

Senate Meeting

Thursday, June 15, 2023 (4:00 – 6:30 pm)

Via Webinar: Join link:

<https://nosm.webex.com/nosm/j.php?MTID=mabf3f1dcb4204348904c23c2aec8044f>

Webinar number: 2437 778 1207

Webinar password: V3GaMWp5Uc8 (83426975 from phones)

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Access code: 2437 778 1207

Agenda: This meeting will be recorded for minute taking purposes.

VISION - Innovative education and research for a healthier North.

MISSION - To improve the health of Northern Ontarians by being socially accountable in our education and research programs and advocating for health equity.

Rules and Procedures: See [Rules of Procedure](#) and [Virtual Meeting Protocol](#) for key information

- Please sign on a few minutes early to ensure connection in WebEx.
- Please keep your system on mute unless needing to speak.
- Use the Chat function to send a message to Gina Kennedy or the moderator – Alexandra Curry, please use the chat function for **business only**.
- Guests – to speak you must message the host.
- Attendance will be taken from the participants, if you are on the phone, please identify yourself and send an email to governance@nosm.ca

This package contains a combination of links and documents – should you have issues with accessing certain reports please request them through governance@nosm.ca

Time	#	ITEM	Page	Decision	Discussion	Information/Presentation
Open Meeting Agenda						
4:00 pm	1.0	Welcome – David MacLean, Speaker <ul style="list-style-type: none"> • Land Acknowledgement and Reflection 				X
4:10 pm	2.0 2.1	Call to Order Agenda Review <ul style="list-style-type: none"> • Additions or Edits, Declarations of Conflicts and Approval 		X		
	CA-3.0	Consent Agenda¹				
4:20 pm	CA-3.1 CA-3.2	Minutes of the Meeting – April 19 and May 4 , 2023 Senate After Meeting Report – April 2023	1-9 link	X		X
	CA-3.3	Division/Program Reports for Information <ul style="list-style-type: none"> • CSD Senate Report • MSD Senate Report • PGME Senate Report 	10-13 14 15-18			X
	CA-3.4	UME Academic Appeals Policy and Procedure (reflects the clerical corrections made after approval)	19-27			X
	CA-3.5	UME - Phase 1 and Phase 2 Syllabi	link			X

		Regular Agenda				
4:25 pm	4.0 4.1	Senate Executive Committee (Senator Larivière) Senate Appeals Committee (SAC) Terms of Reference (revised) and SAC Report and Membership Recommendation	28-34	X		
	4.2	Senate External Appointee Recommendation	35-37	X		
	4.3	Senate Meeting Schedule 2023-2025	38-40	X		
4:45 pm	5.0	NODIP Curriculum Changes (Senator Larivière)	41-67	X		
4:50 pm	6.0 6.1	Institutional Quality Assurance (IQAP) (Senator Larivière) BN and IQAP Framework – First Reading	68-71 72-111		X	X
	6.2	a) Templates – information only in folder in portal AQAC Terms of Reference – First Reading	Links 112-117		X	X
5:25 pm	7.0	Academic Integrity Policy – First Reading (Senator Larivière)	118-124		x	x
5:30 pm	8.0	UME MD Accreditation – CACMS final report (Senator Toner and Senator Larivière)	125-126			X
5:40 pm	9.0	Presentation - NOSM U Graduate Data (Dr. Sarah Newbery, Associate Dean, Physician Workforce Strategy)	127-139			X
5:55 pm	10.0 10.1 10.2 10.3 10.4	President's Report (President Verma) A Year to Remember (link) President's Performance Goals (webpage link) Northern Routes Board After Meeting Report - May 17, 2023	Separate file & linked			X X X X
6:10 pm	11.0	2022 Annual Research Report (Senator Marsh)	link			X
6:15 pm	12.0	Other Business				
	12.1					X
	13.0	Closed Portion of the Meeting				
6:18 pm	13.1	NODIP Graduands List (Senator Cain)	140	X		
6:22 pm	13.2	Confirmation of Appointment (Senator Larivière) [documents presented live and uploaded at the meeting to the folder]	Live	X		
6:30 pm	14.0	Adjournment - Meeting Schedule - 2022-2023 Meeting Schedule Online				
	Events to Calendar Next Senate Meeting – October 5, 2023 (4-7pm) Important Dates - https://www.nosm.ca/about/administrative-offices/presidents-office/important-dates/					

ⁱ **Consent Agenda:** To allow the Senate to complete several matters and devote more of its attention to major items of business, the agenda has been divided between items that are to be presented individually for discussion and/or information and those that are approved and/or received by consent. A Consent Agenda is not intended to prevent discussion of any matter by Senators, but items listed under the consent sections will not be discussed at the meeting unless a Senator so requests. All Senators are supplied with the appropriate documentation for each item, and all items on the Consent Agenda will be approved by means of one motion.

Senate Meeting

Wednesday, April 19, 2023 - 4:00pm

Via Webinar

Members in Attendance

Ex-Officio: Sarita Verma (President), Céline Larivière (Provost) Rob Anderson, Doug Boreham, Miriam Cain, James Goertzen, Elizabeth Levin, David Marsh, William McCready, Owen Prowse, Sophie Regalado, Alain Simard, Lee Toner, TC Tai, Harshad Telang, Barb Zelek

Human Sciences: Robert Barnett, Elaine Hogard, Geoffrey Hudson, Joseph LeBlanc, Marion Maar, Darrel Maniowabi, Patricia Smith, Ryan Tonkens

Medical Sciences: Tom Kovala, Simon Lees, David MacLean (Speaker), Alex Moise, Brian Ross, Christopher Thome, Sujeenthatharmalingam, Marina Ulanova, Chris Verschoor, Christine Lalonde, Zach Suntres,

Clinical Sciences: Aidan Wharton, Maurianne Reade, Thomas Crichton, Meghan Garnett, Mark Mensour, Roy Kirkpatrick, Frank Potestio, Adedayo Alabi, Eliseo Orrantia, Pankaj Bhatia, Colin Rumbolt, Deborah P Saunders, Frank Chi, Taylor Loughheed, Hazem Elmansy, Grace Ma, Michael B. Wilson, Rayudu Koka, Joseph C. Del Paggio, Sally Prystanski, Gayle Adams-Carpino, Ahmed Kotb, Anita Perri

Indigenous Academic: Lorrilee McGregor, Kona Williams

Francophone Academic: Amel Abdallah, Alex Anawati, Stephen Bignucolo, Nicole Ranger

MD Students: Megan Clark, Tyler Pretty, Andrew Watson

Residents (PGME): Destiny Lu-Cleary

Regrets: Neelam Khaper, Prashant A. Jani, Stone Li, Elizabeth Griffin,

Administration Attendance: Gina Kennedy (University Secretary) and Alexandra Curry (Assistant Secretary) (Recorder)

Guests: Sarah Newbery, Sherry Mongeau, Katie Biasol, Julie Leroux, Lyne Aubry-Yates,

#	ITEM
1.0	<p>Welcome – David MacLean, Speaker</p> <ul style="list-style-type: none"> Land Acknowledgement and Reflection <p>We at NOSM University recognize that our work, and the work of our community partners take place on traditional Indigenous territories in Northern Ontario, and are thankful to the First Nations, Metis and Inuit people who have cared for these territories across our province.</p> <p>Speaker, Dr. MacLean called the meeting to order at 4:01 pm</p>

<p>2.0</p> <p>2.1</p>	<p>Call to Order</p> <p>Agenda Review</p> <ul style="list-style-type: none"> Additions or Edits, Declarations of Conflicts and Approval <p>Senator Verma added, prior to the meeting item 13.1 Appointment of Associate Dean</p> <p>At the meeting Senator Larivière asked to remove items 10.0 and 10.1 as action items in relation to the Sexual Violence Policy and amend to 'information only'.</p> <p>Moved (Christine Lalonde/Roy Kirkpatrick)</p> <p>That the agenda be approved as amended.</p> <p>CARRIED</p> <p><i>Note: Slido was used during this meeting as a voting mechanism and members were asked to participate in a quick test to ensure they could connect.</i></p>
CA-3.0	Consent Agenda¹
<p>CA-3.1</p> <p>CA-3.2</p>	<p>Minutes of the Meeting – February 16, 2023</p> <p><u>Senate After Meeting Report – February 2023</u></p>
CA-3.3	<p>Division/Program Reports for Information (included*)</p> <ul style="list-style-type: none"> a) Division of Clinical Sciences * b) Division of Medical Sciences * c) PGME * <p>Speaker, Dr. MacLean did a brief orientation for the Senate Members to give them an overview of the regulations and requirements as Senators.</p>
	Regular Agenda
<p>4.0</p> <p>4.1</p> <p>4.2</p>	<p>Senate Welcome and Orientation (Speaker - Senator MacLean)</p> <p>NOSM University Senate Webpage (for information)</p> <p>NOSM University Senate By-Law</p> <p>Prior to the meeting, the agenda was circulated with the links to the Meeting Procedures and Rules of Procedure documents that are available online for you to review at any time you have questions.</p> <p>The Speaker provided a detailed orientation to the new NOSM University Senate outlining:</p> <ul style="list-style-type: none"> Welcome and Introductions NOSM University Governing Bodies Senate <ul style="list-style-type: none"> What does Senate do? Who is the Senate? Senate Standing Committees Meeting Protocols – WebEx Meeting and Motions Roles and Responsibilities of Senate Members The Senate Portal Meeting Dates

4.3	<p>A copy of the presentation can be found in the portal Senate Orientation 2023</p> <p>Meeting Procedures and Rules of Procedure at Senate Meetings</p>
5.0 5.1	<p>Senate Membership 2023 NOSM U (Gina Kennedy, Univ Secretary)</p> <p>Speaker and Deputy Speaker report and recommendation</p> <p>Due to the conflict of interest in this item, both Senator MacLean and Senator Anawati abstained from the vote. The Chair for this item was Provost, Senator Larivière.</p> <p>Moved (C. Larivière/ S. Verma)</p> <p>Moved that Dr. David MacLean be appointed Speaker of Senate for two academic years, with the first term ending June 30, 2025.</p> <p>CARRIED</p> <p>Moved (C. Larivière/ T. Crichton)</p> <p>Moved that Dr. Alexandre Anawati be appointed Deputy Speaker of Senate for two academic years, with the first term ending June 30, 2025.</p> <p>CARRIED</p>
5.2	<p>Senate Executive Membership Report and Recommendations</p> <p>The report and membership were included in the materials circulated.</p> <p>Moved (C. Larivière /P. Bhatia)</p> <p>Moved that the Senate Executive Committee membership nominations report is accepted, and the membership is confirmed.</p> <p>CARRIED</p>
6.0 6.1 6.2 6.3 6.4	<p>Faculty Affairs (Senator Telang)</p> <p>BN – Motion for Approval</p> <p>CSD Professionalism and Code of Conduct Policy</p> <p>CSD Professionalism and Code of Conduct Procedure</p> <p>Professional Attributes Guidelines</p> <p>After much deliberation and discussion at the Senate meeting, the motion to approve the Code of Conduct Policy was tabled and requested that AIHE Committee review the policy prior to the next meeting and forward the comments directly to the Associate Dean Faculty Affairs.</p>
7.0 7.1	<p>Joint and Stipendiary Faculty Promotion (Senator Telang)</p> <p>Committee Report and Recommendations</p> <p>Moved (H. Telang / W. McCready)</p> <p>Moved that the Joint and Stipendiary Faculty Promotion Committee Report be accepted as presented.</p> <p>CARRIED</p>
8.0 8.1 8.2	<p>Undergraduate Medical Education (Senator Toner)</p> <p>UME (Undergraduate Medical Education) Report</p> <p>Responding to Student Concerns of Mistreatment procedure</p>

