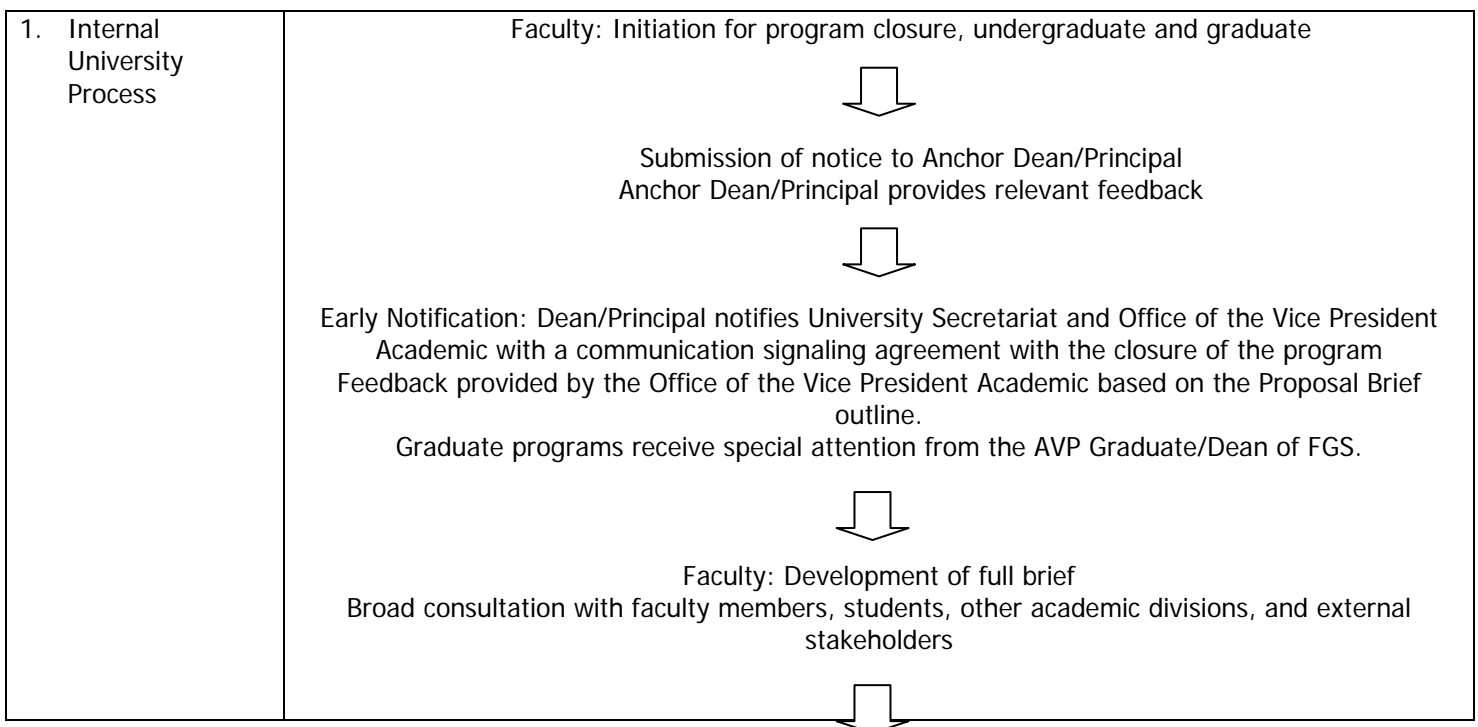
6.4 Annual Report to the Quality Council

Program closures are included in the Annual Report to the Quality Council by the Office of the Vice President Academic.

6.5 Subsequent MTCU Process

The Office of the Vice President Academic reports closure of degrees to the MTCU as part of the annual report.

Chart 6.3: Process for approval of program closures



	<p>Full letter of support for program closure from Anchor Dean/Principal required at this time followed by confirmation from Office of VPA/Provost for undergraduate and graduate program closures</p> <p style="text-align: center;">↓</p> <p>Faculty: Curriculum Committee approval</p> <p style="text-align: center;">↓</p> <p>Faculty Council approval</p> <p style="text-align: center;">↓</p> <p>Faculty submits proposal to Committee on Academic Standards, Curriculum, and Pedagogy (ASCP) for approval</p> <p style="text-align: center;">↓</p> <p>ASCP forwards approved proposals to Senate</p> <p style="text-align: center;">↓</p> <p>Office of the Vice President Academic: Reports closure to Quality Council in annual report</p>
2. MTCU Process	<p style="text-align: center;">↓</p> <p>University: Reports closure of degrees to MTCU as part of annual report</p>

7. PROTOCOL FOR CYCLICAL PROGRAM REVIEW

7.1 Definition

The **Protocol** for the Cyclical Program Reviews assesses the academic standards of existing undergraduate and graduate programs, including credit graduate diploma programs and ensures that programs maintain the highest academic quality.

All undergraduate and graduate degree programs, certificate programs and diplomas approved by the Senate of York University including those offered in full or in part by its federated and affiliated institutions (colleges and universities) through collaborative or other affiliation agreements are required to complete a review every eight years, in accordance with the protocol, guidelines and schedule set out in the YUQAP, the Policy on the Approval and Cyclical Review of Programs and other Curriculum, and the Quality Assurance Framework.

7.2 Administration and Authority for Cyclical Reviews

The Office of the Vice Provost Academic shall have administrative responsibility for the cyclical review process and shall have responsibility for establishing a Rota of reviews, which shall be submitted annually to the Joint Sub-Committee. The Vice Provost Academic will commission the external reviewers in consultation with the relevant faculties/schools and ensure that the reviewers receive all relevant materials prior to the site visit. The Vice Provost Academic in consultation with the AVP Graduate/FGS Dean shall provide advice to proponents and facilitate processes covered by this policy.

The Joint Sub-Committee shall have authority for ensuring that cyclical reviews adhere to the protocol and shall monitor the timely implementation of improvements. The Joint Sub-Committee receives the reviewers' report – along with all relevant documentation including the plans, follow-up reports and summary reports – and transmits to the Committee of Academic Standards, Curriculum and Pedagogy.

Responsibility for local coordination resides in administrative units directing the program(s) under review. Cyclical reviews shall be provided to the Academic Resources Committee of the Board of Governors which shall submit them to the full Board.

7.3 Programs and review schedule

The University's full complement of undergraduate and certificate programs, graduate and diploma programs are reviewed on a planned cycle called the Rota. A "program" is a Senate approved sequence of courses or other components of study prescribed for the fulfillment of the requirements of a particular degree, certificate or diploma and is considered to be the comprehensive body of studies required to graduate with a degree, certificate or diploma in a particular discipline or interdisciplinary field of study. Units⁶ that administer more than one program must conduct a full⁷ review of each. Programs are reviewed on a regular basis but the interval between programs must not exceed eight years.⁸ Cyclical program reviews of undergraduate programs may be conducted either independently from, or concurrently with, reviews of graduate programs. While undergraduate programs reside in one or more academic units, the organizational structure for graduate programs varies. Interdisciplinary and multidisciplinary graduate programs, as well as cognate programs offered at both Keele and Glendon, may involve faculty members from several different academic units. In anticipation that undergraduate and graduate reviews will be synchronized, to the extent possible, there is an expectation that there will be a senior academic (typically a Chairperson/Director) who will act as the lead contact and be responsible for the local coordination, in consultation with the relevant undergraduate and graduate program directors. Similarly, it is expected that reviews of all undergraduate programs housed within a single unit will be conducted concurrently. In such cases, the Vice-Provost Academic in consultation with the Chair / Director and the AVP Graduate/FGS Dean, shall confirm the appropriate number of reviewers in accordance with Section 7.8 below.

When the reviews are synchronized, the relevant Chair(s)/Director(s), Undergraduate Program Director(s) and Graduate Program Director(s) will collaborate on the preparation of the cyclical review to produce a single omnibus report even if the documentation has separate sections addressing the undergraduate and graduate programs. The quality of each academic program and the learning environment of the students in each program will be explicitly addressed in the reviewers' report(s) as set out in the Protocol.