8.3 8.4	<p>Phase 3 Interruptions to Student Attendance and Leaves of Absence Policy and Procedure Student Assessment and Promotion Regulations and associated forms</p> <p>Moved (L. Toner / Z. Suntres) Moved that Senate approves the Student Assessment and Promotion Regulations, the SAPC Promotion Decision Objection Submission form and the SAPC Withdrawal Objection Submission form as presented. CARRIED</p>
8.5	<p>UME Academic Appeals Policy and Procedure Senator Toner presented the changes to the appeals policy and procedure, identified in the briefing note and documents in the meeting package. He presented the item for approval.</p> <p>Moved (L. Toner / Z. Suntres) Moved that Senate approves the UME Academic Appeals Policy and Procedure and UME Academic Appeal Request Form as presented. CARRIED</p>
8.6	<p>2023-2024 P3 Syllabus Senator Toner presented the syllabus that outlines the changes in the document for this year.</p> <p>Moved (L. Toner / A. Simard) Moved that Senate approves the 2023-2024 Phase 3 Syllabus as presented. CARRIED</p>
9.0 9.1	<p>Registrar's Office (Senator Cain) Academic Fee Schedule 2023-2024 (revised)</p> <p>Moved (M. Cain/ C. Larivière) Moved that Senate approves the revised Academic Fee Schedule 2023-2024 as presented. CARRIED</p>
9.2	<p>Academic Fee and Refund Policy (revised) Moved (Miriam Cain/ Alain Simard) That the NOSM University Senate approve the revised Academic Fee and Refund Schedule Policy be approved as presented. CARRIED</p> <p>Senator Cain requested that J. Leroux follow up after the meeting on the funding question.</p>
10.0 10.1	<p>Sexual Violence (First Reading – Waive Requested) Sexual Violence Policy and Procedures (Learner, Staff and Faculty)</p> <p>As outlined by Senator Larivière this item is being presented for information and review by the Senate and will not be for approval.</p> <p>Senator Larivière invited HR director, Lynne Aubrey-Yates to speak about this policy and procedure. Ms. Aubrey-Yates answered questions accordingly.</p>

	<p>After a lengthy discussion, the consensus was that the policy requires appropriate consultation and review by internal stakeholders which should include learners, faculty, and other key groups prior to presenting this to the Senate for reading and/or approval.</p> <p>Some of the other points raised were:</p> <ul style="list-style-type: none"> • a review of the language re: government regulations around substance use and accusations. • need for learner and faculty input. • concerns around the language of how complaints are to be submitted, who will be monitoring the submissions, and the prevention of biases due to the varying groups involved. • ensuring an equity lens is applied in the review. <p>This policy will be brought back to the Senate after the consultation and review has been completed.</p>
	For Information/Discussion Items
11.0	<p>NOSM U Graduate Data (Dr. Sarah Newbery, Associate Dean, Physician Workforce Strategy) Due to time constraints, this presentation was tabled until the next meeting of the Senate.</p>
12.0 12.1 12.2 12.3 12.4	<p>President's Report (President Verma)</p> <p>Northern Routes - Planetary health is human health. NOSM University is taking action on climate change.</p> <p>NOSM U Graduation Celebration – Thunder Bay (May 19) and NOSM U Convocation Ceremony – Sudbury (May 26)</p> <p>2023 NOSM University Achievement Celebration - May 5, 2023 – Thunder Bay Tickets</p> <p>Feature Article - University Affairs - 'Don't just publish another paper. Let's do something,' says scholar-advocate Cindy Blackstock. Dr. Blackstock reflects on the merits of blending academia and activism.</p> <p>February 2, 2023 NOSM U Board After Meeting Report – Next meeting May 17, 2023.</p> <p>At the conclusion of the business items, the Speaker requested that the meeting be adjourned and move into a closed session.</p> <p>Moved (R. Kirkpatrick/R. Barnett) Motion to move in meeting to in camera session. CARRIED</p>
13.0	Other Business
13.1	<p>Appointment of New Associate Dean, Continuing Education and Professional Development</p> <p><i>** Note that this item is now placed in the minutes as it was announced publicly on May 8, 2023.</i></p> <p>Moved (S. Verma/ C. Larivière) That Dr. Tara Baron be appointed for a five-year term, as Associate Dean Continuing Education and Professional Development for NOSM University commencing July 1, 2023. CARRIED</p> <p>Motion to move out of the closed session. Moved (R. Koka/ C. Larivière) CARRIED</p>

14.0	Informational Items
14.1	Northern Constellations (May 5 & 6, 2023) Thunder Bay
14.2	Northern Health Research Conference (June 1 -2, 2023)
15.0	<p>Adjournment - Next Regularly scheduled meeting is June 15, 2023 With no further business – the Speaker thanked members for taking the time for the meeting and working through the challenges of the first official meeting of the new Senate.</p> <p>Meeting Schedule – 2022-2023 Meeting Schedule Online</p>

Minutes of the Senate Special Meeting

Date:	May 4, 2023 – Special Meeting of the Graduands
Time:	5:00 PM TO 6:00 PM
Location	Virtual Only

Members in Attendance

Ex-Officio: Sarita Verma (President), Céline Larivière (Provost) Rob Anderson, Doug Boreham, Miriam Cain, Patty Fink, James Goertzen, Elizabeth Levin, David Marsh, William McCready, Owen Prowse, Sophie Regalado, Alain Simard, Lee Toner, TC Tai, Harshad Telang, Barb Zelek

Human Sciences: Robert Barnett, Geoffrey Hudson, Joseph LeBlanc, Marion Maar, Darrel Manitowabi, Patricia Smith, Ryan Tonkens

Medical Sciences: Neelam Khaper, Tom Kovala, Simon Lees, David MacLean (Speaker), Alex Moise, Brian Ross, Zach Suntres, Christopher Thome, Sujeenthath Tharmalingam, Marina Ulanova, Chris Verschoor, Christine Lalonde

Clinical Sciences: Aidan Wharton, Maurianne Reade, Thomas Crichton, Meghan Garnett, Mark Mensour, Roy Kirkpatrick (unable to connect to webex), Frank Potestio, Adedayo Alabi, Eliseo Orrantia, Pankaj Bhatia, Colin Rumbolt, Deborah P Saunders, Frank Chi, Taylor Loughheed, Hazem Elmansy, Grace Ma, Michael B. Wilson, Rayudu Koka, Joseph C. Del Paggio, Prashant A. Jani, Sally Prystanski, Gayle Adams-Carpino, Ahmed Kotb, Anita Perri

Indigenous Academic: Lorrilee McGregor (Human Sciences), Kona Williams (Clinical Sciences), Rebekah Neckoway (Clinical Sciences),

Francophone Academic: Amel Abdallah, Alex Anawati (Deputy Speaker), Stephen Bignucolo, Nicole Ranger

MD Students: Andrew Watson

Residents (PGME): Destiny Lu-Cleary

HS Learners: Elizabeth Griffin (NODIP)

Regrets: Allyson Dill (Clinical Sciences), Elaine Hogard, Megan Clark, Tyler Pretty, Stone Li

Administration Attendance: Gina Kennedy (University Secretary) and Alexandra Curry (Assistant Secretary-Recorder)

#	ITEM
Special Meeting Minutes	
1.0	Welcome – David MacLean, Speaker <ul style="list-style-type: none"> Land Acknowledgement and Reflection

	<p>We at NOSM University recognize that our work, and the work of our community partners take place on traditional Indigenous territories in Northern Ontario, and are thankful to the First Nations, Metis and Inuit people who have cared for these territories across our province.</p> <p>Speaker, Dr. MacLean spoke to some housekeeping items and rules of order before calling the meeting to order.</p> <p><i>Note: prior to the meeting there was an upgrade by Webex that caused considerable delay and the inability of some members to attend the meeting via Webex. Although some were able to phone in, members that were unable to join or on the phone did provide feedback via email that they were not opposed to the motion being brought forward.</i></p>
<p>2.0</p> <p>2.1</p>	<p>Call to Order</p> <p>Agenda Review</p> <p>The agenda and materials were distributed to Senators only. Due to the nature of the materials, the names will not be disclosed in public.</p> <p>Moved (Miriam Cain/Celine Lariviere)</p> <p>Moved that the agenda be approved as presented.</p> <p>CARRIED</p> <p>Quorum was attained.</p>
3.0	<p>Approval of the Graduands List</p> <p>Dr. Lee Toner, Associate Dean UME and the Registrar provided context to the motion being presented confirming that consistent with the Act and Bylaws of Senate, the candidates are presented in a list that have met all criteria and qualifications and that Senate today is being asked to approve the list of graduands from the NOSM University MD Program for academic year 2022-2023 and award the degree.</p> <p>The list of graduands has been prepared by the NOSM U UME Assessment Office. It has been vetted and approved by the Student Assessment and Promotion Committee (SAPC) and the NOSM U Registrar.</p> <p>Upon approval by the Senate, the Registrar will then provide the requisite information in preparation for the May 26, 2023 Graduation Ceremony.</p> <p>MOTION - Moved by Senator Toner Seconded by Senator Cain</p> <p>BE IT RESOLVED THAT, having met all the requirements for the Doctor of Medicine (MD) degree at the NOSM University and upon the recommendation of the Undergraduate Medical Education Committee, that the NOSM U Senate approve the attached list of names of graduands.</p> <p>FURTHER RESOLVED THAT, the Associate Dean, Undergraduate Medical Education, be empowered to (i) approve the name of the graduand(s) who do not appear on the list but who will have completed the graduation requirements for the Doctor of Medicine (MD) degree by the required deadline and (ii) forward the name(s) directly to the NOSM University Registrar prior to the deadline and, that said student be permitted to join the convocation.</p> <p>MOTION CARRIED UNANIMOUSLY</p> <p><i>** for privacy reasons the names are not disclosed in these minutes but were attached and circulated at the meeting – the Office of the Registrar has this information.</i></p>

	Members were congratulated on this momentous occasion. Members were also reminded of the ceremony to be held in Thunder Bay on May 19 and the Convocation in Sudbury on May 26.
4.0	Other Business There was no other business.
5.0	Adjournment With no further business the meeting adjourned at 5:15 pm



Report of the Clinical Sciences Division

NEXT DUE DATE: MAY 29, 2023

By: Dr. Barb Zelek, Division Head
Clinical Sciences Division

Current Activities

1. Membership

The Clinical Sciences Division (CSD) currently has 1808 members.

2. Faculty Appointments

We continue to recruit new faculty as interest in the University expands. Currently, approximately 17 applicants are being considered for appointments. We have adjusted our appointment process such that references are now automated and faculty are sent their offer via DocUSign. These changes have resulted in expediting the appointment process.

3. Academic Registrants

An Academic Registrant Peer Network is being led by Dr. Ghazala Basir and has been a useful forum for academic registrants to share experiences, useful tips and advice.

We continue working with the Academic Health Science Centres to ensure our Academic Registrant faculty are well supported to achieve their academic and scholarly deliverables.

8 academic registrants are being considered for appointment.

56 academic registrants are currently at NOSM U.

4. Reappointments for Clinical Faculty

There are nearly 500 CSD faculty with appointments expiring June 30, 2023. Reappointment offers will be sent out in the Spring. Faculty will no longer need to enter in their NOSM U username and password to sign their offer.