Reviews may also be aligned with professional accreditation. Note that university reviews are not waived because an externally-commissioned review, such as an accreditation, has recently been conducted. In some cases, the University process may be streamlined by aligning the requirements of the internally and externally commissioned reviews and supplementing documentation as necessary.

The review cycle will include all dual or joint programs, multi-disciplinary, interdisciplinary, second-entry, multi-sited and inter-institutional programs, and all modes of delivery. Inter-institutional programs offered in partnership with other postsecondary institutions through affiliation, federation and other formal agreements are reviewed as entities distinct from the institutions within which they may reside. Such programs must specify a review process for administering the Protocol.

7.4 Commissioning officer

Reviews of academic programs are commissioned by the Vice Provost Academic in consultation with the relevant Dean(s)/Principal. A database containing the full schedule of all program reviews is maintained in the Office of the Vice Provost Academic. The Vice Provost Academic will seek input from the partner institution(s) regarding the commissioning of the review in cases where the program is offered with other postsecondary education institutions through formal collaborative and/or affiliation agreements.

7.5 Process overview

Degree Level Expectations, combined with the expert judgment of external disciplinary scholars, provide the benchmarks for assessing a program's standards and quality. The YUQAP for the conduct of Cyclical Program Reviews has five principal components as laid out in Flow Chart 7.5:

6 The term "unit" should be taken to include departments, schools and Faculties (i.e., those bodies responsible for administering academic programs) and/or the members of a specific graduate program.

7 A full review includes all of the elements included in the YUQAP and quality assurance policy.

8 The Vice Provost Academic may authorize a one year extension of a cyclical review due to specific academic and logistical challenges including the application of the new YUQAP and efforts to align related undergraduate and graduate programs.

- a) Self-study (see Section 7.6);
- b) External evaluation (peer review) with report and recommendations on program quality improvement (see Section 7.7);
- c) Institutional evaluation of the self-study and the external assessment report resulting in recommendations for program quality improvement (see Section 7.7);
- d) Preparation and adoption of plans to implement the recommendations and to monitor their implementation (see Section 7.8); and
- e) Follow-up reporting on the principal findings of the review and the implementation of the recommendations (see Section 7.9).

7.6 Self-study: Internal program perspective

7.6.1 Program under review

The Vice Provost Academic defines the program(s) under review and formally initiates the review process by giving notice to the senior academic officer affiliated with the program.

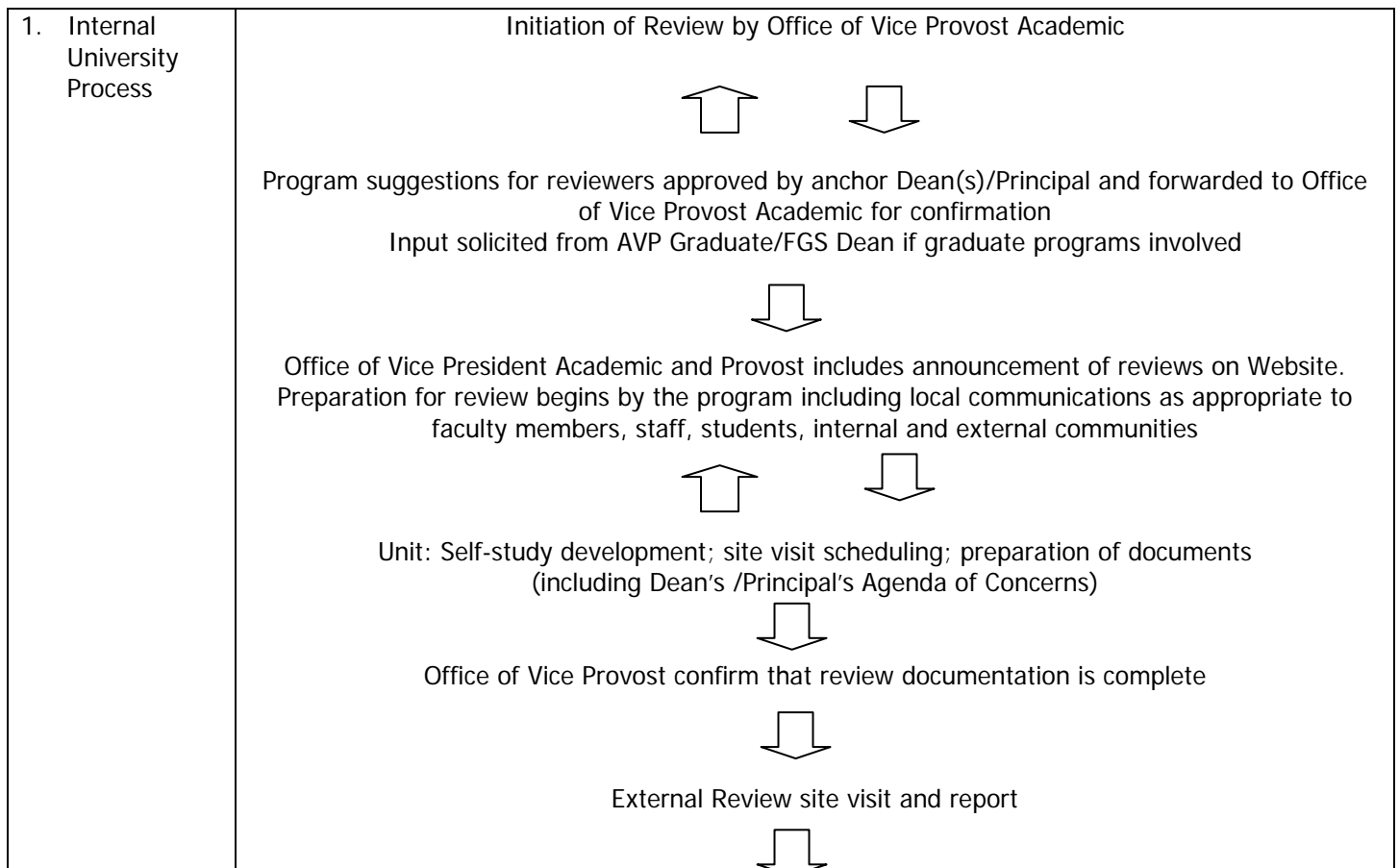
7.6.2 Terms of reference

The terms of reference refer to the evaluation criteria (see Section 7.6.5). Standard terms of reference are provided in the *Guidance for Program Self-Studies* on the Quality Assurance website but can be enhanced by the program under review.

7.6.3 Announcement

A cyclical review is publicly announced by posting on the Vice President Academic and Provost Website on Quality Assurance. It shall then be the responsibility of the “unit” and program(s) under review to provide further communications to faculty members, staff, students and other stakeholders as may be appropriate, and for preparing the documentation for the review.

Chart 7.5: Process for the cyclical review of programs



	<p style="text-align: center;">Response from program to Dean(s)/Principal</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Response from Dean(s)/Principal including Implementation Plan (*new)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Received by Office of Vice Provost and forwarded to Joint Sub-Committee for review Meeting, if required, with unit representatives</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Final assessment forwarded to parent committees: ASCP and APPRC ASCP brings forward to Senate</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Circulation of the report and associated documents: Executive Summary posted on program website and Institutional Quality Assurance Website Forwarded to the Board Academic Resources Committee and the Board of Governors</p>
2. Quality Council Approval Process	<p style="text-align: center;">↓</p> <p style="text-align: center;">Institutional Response, Final Assessment Report and Implementation Plan presented to Quality Council</p>
3. Follow-up Process	<p style="text-align: center;">↓</p> <p style="text-align: center;">Ongoing program monitoring by the University</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Where quality concerns are raised in the cyclical review, the Joint Sub-Committee monitors the timely implementation of improvements. Joint Sub-Committee will request a written follow-up report from the relevant Dean(s)/Principal in 18 months and/or a meeting if deemed necessary.</p>

7.6.4 Contents

The self-study document is broad-based, reflective, forward-looking and includes critical analysis. It is an assessment of the strengths of the program(s) and opportunities for strengthening the program(s). The self-study should also consider the appropriateness of the program(s) in the context of current trends in the field, relevant academic plans, and shifting degree level expectations. Preparing a self-study involves faculty members, staff, students, and other stakeholders such as alumni or industry partners, and articulating their participation in the process. The self-study must address and document the terms of reference and program evaluation criteria that will be provided to the reviewers (see the template on the Quality Assurance website).