5. Promotions for Clinical Faculty

The Joint and Stipendiary Faculty Promotions Committee has completed its review of the 34 Clinical Sciences promotion applications received in the 2022-23 cycle. The Committee's



recommendations to promote 31 of those candidates was approved by the Senate and congratulatory letters were sent to the following successful applicants:

Dr. Catherine Cervine, Professor Emerita
Dr. Rony Atoui, Professor
Dr. Lee Toner, Professor
Dr. Barbara Zelek, Professor
Dr. Dominique Ansell, Associate Professor
Dr. Lakyntiew Aulakh, Associate Professor
Dr. Linda Bakovic, Associate Professor
Dr. Ghazala Basir, Associate Professor
Dr. Pankaj Bhatia, Associate Professor
Dr. Rya Boscariol Associate Professor
Dr. Teresa Bruni, Associate Professor
Dr. Scott Cassie, Associate Professor
Dr. Cheryl Clayton, Associate Professor
Dr. Mike Franklyn, Associate Professor
Dr. Meghan Garnett, Associate Professor
Dr. Mohammad Reza Golrokhian Sani, Associate Professor
Dr. Emily Groot, Associate Professor
Dr. Mohammed Fawsi Khalil Ibrahim, Associate Professor
Dr. Justin Jagger, Associate Professor
Dr. Ahmed Kotb, Associate Professor
Dr. Sarah McIsaac, Associate Professor
Dr. Sean Moore, Associate Professor
Dr. Diana Noseworthy, Associate Professor
Dr. Robert Ohle, Associate Professor
Dr. Elrasheed Osman, Associate Professor
Dr. Atoosheh Rohani, Associate Professor
Dr. Hadi Shojaei, Associate Professor
Dr. Mohammed Shurrah, Associate Professor
Dr. Sean Sullivan, Associate Professor
Dr. Jason Sutherland, Associate Professor
Dr. Petros Zazos, Associate Professor

6. Faculty Wellness

We continue to offer peer support services. The names and contact information for the peers can be found on the Faculty Affairs webpage.

Dr. Prasant Jani continues to develop a Faculty Wellness Program for CSD Faculty. Dr. Jani has coordinated numerous lunch and learn sessions that highlight various faculty wellness initiatives. Dates for up and coming sessions will be available soon.



7. Faculty Recognition

The NOSM U Faculty Awards of Excellence and Scholarship Committee Recipients were formally acknowledged at the NOSM U Achievement Celebration as part of Northern constellations 2023. Congratulations to:

Dr. Birubi Biman, Academic Leader Award
 Dr. Hazem Elmansy, Clinical Scholar Award
 Dr. Lacey Pitre, Clinical Teacher Award
 Drs. Julie Boucher & Chris Meilleur, Community Champion Award
 Dr. Darryl Vance, Faculty Mentorship Award
 Dr. Kirsten Jewell, Medical Educator Award
 Dr. Lorilee McGregor, Scholar Award
 Dr. Florence Morriello, Learner-Nominated Teacher Award

NOSM U Alumni Award Recipients

Dr. John Tuinema, Rising Star Award
 Dr. Laura Noack, Distinguished Alumni Achievement Award
 Dr. Mike Kirlew, Honorary Alumni Award

The Office of Faculty Affairs receives information via faculty and NOSM U Communications regarding nominees/recipients of awards external to NOSM. This information is only shared at the discretion of the faculty or as we come across it. The following is a list of NOSM U faculty members who have won an external award in the last two years.

Title	First Name	Last Name	Division	Section	Award Received	Year
Dr.	Ranjit	Baboolal	Clinical Sciences	Pediatrics	TBRHSC Professional Staff Award	2022
Dr.	Lisa	Bishop	Clinical Sciences	Health Sciences	2022 lewirokwas Cape Award for Midwives	2022
Dr.	Teresa	Bruni	Clinical Sciences	Pediatrics	2022 Canadian Pediatric Society's Distinguished Paediatrician Award	2022
Dr.	James	Chau	Clinical Sciences	Family Medicine	Ontario MD - 2022 Luminary Award for Excellent Patient Care	2022
Dr.	Jo-Anne	Clarke	Clinical Sciences	Geriatrics	Ontario MD - 2022 Luminary Award for Excellent Patient Care	2022
Dr.	Kenneth	Foster	Clinical Sciences	Surgery	G. William N. Fitzgerald Award for Excellence in Rural Surgery	2022
Dr.	Pawan	Kumar	Clinical Sciences	Surgery	Golden Heart Award (NBRHC)	2022
Dr.	David	Marsh	Clinical Sciences	Family Medicine	MITACS Accelerated Grant for Research	2022
Dr.	Janet	McElhaney	Clinical Sciences	Internal Medicine	Ronald Cape Distinguished Service Award - Canadian Geriatric Society	2022
Dr.	Adam	Moir	Clinical Sciences	Family Medicine	Community Educator of the Year Award	2022
Dr.	Adam	Moir	Clinical Sciences	Family Medicine	OCFP Community Educator of the Year	2022
Dr.	Adam	Moir	Clinical Sciences	Family Medicine	Ontario College of Family Physicians - Community Educator of the Year	2022
Dr.	Christopher	Mushquash	Clinical Sciences	Psychology	Clinical Section Award for Clinical Excellence - Canadian Psychological Association (CPA)	2022
Dr.	Sarah	Newbery	Clinical Sciences	Family Medicine	Certificate of Merit (CAME)	2022
Dr.	Nisha	Nigil Haroon	Clinical Sciences	Endocrinology	Distinguished Alumni Award - Trivandrum Medical College	2022
Dr.	Anjali	Oberai	Clinical Sciences	Family Medicine	OCFP's Regional Family Physician of the Year Award	2022
Dr.	Anjali	Oberai	Clinical Sciences	Family Medicine	Reg L. Perkin Family Physician of the Year Award (CFPC)	2022
Dr.	Anjali	Oberai	Clinical Sciences	Family Medicine	Ontario College of Family Physicians - Physician of the Year	2022
Dr.	Richard	Painter	Clinical Sciences	Psychiatry	Clinical Teaching Award (PARO)	2022
Dr.	Laura	Power	Clinical Sciences	OB-GYN	Community Votes Thunder Bay - Physicians and Surgeons	2022
Dr.	Sanita	Verma	Clinical Sciences	Family Medicine	Honoured by the Sudbury Multicultural Folk Arts Association	2022
Dr.	Shannon	Wiebe	Clinical Sciences	Emergency Medicine	Canadian Association of Emergency Physicians - Emergency Physician of the Year	2022
Dr.	Barbara	Zelek	Clinical Sciences	Family Medicine	SRPC Rural Long Service Award	2022
Dr.	Claudette	Chase	Clinical Sciences	Family Medicine	CAME Certificate of Merit Award	2023
Dr.	James	Goertzen	Clinical Sciences	Family Medicine	PCTA Physician Leadership Award	2023
Dr.	Eliseo	Orrantia	Clinical Sciences	Family Medicine	NOMINEE_SRPC Rural Community Impact Award	2023
Dr.	Lee	Toner	Clinical Sciences	Emergency Medicine	NOMINEE_OMA Mentorship Award	2023



We also continue to nominate Clinical Faculty for a variety of external awards.

CSD Faculty who successfully published in 2022 were sent congratulatory letters acknowledging their scholarly activities.

8. Faculty Evaluation

Faculty evaluation is being maintained between two evaluation software programs at present: One45 and Elentra. The goal is to have all Phases of Undergrad education in the Elentra system by September 2024. Postgraduate education programs are currently being evaluated through Elentra.

9. Other / Future Initiatives

The Clinical Sciences Division partnered with the Research, Equity and CEPD portfolios to cover the registration cost for 100 stipendiary faculty (first come first serve) to take the Hearing Our Voices cultural sensitivity training.

We aim to hire a Public Health and Preventative Medicine Section Chair and Project Lead. The role is currently posted on NOSM U's career page on the website.

We are developing an online faculty appointment form for Health Sciences applicants.

The Medical Sciences Division actively participates in all areas of the school. Its faculty are actively involved in teaching, governance, serving on committees, and other scholarly activities at the Northern Ontario School of Medicine. Faculty of the Division are also heavily involved in various research projects. The Division currently has **58 appointments**.

1. Membership

a) Full-Time Faculty:	East: 9	West: 6
b) Joint Faculty (half time appointments):	East: 1	
c) Emeritus Faculty:	East: 1	
d) Honorarius Faculty	East: 1	
e) Stipendiary Faculty	East: 27	West: 8 International: 2
f) Cross-Appointed Faculty:	East: 3	West: 0
g) Administrative Assistant: Pam Lemieux		

2. Hiring

We have hired six new stipendiary faculty members since our last report.

3. Teaching Activities

Dr. David MacLean has one new summer USRA-NSERC summer student, a new fourth year student starting in September and one new MSc student starting in September.

4. Research and Publications

Ulanova M, Tsang RSW, Nix EB, Kelly L, Shuel M, Lance B; Canadian Immunization Research Network Investigators.

Epidemiology of invasive Haemophilus influenzae disease in northwestern Ontario: comparison of invasive and non-invasive clinical isolates.

Can J Microbiol. 2023 Feb 8. doi: 10.1139/cjm-2022-0208. Epub ahead of print. PMID: 36753721

5. Sabbatical Leaves

Dr. Amadeo Parissenti is on sabbatical leave from July 1, 2022, to June 30, 2023.

6. Reappointments

There are 6 stipendiary faculty members up for reappointment this year.

7. Quarterly Divisional Meetings

The last Medical Sciences Quarterly Divisional Meeting took place on February 14th, 2023, and our next meeting is scheduled to take place on June 1st, 2023.

8. Announcements

The last Medical Sciences Seminar of the 2022-23 academic year will be held on June 13th at noon. Dr. Sergio Santa Maria, the Lead Scientist at NASA Ames Research Center will present NASA's Bio Sentinel mission: lessons learned and what's next.

NOSM UNIVERSITY

Postgraduate Medical Education

Report to NOSM University Senate

To: NOSM University Senate

From: Dr. Robert Anderson - Chair, Postgraduate Medical Education Committee (PGMEC)

Meeting Date: June 15, 2023

POSTGRADUATE MEDICAL EDUCATION COMMITTEE UPDATES

The PGMEC last met on April 20, 2023. Relevant updates since the last submitted report include:

- **Resident Safety Policy (approved)**
 - The PGMEC as well as PARO reviewed and approved an updated version of the Safety Policy based on recommendations from the final Accreditation Report June 2022). A summary of the AFI as well as changes are listed below.

Area For Improvement	Details of Feedback
4.1.3 Residency education occurs in a safe learning environment.	4.1.3.2: The PGME resident safety policy is missing a section on Canadian Medical Protective Association/malpractice and handling of complaints.

- Review of Changes;
 - I) New NOSM University Policy Template
 - II) Section on Professional Safety adds a section on Canadian Medical Protective Association/malpractice and handling of complaints as per the AFI.
 - III) Review by PGMEC Committee, PARO, Assistant Dean Learner Affairs
- [Updated policy link](#)

- **Important UME Student Representative Update**
 - An informal anonymous survey was distributed to all graduating NOSM U UME learners to identify some themes in residency match results.
 - The results of the survey have been shared and will be reviewed for further consideration by the PGME leadership.
- **Overview of Upcoming Quality Improvement Initiatives**
 - QI Activity – Competence Committee CQI
 - QI session to be held in May for CC members with invitation to follow shortly
 - QI Activity – Data Collecting for Program Director Coaching
 - A QI survey will be distributed to PDs to collect data about this program and inform upcoming work
 - QI Activity – Narrative Comment “Qual Score” tool...coming soon!
 - Quality Improvement methods for workplace-based assessment and feedback

EXPANSION UPDATES

Submission of New Program Application Urology

- New program application for Urology was submitted to the Royal College of Physicians and Surgeons of Canada Accreditation Committee on April 28th, 2023.
- Results of the submission are expected by June 30th, 2023 and will be shared with this committee as they become available.