As specified in the QAF, the self-study includes the following:

1. Consistency of the program's learning outcomes with the institution's mission and Degree Level Expectations, and how its graduates achieve those outcomes;
2. Program-related data and measures of performance, including applicable provincial, national and professional standards (where available);

3. Integrity of the data;
4. Review criteria and quality indicators identified in Section 7.7;
5. Concerns and recommendations raised in previous reviews;
6. Areas identified through the conduct of the self-study as requiring improvement;
7. Areas that hold promise for enhancement (in old process "Program's Agenda of Concerns");
8. Academic services that directly contribute to the academic quality of each program under review
9. Participation of program faculty, staff, and students in the self-study and how their views will be obtained and taken into account.

The input of others deemed to be relevant and useful, such as graduates of the program, representatives of industry, the professions, practical training programs, and employers may also be included.

The documentation for the reviewers will be reviewed and approved by the Office of the Vice Provost Academic, in consultation with the Associate VP Graduate/FGS Dean, to ensure that it meets the core elements of a self-study and program evaluation criteria.

7.7. Evaluation criteria defined by the Quality Assurance Framework

The minimum evaluation criteria for the cyclical review of programs as defined by the QAF are set out below. Additional criteria may be added by the program(s) under review to meet the needs of their disciplines or to align with professional accreditation requirements.

7.7.1 Objectives

- a) Program is consistent with the institution's mission and academic plans.
- b) Program requirements and learning outcomes are clear, appropriate and align with the institution's statement of the undergraduate and/or graduate Degree Level Expectations.

7.7.2 Admission requirements

Admission requirements are appropriately aligned with the learning outcomes established for completion of the program.

7.7.3 Curriculum

- a) The curriculum reflects the current state of the discipline or area of study.
- b) Evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs.
- c) Mode(s) of delivery to meet the program's identified learning outcomes are appropriate and effective.

7.7.4 Teaching and assessment

- a) Methods for assessing student achievement of the defined learning outcomes and degree learning expectations are appropriate and effective.
- b) Appropriateness and effectiveness of the means of assessment, especially in the students' final year of the program, in clearly demonstrating achievement of the program learning objectives and the institution's (or the Program's own) statement of Degree Level Expectations.

7.7.5 Resources

Appropriateness and effectiveness of the academic unit's use of existing human, physical and financial resources in delivering its program(s). In making this assessment, reviewers must recognize the institution's autonomy to determine priorities for funding, space, and faculty allocation.

7.7.6 Quality indicators

While there are several widely used quality indicators or proxies for reflecting program quality, institutions are encouraged to include available measures of their own which they see as best achieving that goal. Outcome measures of student performance and achievement are of particular interest, but there are also important input and process measures which are known to have a strong association with quality outcomes. It is expected that many of the following listed examples will be widely used. The Guidance for Program Self-Studies on the Quality Assurance website makes reference to further sources and measures that might be considered.

- a) Faculty Members: qualifications, research and scholarly record; class sizes; percentage of classes taught by permanent or non-permanent (contractual) faculty members; numbers, assignments and qualifications of part-time or temporary faculty members;
- b) Students: applications and registrations; attrition rates; time-to-completion; final-year academic achievement; graduation rates; academic awards; student in-course reports on teaching; and
- c) Graduates: rates of graduation, employment six months and two years after graduation, post-graduate study, "skills match" and alumni reports on program quality when available and when permitted by the Freedom of Information and Protection of Privacy Act (FIPPA). Auditors will be instructed that these items may not be available and applicable to all programs.

7.7.7 Quality enhancement

Initiatives taken to enhance the quality of the program and the associated learning and teaching environment.

7.7.8 Additional graduate program criteria

- a) Evidence that students' time-to-completion is both monitored and managed in relation to the program's defined length and program requirements.
- b) Quality and availability of graduate supervision.
- c) Definition and application of indicators that provide evidence of faculty members', student and program quality, for example:
 - 1. Faculty Members: funding, honours and awards, and commitment to student mentoring;
 - 2. Students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills;
 - 3. Program: evidence of a program structure and faculty members' research that will ensure the intellectual quality of the student experience;
 - 4. Sufficient graduate level courses that students will be able to meet the requirement that two-thirds of their course requirements be met through courses at this level

7.8 Reviewer selection and process

The senior academic lead is responsible for submitting recommendations for reviewers to the Dean(s)/Principal. Consultation should be undertaken with the relevant Director(s)/Chair(s), Graduate Program Director and Undergraduate Program Director if the undergraduate and graduate programs are being reviewed together so as to ensure that the needs of both programs are addressed. Further if there is more than one department or school involved either at one campus or at different campuses, consultations should be undertaken to produce a comprehensive list of reviewers that are supported by the different program(s) and/or unit(s).

An approved list of reviewers will be submitted to the Vice Provost Academic who will confirm the reviewers in consultation with the AVP Graduate/Dean of FGS in the case of reviews of graduate programs.

7.8.1 Selection of reviewers

Normally the evaluation will be conducted by a Review Committee composed of at least:

- 1. One external reviewer for an undergraduate program;
- 2. Two such reviewers for a graduate program qualified by discipline and experience to review the program(s);
- 3. Two such reviewers for the concurrent review of an undergraduate and graduate program;
- 4. One further reviewer, either from within the university but from outside the discipline (or interdisciplinary group) engaged in the program, or external to the university.

See 3.2.4 for requirements regarding external reviewers.

Additional discretionary members may be assigned to be Reviewers if required by the complexity of the program(s) or other factors. Such additional members might be appropriately qualified and experienced people selected from industry or the professions, and/or, where consistent with the institution's own policies and practices, student members.

7.8.2 Responsibilities of the Vice Provost Academic to inform the reviewers of their roles and responsibilities

The Vice Provost Academic will normally meet with the reviewers (and the Associate VP Graduate/FGS Dean if a graduate program is involved) prior to the commencement of the on-site visit and/or start of the review and ensure that the reviewers:

1. Understand their role and obligations;
2. Identify and commend the program's notably strong and creative attributes;
3. Describe the program's respective strengths, areas for improvement, and opportunities for enhancement;
4. Recommend specific steps to be taken to improve the program, distinguishing between those the program can itself take and those that require external action;
5. Recognize the institution's autonomy to determine priorities for funding, space, and faculty allocation.
6. Respect the confidentiality required for all aspects of the review process.

7.8.3 Documentation to be provided to the Reviewers

The external Reviewers will receive the following documents prior to the site visit either in hard copy or through online access to the unit website and related links (see the Quality Assurance website for further information):

- Terms of reference
- Self-study (including program's Agenda of Concerns)
- Dean's / Principal's Agenda of Concerns
- A copy of the generic degree level expectations for undergraduate and/or graduate programs
- Previous review report including the responses
- Any relevant non-University commissioned reviews such as professional accreditation or Ontario Council on Graduate Studies reports since the last review of the program(s)
- Course descriptions
- Curricula vitae of faculty members
- A template for the reviewers' report

7.8.4 Site visit

The senior academic lead is responsible for arranging the schedule and providing the itinerary to the reviewers prior to commencement of the site visit. The reviewers should visit together and attend all relevant campuses. During their visit, provisions must be made for them to meet with faculty members, students, administrative staff and senior program administrators including the relevant Dean(s)/Principal, Vice Provost Academic, and in the case of reviews involving a graduate program, the Associate VP Graduate/FGS Dean.

7.8.5 Reviewers' Report

The Reviewers' Report is normally submitted within two months of the site visit and returned to the Vice Provost Academic. It will be included among the documentation forwarded to the Joint Sub-Committee and will address the substance of the self-study and the evaluation criteria set out in Section 7.7 above as the "Agenda of Concerns" provided by the "unit" and the "Agenda of Concerns" provided by the Dean(s)/Principal. Before accepting the Report as Final, the "unit" shall have an opportunity to bring to the attention of the reviewers any clear factual errors that can be corrected. The Final Report is then accepted and forwarded to the "unit" for a formal response.