CaRMS R1 RESIDENCY MATCH RESULTS & SELECTION UPDATES

Match Results

Match Day for the Second Iteration of the 2023 Canadian Resident Matching Service (CaRMS) R-1 Match took place on **Thursday, April 27, 2023**, at which time programs and applicants received their complete match results. Programs learned which candidates had successfully matched to their programs and whether or not they had any unfilled positions.

This year marked the first time since 2014 that the 2nd iteration was blended meaning both CMGs and IMGs could apply to any listed program in Ontario. Because of this we saw a substantial increase in applications of high caliber candidates that helped us achieve the 100% fill rate.

2023 R-1 Match Results

University Program/Streams R-1 Main Residency Match 2023 Results (First Iteration)	Positions Filled in 1 st Iteration	Positions filled in 2 nd Iteration	Positions eligible for PMP	# of NOSM University UME Matched	Matched Applicants from Other Universities
FM North Bay	1/4	3/3			McMaster, Isfahan University of Medical, Islamic Azad University Tehran
FM Sault Ste. Marie	0/5	5/5			Jinnah Sindh Medical University, Univerzita Karlova, Aureus University School of Medicine, Rawalpindi Medical University, Sri Muthukumaran Medical College Hospital and Research Institute
FM Sudbury	5/8	3/3		4	Universite de Montreal, Aureus University School of Medicine, Mazandaran University, Avalon University School of Medicine
FM Thunder Bay	3/8	5/5		2	University of Manitoba, Voronezh State Medical University, Shahrekord University of Medical Sciences, Ivano-Frankivsk National Medical University, Qazvin University of Medical Science, University of Debrecens,
FM Timmins	1/4	3/3		1	U of Sask., Sargodha Medical College, University of Queensland,
FM Rural	4/8	4/4		2	McMaster, Manitoba, Royal College of Surgeons in Ireland School of Medicine, Universitatea de Medicin, Farmacie, tiine i Tehnologie 'George Emil Palade' Târgu Mure, Xavier University School of Medicine, Universitatea Lucian Blaga din Sibiu Facultatea de Medicin 'Victor Papilian'

FM Remote First Nations	1/2	1/1			Western, University of Szeged Albert Szent-Györgyi Medical School
FM Medical Officer Training Program (MOTP)	0/2 <i>Supernumerary</i>	0/2			
FM International Medical Graduates (IMG)	3/3				Dow Medical College, Shahrekord University of Medical Sciences, University of Health Sciences St. Kitts
TOTAL Family Medicine:	18/42 Filled + 0/2 MOTP	24/24 filled + 2 Unfilled MOTP		9 NOSM	33 Matched from Other Universities (CMG, IMG)
NOSM Program/Streams R-1 Main Residency Match 2023 Results (First Iteration)	Positions Filled in 1st Iteration	Positions filled in 2nd Iteration	Positions eligible for PMP	# of NOSM UME Matched	# of Matched Applicants from Other Universities
Anesthesiology CMG	3/3				McMaster, U of Sask, Western
Anesthesiology IMG	1/1				Edinburgh Medical School
General Surgery	3/3				Universite Laval, U of Toronto
Internal Medicine IMG	1/1				Medical Academy named after S.I. Georgievsky of Vernadsky CFU
Internal Medicine SUD	1/4	3/3		1	U of Ottawa, McMaster, Usmanu Danfodiyo University
Internal Medicine TBAY	0/3	3/3			U of T, Harbin Medical University, Arak University of Medical Sciences
Orthopedic Surgery IMG	1/1				McGill University
Orthopedic Surgery CMG	1/1				University of Limerick
Pediatrics IMG	1/1				Universidad Autónoma de Chiapas Facultad de Medicina Humana
Pediatrics EAST (SUD/NBAY)	1/1			1	
Pediatrics WEST (TBAY/SSM)	2/2				McMaster, UBC
Psychiatry TBAY	0/1	1/1			University College Cork School of Medicine

Psychiatry SSM	0/1	1/1			Avalon University School of Medicine
Psychiatry NBAY	1/1				Dalhousie University
Public Health and Preventive Medicine SSM	0/1	1/1			University of Ruhuna Faculty of Medicine
Public Health and Preventive Medicine SUD	0/1	1/1			Universidad Industrial de Santander Escuela de Medicina
OBGYN w/ UofT	2/2			2	
TOTAL Royal College:	18/28 Filled	10/10 Filled		4 NOSM	16 Matched from Other Universities (CMG, IMG)

PGME RESIDENT ORIENTATION UPDATES

- The PGME Office Orientation will take place virtually on the morning of Thursday June 29th between 0800 and 1100. Presentations will focus on welcoming and inspiring our incoming residents.
- We will be working in concert with our internal and external partners for hospital/ Learning Site orientation on June 30th.
- Further details and updates will be provided via email to our incoming residents as well as posted on our Information for Incoming Residents [website](#) as it is developed for 2023-24.

PGME Office Orientation Date	Protected Hospital Orientation Date
June 29th	June 30 th

LEADERSHIP AND RECRUITMENT UPDATES

The PGME unit is currently recruiting for the following Leadership Positions:

- Assessment Lead, Family Medicine
- Program Director, Family Medicine PGY3 Enhanced Skills Program
- Program Director, Family Medicine
- Program Director, General Surgery
- Program Director, Pediatrics

To: Senate **Date:** May 29, 2023

From: Lee Toner, MD, Associate Dean UME

Subject: Minor corrections to UME Academic Appeals Policy and Procedure

Action Required: ☒ INFORMATION ☐ APPROVAL/DECISION

Title: Minor corrections to UME Academic Appeals Policy and Procedure

Executive Summary: Since the subject document was approved by the Senate, two clerical errors have been corrected. The current final approved version of the document is [linked here](#) and the corrections are in excepted below.

" ...

3.2.5 Unless already provided to them pursuant to section ~~3.2.2~~ 3.2.3, a copy of the UME Appeal Form and supporting documentation will be forwarded to the Director of Assessment and Program Evaluation, the Chair of SAPC, and the Associate Dean UME.

3.2.6 The person to whom the appeal is directed in section ~~3.2.2~~ 3.2.3 may propose to:

- 3.2.6.1 hear the appeal themselves;
- 3.2.6.2 delegate the hearing of the appeal to one or more members of the appropriate Theme/Phase Committee; or
- 3.2.6.3 if the appeal is associated with the assessment of professionalism, the Director of Assessment and Program Evaluation will establish, as the UME Appeal Adjudicator(s), an ad-hoc committee, consisting of three faculty members (one member must be a Clinical faculty member) to hear the appeal as provided in section 3.3..."

UME Academic Appeals Policy and Procedure					Class: A
Approved By:	NOSM University Senate				
Approval Date:	2023 04 19	Effective Date:	2023 04 19	Review Date:	per SAPC timeline
Responsible Portfolio/ Committee:	UME / Student Assessment and Promotion Committee (SAPC)				
Responsible Officer(s):	Associate Dean UME Chair, Student Assessment and Promotion Committee (SAPC)				

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1.0 Purpose and Definitions

1.1 Purpose

The UME Academic Appeals Policy and Procedure describes the appeal processes for academic assessments and grades within the Undergraduate Medical Education (UME) program.

1.2 This policy and procedure does not govern appeals related to:

1.2.1 Promotion and graduation decisions made by the SAPC (see Undergraduate Medical Education Program Student Assessment and Promotion Regulations and Senate Appeals Policy);

1.2.2 the contents of a Medical Student's Performance Record (MSPR); or

1.2.3 accommodation decisions made pursuant to the Accommodations Policy.

1.3 Definitions

- “**Appellant**” means a Student who appeals an academic assessment or grade as provided in this Policy;
- “**NOSM U**” means the Northern Ontario School of Medicine University.
- “**SAPC**” means the NOSM U Student Assessment and Promotion Committee;
- “**Senate Appeal Committee**” means the appeal committee referred to in the Senate Appeals Policy;
- “**Student**” means any student registered in the Undergraduate Medical Education (UME) program at NOSM U;
- “**UME Appeals Adjudicator(s)**” means the adjudicator(s) who hear a specific appeal as set out in section 3.2 of this Policy;
- “**Working Day**” means between 8:30 a.m. and 4:30 p.m. (Eastern) on a day in which the NOSM U offices are open for business from Monday to Friday and excludes statutory holidays and any other day that the university is closed.

2.0 Scope

This policy and procedure applies to all Students irrespective of the geographically distributed campus or site they are assigned to.

3.0 Procedures for Appeals of a Component of a Theme Grade or Other Assessment

3.1 Grounds for Appeal

3.1.1 A Student may appeal a failing grade or other failing assessment decision that is:

3.1.1.1 incorrect; or

3.1.1.2 otherwise unreasonable taking into account all of the circumstances.

3.2 Commencement of Appeal and Appointment of UME Appeal Adjudicator(s)

- 3.2.1 A Student requesting a review of a grade or other assessment decision covered by this policy must initiate the request for review by submitting an UME Appeal Form, together with all documentation specified in the form to the email address below within 10 Working Days of receiving the initial result regarding the grade or assessment by the Student Assessment and Promotion Committee (SAPC).
- 3.2.2 The UME Appeal Form and all supporting documentation should be sent via email to the following email address: UMEAppeals@nosm.ca.
- 3.2.3 Where the grade or assessment being appealed is:
- 3.2.3.1 listed as part of the Theme Requirements in the Promotion, Reassessment/Remediation Plan, the UME Appeal Form should be addressed to the Director of Assessment and Program Evaluation;
 - 3.2.3.2 listed as part of the Program Requirements in the Promotion, Reassessment/Remediation Plan, the UME Appeal Form should be addressed to the Assistant Dean/Director of the appropriate Phase Committee.
- 3.2.4 If the Assistant Dean or Director of the appropriate Phase Committee is the faculty member who provided the grade or assessment that is being appealed, the UME Appeal Form should be addressed to the Director of Assessment and Program Evaluation. If the Director of Assessment and Program Evaluation provided the grade or assessment that is being appealed, the UME Appeal Form should be addressed to the SAPC Chair or Associate Dean UME.
- 3.2.5 Unless already provided to them pursuant to section 3.2.3, a copy of the UME Appeal Form and supporting documentation will be forwarded to the Director of Assessment and Program Evaluation, the Chair of SAPC, and the Associate Dean UME.
- 3.2.6 The person to whom the appeal is directed in section 3.2.3 may propose to:
- 3.2.6.1 hear the appeal themselves;
 - 3.2.6.2 delegate the hearing of the appeal to one or more members of the appropriate Theme/Phase Committee; or
 - 3.2.6.3 if the appeal is associated with the assessment of professionalism, the Director of Assessment and Program Evaluation will establish, as the UME Appeal Adjudicator(s), an ad-hoc committee, consisting of three faculty members (one member must be a Clinical faculty member) to hear the appeal as provided in section 3.3.
- 3.2.7 If the person to whom the appeal is directed proposes that the appeal be heard by more than one person, that person shall appoint one of the proposed adjudicators as the Chair of the proposed panel of UME Appeal Adjudicators.
- 3.2.8 No person shall participate in a UME Appeal as an adjudicator if that person has been previously involved in a decision-making process directly relating to the matter under appeal.
- 3.2.9 The Director of Assessment and Program Evaluation shall communicate the name(s) of the proposed adjudicator(s) to the Appellant via email as soon as possible. The Appellant will, within 2 Working Days, inform the Director of Assessment and Program Evaluation via email if there is objection to a proposed adjudicator(s) and

provide reasons why the Appellant believes a the proposed adjudicator(s) should be disqualified. Such reasons may include assertions that the proposed adjudicator has a conflict of interest or raises a reasonable apprehension of bias.

- 3.2.10 Any objection shall be assessed by the Director of Assessment and Program Evaluation and if the Director of Assessment and Program valuation is of the view that the proposed adjudicator(s) should be disqualified, they shall appoint another adjudicator(s). The decision of the Director of Assessment and Program Evaluation regarding the objection shall be final, but the Appellant's objection may be raised in any appeal pursuant to section 3.6.

3.3 UME Appeal Process

- 3.3.1 Upon receipt of the UME Appeal Form and supporting documentation the UME Appeal Adjudicator(s) shall request the faculty member(s) responsible for the grade or assessment being appealed to provide any additional relevant documentation (e.g., minutes of any meetings regarding the faculty member(s) deliberations). If such documentation is obtained the UME Appeal Adjudicator(s) shall provide it to the Appellant.
- 3.3.2 The UME Appeal Adjudicator(s) shall meet with the Appellant to hear any concerns with respect to the grade or assessment being appealed. This meeting will allow dialogue between the UME Appeal Adjudicator(s) members and the Appellant concerning the Appellant's fulfillment of the Theme or Program requirements.
- 3.3.3 The UME Appeal Adjudicator(s) will also typically meet with the faculty member(s) responsible for the grade or assessment being appealed, to convey the concerns raised by the Appellant and to hear the faculty member(s)'s reply to the Appellant's concerns.
- 3.3.4 If necessary to ensure that both the Appellant's and the faculty member(s)' perspectives can be more fully determined, multiple meetings may be arranged by the UME Appeal Adjudicator(s).

3.4 UME Appeal Adjudicators Decision Making Authority

- 3.4.1 After reviewing the UME Appeal Form and the documents submitted by the Appellant and the faculty member(s) who made the decision being appealed, conferring with the Appellant and faculty member (where applicable) as provided in section 3.3, and taking into consideration the grounds for appeal as set out in section 3.1, the UME Appeal Adjudicator(s) shall make one of the following determinations:
- 3.4.1.1 The original assessment of the Appellant shall stand;
 - 3.4.1.2 The assessment of the Appellant shall be altered in some way (for example, a specific comment stricken) without overturning the pass/fail determination;
 - 3.4.1.3 The pass/fail determination shall be altered; or
 - 3.4.1.4 The assessment of the Appellant shall be altered in some way (for example, a specific comment stricken) and the pass/fail determination shall be altered.

- 3.4.2 In circumstances where an issue of accommodation arises, the UME Appeal Adjudicators may suggest that the Appellant raise the matter with the NOSM U Accommodations Committee as provided in the Accommodations Policy.

3.5 Decision, Reasons and Record

- 3.5.1 The UME Appeal Adjudicator(s) shall advise the Appellant in writing as to the change, if any, in the grade or assessment, if possible within 10 working days of their meeting, with copies to the Director of Assessment and Program Evaluation, the Chair of SAPC, the Associate Dean UME, the Assistant Dean Learner Affairs, and other responsible parties as appropriate. The decision letter must include a fulsome description of the following:
- 3.5.1.1 the identity of the UME Appeal Adjudicator(s);
 - 3.5.1.2 the background of the appeal;
 - 3.5.1.3 the UME Appeal Adjudicator(s)' findings of fact, including identification of the source of those facts (e.g., meeting with the Appellant and/or faculty);
 - 3.5.1.4 the UME Appeal Adjudicator(s)'s decision and the reasons for decision.
- 3.5.2 The UME Appeal Adjudicator(s) shall maintain a record of their decision, which Record shall include:
- 3.5.2.1 the decision and the reasons for the decision;
 - 3.5.2.2 the decision and reasons for the decision of the original decision maker, together with any documents provided by such original decision maker; and
 - 3.5.2.3 all evidence and documents referred to in the decision and reasons for decision of the UME Appeal Adjudicator(s).

3.6 Further Appeal

- 3.6.1 A Student may appeal a decision of a UME Appeal Adjudicator(s) under Section 3.5 to the Senate Appeal Committee within 10 working days of receiving notice of the decision on the grounds and by following the procedures set out in the Senate Appeals Policy.
- 3.6.2 The decision of the UME Appeal Adjudicator(s) made under Section 3.5 shall prevail and remain in effect unless and until altered by any decision of the Senate Appeals Committee.

4.0 **Miscellaneous**

- 4.1** Subject to section 3.2.1, any notice to be sent by any party under this policy to another party shall be sufficiently given if sent by email as follows:
- 4.1.1 in the case of notice to an Appellant, to the Appellant's email address assigned by NOSM U;
 - 4.1.2 in the case of notice to any other person associated with NOSM U, to that person's email address as assigned by NOSM U;

- 4.1.3 in the case of a committee associated with NOSM U, to the email address assigned by NOSM U to the Chair of that committee; or
- 4.1.4 in the case of notice to any other person not directly associated with NOSM U, to that person's email address as provided by the person.
- 4.2** Following the conclusion of any proceedings under this UME Academic Appeals Policy, all evidence, documentation, and information provided by the Appellant to the UME Appeal Adjudicator(s) will be forwarded to the Chair of SAPC for filing and shall be kept confidential.
- 4.3** To accommodate the requirements of the Appellant, faculty, or others, any process provided for under this UME Academic Appeals Policy can be conducted by video or teleconferencing utilizing the video or teleconferencing facilities available at NOSM U in Sudbury and NOSM U in Thunder Bay or other NOSM U sites, subject to the discretion of the UME Appeal Adjudicator(s).
- 4.4** Appellants making an appeal to a UME Appeal Adjudicator(s) under this UME Academic Appeals Policy have the right to the presence of legal counsel in the proceedings, but Appellants are responsible for presenting and arguing their own case to the UME Appeal Adjudicator(s). Appellants are responsible for paying their own costs associated with any such representation or consultation. The University also has the right to the presence of legal counsel during the proceedings.
- 4.5** Before pursuing an application for judicial review with respect to any decisions made under this UME Academic Appeals Policy or under any other related policies and procedures as approved by the NOSM U Senate or its subcommittees ("internal processes"), a Student must first exhaust any available adequate alternative remedies under the internal processes. Should a Student not exhaust the available adequate alternative remedies under the internal processes prior to pursuing an application for judicial review, the SAPC may immediately cease any actions related to the assessment of the student that fall under the jurisdiction of the SAPC.

5.0 Related Documents

5.1 The following documents are relevant to this Policy and Procedure:

- UME Appeal Form
- Appeals Process Overview Chart
- Student Assessment and Promotion Regulations
- Accommodations Policy and Procedure

6.0 Getting Help

6.1 Students are encouraged to contact the Learner Affairs office at learneraffairs@nosm.ca or the Office of UME at ume@nosm.ca.

6.2

Queries regarding interpretation of this document should be directed to: Chair, SAPC at sapccommittee@nosm.ca

DO NOT REMOVE THIS DOCUMENT HISTORY RECORD		
Version	Date	Authors/Comments/Amendments/Approvals
		Previous document history will be found on archived versions
V8.0	2021 10 14	Annual review including a legal review. Changes made : new language and responsible bodies for NOSM U, addition Accommodations Policy, changes to process to initiate an appeal, distribution of documentation, new and detailed process based on appeal type (professionalism), naming of adjudicator, request for documentation, addition of UME Appeal Committee and member process and deadline, decision letter content/sections.
	2022 02 10	Approved by SAPC
	2022 03 09	Approved by UMEC
	2022 04 07	Approved by NOSM University Senate
V9.0	2023 01 30	Annual review
	2023 03 09	Approved at SAPC after second reading.
	2023 03 14	Approved by UMEC
	2023 04 19	Approved by NOSM University Senate
V9.1	2023 05 02	Clerical error corrected (See section 3.2.5 and 3.2.6 reference to 3.2.2 changed to 3.3.3) and approved by UMEC Chair's action

TO: Senate **DATE OF MEETING:** June 15, 2023

PRESENTED BY: Dr. Celine Lariviere, Provost and VP Academic

SPONSOR: *[same]*

SUBJECT: Senate Appeal Committee Terms of Reference – revised.
Senate Appeal Committee Report and Membership Recommendation

ACTION REQUESTED: ☐ INFORMATION ☒ APPROVAL/DECISION

DISCLOSURE STATUS OF THIS ITEM FOLLOWING DECISION: Not Confidential

DECISION OR RECOMMENDATION:**Motion #1****Moved by Celine Lariviere Seconded by Adedayo Alabi**

Moved that the revised Senate Appeals Committee Terms of Reference is approved as presented.

[Senate Appeals Committee Terms of Reference 2023 Revisions for Approval.docx](#)

Motion #2**Moved by Seconded by Adedayo Alabi seconded by Miriam Cain**

Moved that the Senate Appeals report is accepted, and the membership is confirmed as follows:

- Dr. Aidan Wharton (Senator - CSD) (Chair)
- Dr. Tom Crichton (Senator - CSD)
- Dr. Brian Ross (Senator - MSD)
- Dr. Alexander R Moise (Senator - MSD)
- Dr. Samantha Wallenius (Faculty at Large)
- Dr. Bindu Bittira (Faculty at Large)
- Dr. Sandra Ferroni-Fortier (Faculty at Large)
- Dr. Sebastian Diebel – Resident (2nd Year)
- Dr. Stone Li – Resident (Senator)
- A minimum of 2 other learners (pool)
 - Brieanne Olibris

- Caleb Lawlor
- Daniel Lamoureux
- Eden Mackereth
- Emma Harland
- Stefanie Nolet

SUMMARY-PROPOSAL AND ANALYSIS:

Revised Terms of Reference - After a review of the terms of reference approved in December, it is recommended to increase the residents to 2 and separate out from the other learner category. Rationale for having two is to allow for flexibility for scheduling and for conflict of interest.

Additionally, should a learner from the program be appealing, the Panel requires a Resident or other learner (not in the program). In this case, no learners came forward to sit on the committee and time is usually of the essence for appeals when setting dates and review.

The broadened membership will allow for succession planning and training.

The other revision was the position of Provost and AD EI was added to the guest membership – nonvoting.

Membership - As it relates to the call for individuals the following were confirmed for the Committee membership (vacancies in the learner categories will remain open until filled)

- A first call for NOSM University Senate Appeals Committee went out on February 22, 2023.
- A Second call to fill the vacancies for Learners – other than that of Residents went out on May 8, 2023, with a closing date of May 19.
 - Total received for this call was 6
 - Decision on candidates is decided by the SEC.
- At the May meeting the SEC determined that having a pool of learners, would best suit the needs of this committee, share the opportunities for committee work and avoid conflict of interests where possible.
- All appointments shall be for two academic years, running from now until June 30, 2025.

An appeal was heard in April 2023. A Panel was convened. Dr. Aidan Wharton was appointed the Chair, he has agreed to stand for Chair of this committee. No other individuals came forward for this position.

STRATEGIC PLAN LINK AND/OR MITIGATION of RISK:

#5 – Becoming a University - Establish effective governance ✓Implement appropriate leadership ✓Allow for the effective control and direction of the University.

DECISION PROCESS:

The original plan was discussed with the transitional Senate. The new Senate Executive reviewed the recommendations at the May meeting and present at the June Senate meeting for approval.

IMPLEMENTATION STEPS AND TIMELINE:

The Senate Appeal Committee will be confirmed upon approval of the Senate.

ATTACHMENTS OR REFERENCE MATERIALS:

- [Senate Appeals Committee Terms of Reference 2023 Revisions for Approval.docx](#)

Senate Appeal Committee

Approval Authority: Senate

Established: 2006 06 15

Amendments: 2014 01 30, 2018 04 05, 2022 12 15, PENDING 2023 06 15

Function

The Senate Appeal Committee hears appeals based on academic decisions, relating to a promotion or withdrawal decision, or findings of unprofessional behaviour, rendered by any NOSM University program or committee under the purview of Senate.

All defined terms in this document shall, unless otherwise indicated, have the same meaning as in the Senate Appeals Policy.