7.9 Institutional response

7.9.1 Unit response

The senior academic lead is responsible for preparing the formal response, in consultation with other members of the "unit" including any relevant undergraduate and/or graduate program directors, to the Reviewers' Report. The "unit's response" shall address:

1. The plans and recommendations proposed in the self-study report;
2. The recommendations advanced by the Reviewers;
3. The program's response to the Review Committee's report(s);
4. Any changes in organization, policy or governance that would be necessary to meet the recommendations.

The unit's response is submitted to the Dean / Principal of the anchor Faculty.

7.9.2 Dean(s)/Principal's Implementation Plan

Following receipt and review of the unit's response, the Dean/Principal of the anchor Faculty prepares an Implementation Plan, which includes the following:

1. Confirmation of the recommendations to be implemented by the unit;
2. Identification of who will be responsible for acting on and monitoring those recommendations;
3. The resources, financial and otherwise, that will be provided to support the implementation of those recommendations; and
4. A proposed timeline for the implementation of those recommendations.

The Implementation Plan is submitted to the Office of the Vice-Provost Academic.

7.9.3 Institutional perspective and Final Assessment Report

The Vice-Provost Academic forwards the following documentation to the Joint Sub-Committee on Quality Assurance:

- overview document with preliminary comments of the Vice-Provost Academic in consultation with the AVP/Dean FGS where a graduate program is involved.
- self-study
- program's and the Dean's / Principal's Agenda of Concerns
- Reviewers' report
- program's response to the Reviewers' Report
- decanal Implementation Plan

The Joint Sub-Committee reviews the program review material to either confirm the Implementation Plan for the program or convene a meeting with the Dean / Principal (or designate) and representatives from the "unit" for the purpose of elaboration and clarification of the Implementation Plan.

Following the confirmation of the Implementation Plan by the Joint Sub-Committee, the Office of the Vice Provost Academic, in consultation with the Joint Sub-Committee, prepares the Final Assessment Report. The Report is an institutional synthesis of the external evaluation and internal responses and assessments which:

1. Identifies any significant strengths of the program;
2. Identifies opportunities for program improvement and enhancement;
3. Sets out and prioritizes the recommendations that are selected for implementation;
4. May include a confidential section (where personnel issues need to be addressed);
5. Includes the decanal Implementation Plan; and
6. Includes an institutional Executive Summary, exclusive of any such confidential information, and suitable for publication on the web.

7.9.4 Reporting requirements and Access

The Final Assessment Report (excluding all confidential information) shall be forwarded to the parent Senate committees, ASCP and APPR. The ASCP Committee transmits the Report to Faculty Councils and Senate for information. The **Executive Summary** (provided for in Section 7.9.3 above) of the outcomes of the review, and the associated **Implementation Plan** (Section 7.9.3) shall be posted on the Website of the Vice President Academic and Provost and copies provided to both the Quality Council and the Board of Governors through the Board Academic Resources Committee. The Website will be publicly accessible and will constitute the extent of public access. Information provided to the program for the self-study and the self-study report as well as the Report of the Review Committee will be available only to the program, Dean/Principal and relevant committees involved in the cyclical review including the Joint Sub-Committee on Quality Assurance.

The Office of the Vice Provost Academic shall keep an administrative record to track the subsequent 18-month follow-up provided in a written report from the Dean(s)/Principal and/or a subsequent meeting with the Joint Sub-Committee depending on whether or not quality concerns were raised.

8. QUALITY COUNCIL REVIEW AND AUDIT PROCESS

8.1 Ongoing approval of changes to the YUQAP

Further revisions to the York University Policy on the Approval and Cyclical Review of Programs and other Curriculum and/or the York University Quality Assurance Procedures (YUQAP) are subject to approval by the Quality Council.

8.2 Audit Process

The objective of the audit is to determine whether or not the institution, since the last review, has acted in compliance with the provisions of its YUQAP Cyclical Program Reviews as ratified by the Quality Council.

All publicly assisted universities in Ontario associated with the Quality Council have committed to participating in this audit process once every eight years. Additional audits for specific institutions may take place within any cycle, as described in the Quality Assurance Framework. The Quality Council consults with OCAV in establishing the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website.

Auditors independently select the programs for audit, typically four undergraduate and four graduate cyclical program reviews.