The Senate Appeal Committee is to:

- be an impartial adjudicative appeal body for learners on academic matters, whose decisions are final and without further appeal;
- hear appeals, through Senate Appeal Panels, only after other appeal processes have been exhausted and will not hear matters that are concurrently before other University bodies;
- report on decisions of the Panels to the Senate (on an annual basis, or whenever the Senate requests a report) and to other appropriate bodies (in all cases personal identifying Appellant shall be withheld) for informational purposes and, in the case of reports to the Senate, for the purpose of receiving any feedback the Senate considers appropriate;
- prepare for Senate approval and thereafter operate under the Senate Academic Appeals Policy, including the detailed procedures thereunder as necessary and appropriate; and
- where appropriate, draw to the attention of relevant University bodies or individuals any regulations, policies or practices that are giving rise to learner appeals so that they may be examined.

* Any relief offered to learners in programs leading to a regulated profession may be constrained by professional accrediting bodies or placement agencies. The SAC and the Panels may not grant relief that would contravene or undermine externally determined standards or requirements that apply to learners.

Membership

The SAC shall be composed of the following individuals:

- 7 faculty (representation across the University*) of which 3 shall be members of Senate and 4 at large.
- Up to 2 Resident Learners
- A minimum of 2¹ learners appointed from ~~each~~ NOSM programs² or subset of NOSM University programs.
- University Secretary- Secretary of Senate ~~(Senate)~~ (non-voting)

SAC Members shall be appointed by Senate on the recommendation of the Senate Executive Committee and in accordance with procedures determined by Senate.

The SAC Chair and Vice-Chair shall be chosen by Senate from among the faculty members on the SAC. The terms of the SAC Chair and Vice-Chair will be two academic years, running from July 1 to June 30. Both the SAC Chair and Vice-Chair are eligible for appointment to multiple successive terms. In addition, the Senate may extend the terms of the Chair and/or Vice Chair for any period it deems advisable in the circumstances. To maintain continuity, the Chair will normally be succeeded by the Vice-Chair then in office.

Appeals shall be heard by a Panel of Committee Members chosen by the SAC Chair. Each Panel shall be made up of:

- The SAC Chair or in the event of a conflict or otherwise at the SAC Chair's discretion, a designate, who shall serve as Panel Chair.
- Four (4) additional members of the SAC selected by the SAC Chair as follows:
 - One (1) faculty member from the Senate
 - Two (2) faculty member at large
 - One (1) learner from a program other than the one in which the appeal is being heard.

A Panel is intended to provide a balanced consideration of the appeal. Where possible, it should be representative of the whole University, including this diverse nature of the University. The Chair may take action to ensure this is applied.

Resource Individuals

The following shall serve as ex officio non-voting resource members of the SAC and at the discretion of the SAC Chair, one or more may serve as non-voting resource members of a Panel:

- Provost and Vice-President Academic, non-voting and resource only
- Associate Dean, Undergraduate Medical Education, non-voting, and resource only

¹ Learners will be in a pool, no more than 6 within the term appointments shall be chosen.

² NOSM Policy Regarding Academic Appeals Program Definition: "Program" means any combination of courses and/or other study requirements that, upon successful completion, lead to the award of a formal qualification such as a university degree (MD or MMS) or health professional certification (CCFP, FRCPSC or RD).

- Associate Dean, Postgraduate Medical Education, non-voting, and resource only
- Assistant Dean, Learner Affairs, non-voting and resource only
- Assistant Dean, Graduate Studies, non-voting and resource only
- Associate Dean, Equity and Inclusion, non-voting and resource only
- Program Manager, Northern Ontario Dietetic Internship Program (NODIP), non-voting and resource only
- Director of Planning and Risk, non-voting, and resource only

Other non-voting resources from Vice Deans, Associate Deans or Directors responsible for other degree or certificate granting programs may be included as required and at the discretion of the SAC Chair.

Terms of Appointment

Voting members of the SAC shall be appointed for a term of two academic years, running from July 1 to June 30. Voting members are eligible for appointment to multiple successive terms. In addition, the Senate may extend the term of any voting member for any period it deems advisable in the circumstances.

The term of any member which would otherwise expire during the time that they are serving on a Panel, will automatically be extended to allow the member to complete the appeal the Panel is considering.

Conflict of Interest

1. Members of the SAC are responsible for recognizing and avoiding circumstances that may give rise to, or give the appearance of giving rise to, a conflict of interest between a member's direct or indirect interests and the member's obligations in conducting the business of the SAC.
2. Members who have been asked to serve on a Panel must identify and disclose to the SAC Chair (or in the case of a conflict on the part of the SAC Chair to the Vice-Chair) any direct or indirect conflict of interest relating to a matter being appealed at the earliest possible time.
3. In appropriate circumstances, as determined by the SAC Chair or a Panel Chair as the case may be, a member of the SAC or a Panel may be required to abstain from proceedings and discussions on an identified matter being appealed and shall not attempt in any way to influence the voting on such matter.
4. Prior to considering the merits of any appeal, the Panel Chair shall raise the question of whether any member of the Panel has a conflict of interest or an appearance of conflict of interest with the Panel members and, in consultation with the SAC Chair or the SAC Vice Chair if the Chair has a conflict, shall determine how the matter should proceed.

SAC Meetings and Panel Deliberations

1. The SAC shall meet as a whole to consider general matters such as planning, policy review and reporting obligations as required by the SAC Chair or as directed by Senate.
2. Panels shall meet as required after they have been constituted.

3. For the purpose of a final decision on the hearing of an appeal by a Panel:
 - (a) Quorum shall be all the members of the Panel;
 - (b) A majority of votes is required for an appeal to be granted;

Confidentiality

1. Much of the information obtained by members of the SAC or of a Panel, as the case may be, in connection with the business and proceedings of the SAC or of a Panel is confidential. SAC and Panel members are required to maintain the confidentiality of all such information and not to use the information for any purpose other than the business of the SAC. Confidential information includes but is not limited to:
 - a. Information concerning the personal affairs of learners;
 - b. Information concerning the business, operations and governance of the University
 - c. Information concerning the personal and professional affairs of staff and faculty.
 - d. For greater certainty all information obtained by a member of the SAC during the course of their service on the SAC shall be treated as confidential. All questions about the disclosure of information obtained by a member of the SAC during the course of their service on the SAC must be raised with the SAC Chair who shall have final authority on the question of disclosure.
 - e. The obligation of SAC and Panel members to maintain confidentiality shall continue after the conclusion of the member's tenure on SAC or any Panel.
2. Members of SAC and all Panels may only disclose confidential information where such disclosure is necessary for the fulfillment of SAC's or a Panel's obligations, or where otherwise required by law and then only to the extent necessary or required.
3. Meetings of SAC and deliberations of a Panel are closed to the public.
4. All communications about the work of the SAC shall be made by the SAC Chair.
5. All communications about the work of a Panel shall be made by the Panel Chair.
6. The SAC Chair is responsible for ensuring that each SAC member is aware of their confidentiality obligations.

A breach of confidentiality obligations will be considered to be misconduct of the highest order and in addition to any other sanction available to the University may result in the immediate removal of the member from the SAC.

Related Policies/Documents

- Related Program Appeals Policies
- Senate Academic Appeal Policy
- Request for Appeal Form

TO: Senate **DATE OF MEETING:** June 15, 2023
PRESENTED BY: Gina Kennedy, University Secretary
SPONSOR: Dr. Céline Larivière, Provost
SUBJECT: External Nominations to NOSM U Senate
ACTION REQUESTED: ☐ INFORMATION ☒ APPROVAL/DECISION

DISCLOSURE STATUS OF THIS [Not Confidential (to be publicized – and proposed date of release)]
ITEM FOLLOWING DECISION:

DECISION / RECOMMENDATION:

Moved by Senator Larivière Seconded by Adedayo Alabi

Motion #1

Moved that Dr. Gerald Laronde, Nipissing University be appointed to the NOSM University Senate as the External Appointee for a 3-year term beginning June 15, 2023.

Motion #2

Moved by Senator Larivière Seconded by Miriam Cain

Moved that Ryan Fetterly, Algoma University be appointed to the NOSM University Senate as the External Appointee for a 3-year term beginning June 15, 2023.

EXECUTIVE SUMMARY-PROPOSAL AND ANALYSIS:

The Senate Executive Committee reviewed the requirements outlined in the NOSM University Act and Bylaws.

- Two (2) individuals appointed by the Senate who:
 - are members of the teaching staff of a university in Ontario, but not members of the Teaching Staff of the University; and
 - are not engaged in the teaching of medicine or health sciences.

Section 3.4 [NOSM University Senate Bylaw](#) - In order that the Senate membership is as broadly representative of the University's academic community as possible, the various constituencies shall be expected to consider, and strive to reflect, gender balance, and the diversity of academic and cultural traditions when choosing or electing their Senate representatives.

After a discussion with two University Senate Secretaries a Call for Expression of Interest was sent to the Senate of both Algoma and Nipissing Universities.

Several applications were received. After reviewing the statements and assessing the needs of Senate as well as our mandate, 2 individuals have been recommended for a 3-year term on Senate in the category of External Members.

STRATEGIC PLAN LINK AND/OR MITIGATION of RISK:

#5 – Becoming a University - Establish effective governance ✓Implement appropriate leadership ✓Allow for the effective control and direction of the University.

DECISION PROCESS:

As outlined in the bylaws. With the new Senate Executive Committee being in place, a review of the candidates was assessed, a vote was taken, and the SEC is making the following recommendation to Senate for the inaugural appointment.

IMPLEMENTATION STEPS AND TIMELINE:

Upon confirmation by Senate, the two individuals will begin their terms respectively.

ATTACHMENTS OR REFERENCE MATERIALS:

Dr. Gerald Laronde, BSc, B.Ed and M.Ed, Nipissing University

I am applying to be an External Appointment on NOSM University's Senate. My background and experience will guide me in ensuring that NOSM continues to provide a high standard of quality education. I was born in Sudbury and now reside on Nipissing First Nation. My previous work experience includes summer jobs as a lineman, fighting forest fires, three years as a miner in Elliot Lake, and teaching science at the secondary and college level. I have a BSc (Agr), a B.Ed. and M.Ed. from Nipissing University, and a PhD from the University of Toronto. In my 25 years at Nipissing University, I was the Principal of the Native Education Program and taught Science education in the B.Ed. program. I have been Chair of the Intermediate-Senior division and sat on numerous academic committees. I have also observed my daughter's journey through NOSM, Dr. Aimee Laronde (2012), and hope to contribute back through this position on Senate. Also sit on the Finance and Audit Committee of Nipissing First Nation.

Ryan Fetterly –CPA, MBA, Senior Financial Analyst | Financial Services, Sessional Instructor | School of Business and Economics, Algoma University

My name is Ryan Fetterly and I am reaching out to express my interest in serving on the NOSM University Senate. I am a Chartered Professional Accountant by trade and have a Master of Business Administration with a Professional Accounting Specialization from the University of Windsor. I currently work in Finance at Algoma University and teach two finance/accounting courses on a part-time basis. I feel I could offer a unique perspective given my background in business/finance.

As for my interest, my mother is a Radiation Therapist at Sault Area Hospital (and previously Health Sciences North in Sudbury) and my father is the VP of Operations at Group Health Centre here in Sault Ste. Marie (previously worked for CML Healthcare in Sudbury). Therefore, I have grown up with an understanding of the challenges the north faces with regards to attracting physicians and retaining specialists to deliver quality service to our population. It is no easy task to get a family doctor and waitlists for specialists tend to be lengthy. I am passionate about these issues and would welcome the opportunity to contribute my expertise to the solution (i.e., training more professionals in Northern Ontario).

To: Senate **Date:** June 15, 2023

From: Céline Larivière, Provost and Vice President Academic

Subject: Senate Meeting Schedule

Action Required: INFORMATION ☒ FOR APPROVAL

Recommendation:

Moved by Senate Larivière Seconded by Senator Cain

Moved that the 2023-2024 and 2024-2025 Senate Meeting Schedule be approved as presented.

Background:

The Senate meeting schedule is presented for 2 years in order to allow for planning. The meetings will be 3 hours in length, unless otherwise noted.

Meetings may be called by the Chair or Senate consistent with the bylaws. Meetings may change, with proper notice.

Attachments/Appendices:

- Senate Meeting Schedule

Meetings of the Senate

Meetings of the Senate will be held from 4:00 pm to 7:00 pm ET. All meetings will be virtual until further notice.

2023-2024

October 5, 2023 (document deadline is September 18, 2023 at Noon)

December 14, 2023 (document deadline is November 27, 2023 at Noon)

February 15, 2024 (document deadline is January 29 2024 at Noon)

April 11, 2024 (document deadline is March 25, 2024 at Noon)

May (Graduands) (confirm May 9*) may change based confirmation from Registrar.

June 13, 2024 (document deadline is May 27 at Noon)

2024-2025

October 10, 2024 (document deadline is September 23, 2024)

December 12, 2024 (document deadline is November 25, 2024)

February 13, 2025 (document deadline is January 27, 2025)

April 10, 2025 (document deadline is March 31, 2025)

May (Graduands) (May 8*) may change based confirmation from Registrar.

June 12, 2025 (document deadline is May 26 at Noon)

For information only to Membership

Senate Executive Committee Meetings (Tentative and may change according to the committee)

- September 25, 2023 (8:30-10:00 am)
- December 6, 2023 (8:30 – 10:00 am)
- January 31, 2024 (8:30 am – 10:00 am)
- March 27, 2024 (8:30 am – 10:00 am)
- June 3, 2024 (8:30 am – 10:00 am)

TO: Senate **DATE OF MEETING:** June 15, 2023

PRESENTED BY: Dr. Céline Larivière, Provost and Cara Green, Program Manager NODIP

SUBJECT: Northern Ontario Dietetic Internship Program (NODIP) curriculum changes

ACTION REQUESTED: ☐ INFORMATION ☒ APPROVAL/DECISION

DISCLOSURE STATUS OF THIS ITEM FOLLOWING DECISION: Not Confidential (to be publicized – and proposed date of release)

DECISION OR RECOMMENDATION:

MOTION – Moved by R Anderson Seconded by G Carpino-Adams

Moved that the Northern Ontario Dietetic Internship Program (NODIP) curriculum changes be approved as presented.

EXECUTIVE SUMMARY-PROPOSAL AND ANALYSIS:

The Northern Ontario Dietetic Internship Program (NODIP) curriculum has been mapped, updated, and approved by the NODIP Committee for alignment with the new Integrated Competencies for Dietetic Education and Practice v 3.0 and is presented for approval of Senate.

Dietetic competencies required for entry-level practice as a Registered Dietitian (RD) are outlined in the Integrated Competencies for Dietetic Education and Practice (ICDEP), which are prepared by the [Partnership for Dietetic Education and Practice \(PDEP\)](#). In 2020, the [ICDEPs were updated to version 3.0](#). All dietetic academic and practicum programs are required to incorporate ICDEP v 3.0 into their curricula by August 2023 in preparation for the May 2024 RD licensing exam sitting. Program components and compliance with the ICDEPs are assessed against the national standards set by the dietetic education accreditation process.

NODIP's existing practicum curriculum followed ICDEP v 2.0. We undertook a comprehensive review and mapping of our curriculum against v 3.0 (attached) with the help of three working groups comprised of RD experts informing each competency pillar (Nutrition Care, Population Health Promotion, and Food Provision & Management). Minimal changes are required to NODIP's curriculum, and the new competencies will easily integrate into NODIP's existing practicum delivery model.

The minor curriculum changes are reflected in the revised Performance Evaluation Reports for the three competency pillars. On March 29th, 2023, these reports were presented to the NODIP Committee and approved by a majority vote on April 28th, 2023, following minor edits to one report. The attached presentation to NODIP Committee on March 29th outlines Committee and working group membership as well as details of how changes were incorporated into NODIP's Performance Evaluation Reports.

NODIP will educate our preceptor catchment on the changes over the summer months and begin using these Performance Evaluation Reports in September with the 2023-24 cohort.

Senate Authority ([Senate Bylaw](#)) Section 3.2 (5) to determine the curricula of all programs and courses of study, the standards of admission to the University and continued registration therein, and the qualifications for degrees, honorary degrees, certificates, and diplomas of the University;

STRATEGIC PLAN LINK AND/OR MITIGATION of RISK:

STRATEGIC DIRECTION # 3 Innovate Health Professions Education

GOAL To be recognized across Northern Ontario for developing innovative models of education in Northern, Indigenous, Francophone, rural and remote medicine that lead to well trained health-care practitioners who stay in the communities of the North.

ASPIRATION Innovation drives the education of NOSM's next generation of physicians, registered dietitians, physician assistants, medical physicists, other health professionals and scientists.

Summary of NODIP Practicum Curriculum Changes:

The significant points of refinement and clarification that distinguish ICDEP v 3.0 from v 2.0 are listed on page 32 of the [ICDEP v 3.0 document](#).

To align with the ICDEP v 3.0, the following changes were made to NODIP's Performance Evaluation Reports and preceptor resources:

1. Standardized the language of each report to align with the ICDEP v 3.0 Domains of Competence, PCs, PIs, and expected assessment following the Miller's Pyramid Model.
2. Revised or added "Sample Activities" to support preceptors and learners in identifying relevant learning activities to address the new PIs.
 - The Working Groups were able to identify a variety of learning activities already provided in pre-existing placements to address the new PIs.
3. Merged PIs, removed redundancies, and reformatted each report. This improved the flow of information, PI interpretation and application to learning activities and assessment.
4. Re-formatted the Food Provision & Management Performance Evaluation Report to allow for a co-preceptor model (where required). A manager outside of food provision and/or an RD providing direct client care, may supervise activities/applied projects to address the separate food provision and management PCs.
5. Created a decision tree with an accompanying case study resource bank to assist preceptors with addressing the revised PIs for enteral and parenteral nutrition therapies assessed at the "shows how" level. This is a change in the previous required assessment where learners were assessed only in the provision of direct patient care.

IMPLEMENTATION STEPS AND TIMELINE:

Immediate implementation

ATTACHMENTS OR REFERENCE MATERIALS:

1. NODIP Curriculum Map, ICDEP v 3.0
2. Presentation to NODIP Committee on curricular changes for approval (March 29, 2023)

ICDEP v3.0 Curriculum Map

Practice Competencies (PCs) and Performance Indicators (PIs)										NODIP's Curriculum																										
										Nutrition Care			Population Health Promotion			Food Provision & Management			Practice-based Project/Academic Sessions/General Program Activities																	
										Professionalism and Ethics	Communication and Collaboration	Conduct nutrition assessment	Determine nutrition diagnosis	Plan nutrition intervention	Implement nutrition intervention	Monitor intervention and evaluate goals	Consolidation -dependent on practice setting(s) *	Assess and determine food-and-nutrition related issues of communities and populations / Foster learning in others	Develop, implement, monitor and evaluate / Foster learning in others-dependent on activity*	Foster development of food literacy /Foster development of food skills	Advocate for ongoing improvement of nutritional health and care	Use appropriate communication approaches, effective written and oral communication skills	Determine food provision requirements	Plan, monitor and evaluate food provision	Manage food provision	Manage programs and projects	Assess and enhance approaches to practice-dependent on project*	Practice-based project	Academic sessions	Nutrition in the North newsletter	Cultural safety courses & Sharing Circle	Interprofessional Education/Community Learning	Session-dependent on project*	Mid/summary-evaluation		
PROFESSIONALISM AND ETHICS																																				
PC 2.01 Practice within the context of Canadian diversity																																				
d) Identify structures that impact health equity and social justice											✓							✓	✓	✓	✓		✓	✓										✓		
PC 2.02 Act ethically and with integrity																																				
a) Treat others with respect										✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
b) Act in a manner that engenders trust										✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
c) Act in accordance with ethical principles										✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
d) Accept accountability for decisions and actions										✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
e) Act in a manner that upholds the reputation of the profession										✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
f) Maintain professional boundaries										✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
PC 2.03 Practice in a manner that promotes cultural safety																																				
a) Act with sensitivity and humility with regard to diverse cultural groups										✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
e) Act with awareness of how one's own biases, beliefs, behaviours, power and privilege may affect others										✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
PC 2.04 Employ a client-centred approach																																				
b) Ensure informed consent															✓	✓			✓	✓	✓	✓														
c) Identify client perspectives, needs and assets											✓		✓			✓			✓	✓	✓	✓			✓	✓	✓	✓		✓			✓			
d) Engage client in collaborative decision making													✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓							
e) Maintain client confidentiality and privacy										✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓				✓			
PC 2.05 Practice according to legislative, regulatory and organizational requirements																																				

b) Determine nutrition requirements	✓	✓					✓	
c) Determine dietary modifications	✓	✓					✓	
d) Determine therapeutic supplementation	✓	✓					✓	
e) Determine supportive physical and social / environmental accommodations	✓	✓					✓	
f) Determine enteral nutrition regimes	✓	✓*					✓	
g) Determine parenteral nutrition regimes	✓	✓*					✓	
h) Determine client learning needs and assets	✓	✓					✓	
i) Determine required resources and support services	✓	✓					✓	
PC 5.04 Implement nutrition intervention(s)								
a) Coordinate implementation of nutrition intervention(s)	✓	✓						
b) Provide nutrition education	✓	✓*						
c) Provide nutrition counselling	✓	✓*						
PC 5.05 Monitor nutrition intervention(s) and evaluate achievement of nutrition goals								
a) Determine strategies to monitor effectiveness of nutrition intervention(s)		✓	✓				✓	
b) Evaluate progress in achieving nutrition goals		✓	✓					
c) Adjust nutrition intervention(s) when appropriate		✓	✓					
POPULATION HEALTH PROMOTION								
PC 6.01 Assess food- and nutrition- related situation of communities and populations								
a) Identify types and sources of information required to assess food and nutrition-related situation of communities and populations		✓						✓
b) Identify stakeholders		✓						✓
c) Access relevant assessment information		✓						✓
d) Interpret food and nutrition surveillance data		✓						
e) Interpret health status data		✓						
f) Interpret information related to the determinants of health and health equity		✓	✓					✓
g) Interpret information related to food systems and dietary practices		✓	✓					✓
PC 6.02 Determine food- and nutrition- related issues of communities and populations								
a) Integrate assessment findings to identify food-and nutrition-related assets, resources and needs		✓	✓					✓
b) Prioritize issues requiring action		✓	✓					✓
PC 6.03 Develop food- and nutrition- related community / population health plan								
a) Contribute to development of goals and objectives			✓	✓				✓
b) Identify strategies to meet goals and objectives			✓	✓				✓
c) Identify required resources and supports			✓	✓				✓
d) Contribute to identification of evaluation strategies			✓	✓				
PC 6.04 Implement food- and nutrition-related community / population health plan								
a) Participate in implementation activities			✓	✓				
Monitor and evaluate food- and nutrition-related community / population health plan								
PC 6.05								
a) Contribute to monitoring implementation activities			✓	✓				
b) Contribute to evaluation activities			✓	✓				
c) Propose adjustments to increase effectiveness or meet modified goals and objectives			✓	✓				
FOOD PROVISION								
PC 7.01 Determine food provision requirements of a group / organization								
a) Identify types and sources of information required to assess food provision needs					✓	✓	✓	✓*
b) Access relevant information					✓	✓	✓	✓*
c) Interpret situational factors that impact food provision					✓	✓	✓	✓*
d) Assess food provision requirements					✓	✓	✓	✓*
e) Integrate findings to determine food provision					✓	✓	✓	✓*
PC 7.02 Plan food provision								
a) Participate in development of goals and objectives					✓			✓*
b) Identify strategies to meet goals and objectives					✓			✓*
c) Identify required resources and supports					✓	✓		✓*
d) Participate in identification of evaluation					✓			✓*
PC 7.03 Manage food provision								
a) Identify facility layout and equipment requirements for food production					✓	✓		

- b) Participate in purchasing, receiving, storage, inventory control and disposal of food
- c) Develop and standarize recipes
- d) Participate in menu planning
- e) Participate in management of food production and distribution procedures
- f) Participate in maintaining safety, and quality

PC 7.04 Monitor and evaluate food provision

- a) Participate in monitoring food provision activities
- b) Contribute to evaluation of food provision activities
- c) Propose adjustments to food provision to increase effectiveness or meet modified goals and objectives

✓	✓		
✓	✓	✓	
✓	✓	✓	
✓	✓		
✓	✓		
✓	✓		
✓	✓		
✓	✓		
✓	✓		
✓	✓		



**ICDEP v 3.0 (2020) -
Curriculum Mapping &
Revised Performance Evaluation Reports**

**NODIP Committee
March 29, 2023**

NODIP Committee Membership

- Cara Green (Chair)
- Jennifer de Bakker (HS Coordinator)
- Denise Raftis (RD and NOSM U Faculty)
- Joby Quiambao (RD for rural community/population health)
- Tanya Laewetz (RD for rural inpatient clinical care)
- Laura Bjorklund (RD and Sault Ste. Marie Site Coordinator)
- Claude LeBland (RD and Sudbury Site Coordinator)
- Jill Igribelli (RD, inpatient clinical care)
- Monique Pigeon (RD, Food Service Management)
- Zoe Brenner (RD, Public Health)
- Eryn Loney (RD and recent NODIP graduate)
- Jessica Love (RD, Public Health)
- Sara Duchene-Milne (RD, Indigenous representative)
- Scott Fisher, NOSM U Senior Learner Affairs Officer
- Francophone RD (vacant)

Our Objectives

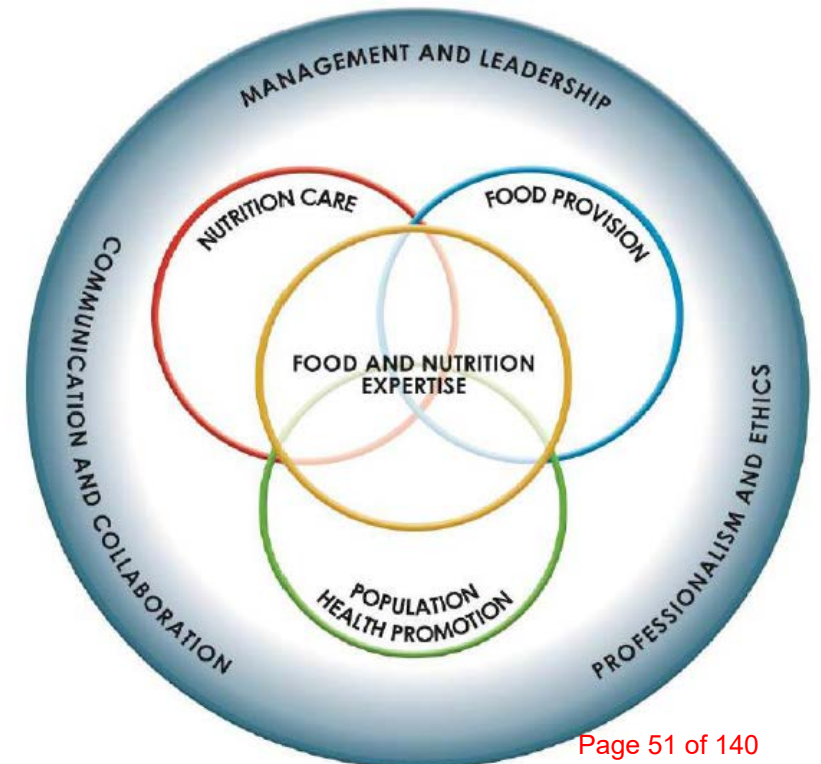
1. Present Curriculum Map – ICDEP v3.0
2. Review and seek approval of draft revised Performance Evaluation Reports
3. Provide update on next steps:
 - Revise sample performance evaluations that will include experiences and expanded activity ideas linked to the PIs
 - Build EN/PN Case Study bank
 - Preceptor training

Recap of What's New

Increase in Domains of Competence (& language changes)

- Food and Nutrition Expertise (undergrad only)
- Nutrition Care
- Population Health Promotion
- Food Provision
- Professional and Ethics
- Management and Leadership
- Communication and Collaboration

Figure 1. Domains of Competence at Entry-to-Practice, and their Inter-Relationship



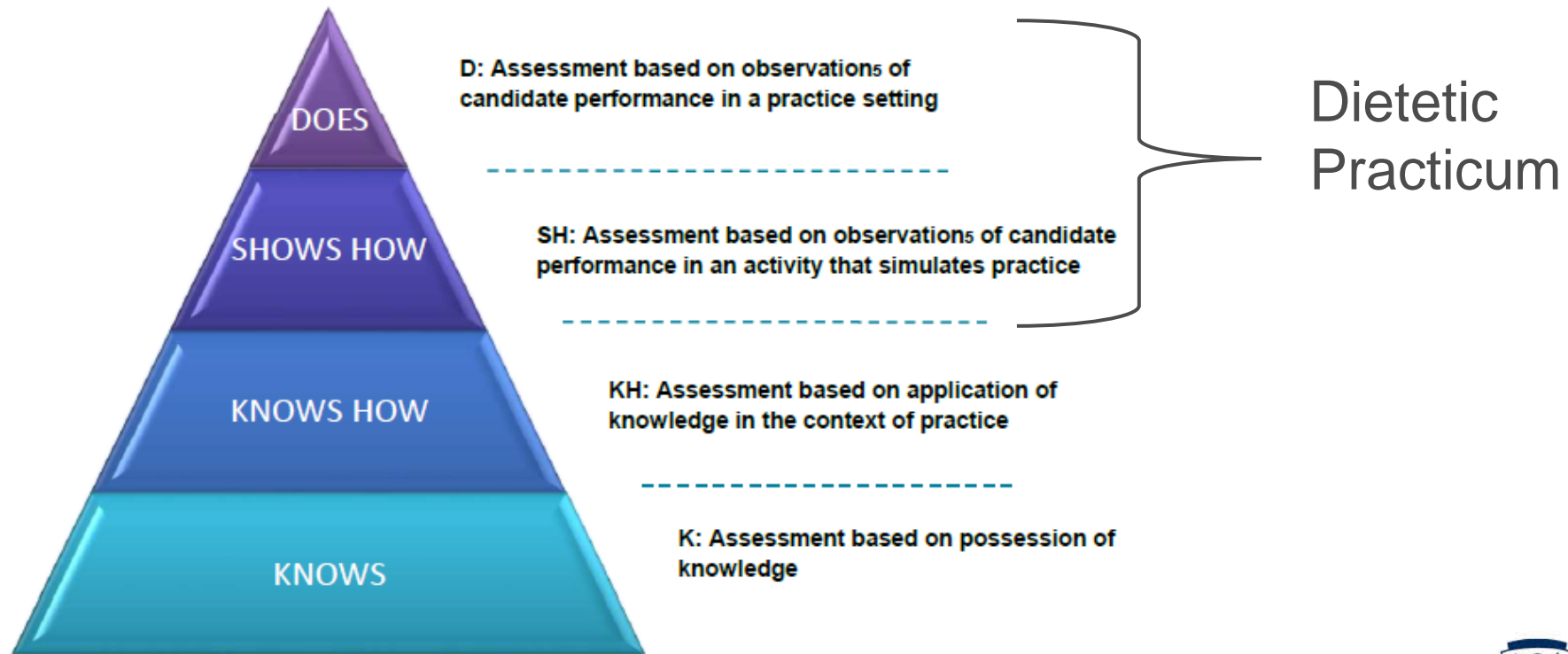
Recap of What's New

Addition of Practice Competencies (PCs):

- 2.01 Practice within the context of Canadian diversity
- 2.03 Practice in a manner that promotes cultural safety
- 2.07 Use risk management approaches
- 3.04 Use effective electronic communication skills
- 4.04 Undertake knowledge translation
- 4.07 Foster development of food literacy in others
- 4.08 Foster development of food skills in others

Recap of What's New

- Adopted Miller's Pyramid model



ICDEP v3.0 Curriculum Map

		Nutrition Care								Population Health Promotion					Food Provision & Management					Practice-based Project/Academic Sessions/General Program Activities						
		Professionalism and Ethics	Communication and Collaboration	Conduct nutrition assessment	Determine nutrition diagnosis	Plan nutrition intervention	Implement nutrition intervention	Monitor intervention and evaluate goals	Consolidation -dependent on practice setting(s)*	Assess and determine food-and-nutrition related issues of communities and populations / Foster learning in others	Develop, implement, monitor and evaluate / Foster learning in others-dependent on activity*	Foster development of food literacy /Foster development of food skills	Advocate for ongoing improvement of nutritional health and care	Use appropriate communication approaches, effective written and oral communication skills	Determine food provision requirements	Plan, monitor and evaluate food provision	Manage food provision	Manage programs and projects	Assess and enhance approaches to practice-dependent on project*	Practice-based project	Academic sessions	Nutrition in the North newsletter	Cultural safety courses & Sharing Circle	Interprofessional Education/Community Learning Session-dependent on project*		Mid/summary-evaluation
PROFESSIONALISM AND ETHICS																										
PC	2.01 Practice within the context of Canadian diversity																									
	d) Identify structures that impact health equity and social justice			✓						✓	✓	✓	✓		✓	✓						✓	✓		✓	
PC	2.02 Act ethically and with integrity																									
	a) Treat others with respect	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
	b) Act in a manner that engenders trust	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
	c) Act in accordance with ethical principles	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
	d) Accept accountability for decisions and actions	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
	e) Act in a manner that upholds the reputation of the profession	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
	f) Maintain professional boundaries	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
PC	2.03 Practice in a manner that promotes cultural safety																									
	a) Act with sensitivity and humility with regard to diverse cultural groups	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓		
	e) Act with awareness of how one's own biases, beliefs, behaviours, power and privilege may affect others	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							
PC	2.04 Employ a client-centred approach																									

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Three new PCs in the Domain of Professionalism & Ethics

- 2.01 Practice within the context of Canadian diversity
- 2.03 Practice in a manner that promotes cultural safety
- 2.07 Use risk management approaches

Referring to the Curriculum Map let's review two PCs to demonstrate where in the curriculum the learners will be assessed.

		Nutrition Care								Population Health Promotion					Food Provision & Management					Practice-based Project/Academic Sessions/General Program Activities							
		Professionalism and Ethics	Communication and Collaboration	Conduct nutrition assessment	Determine nutrition diagnosis	Plan nutrition intervention	Implement nutrition intervention	Monitor intervention and evaluate goals	Consolidation -dependent on practice setting(s)*	Assess and determine food-and-nutrition related issues of communities and populations / Foster learning in others	Develop, implement, monitor and evaluate / Foster learning in others-dependent on activity*	Foster development of food literacy /Foster development of food skills	Advocate for ongoing improvement of nutritional health and care	Use appropriate communication approaches, effective written and oral communication skills	Determine food provision requirements	Plan, monitor and evaluate food provision	Manage food provision	Manage programs and projects	Assess and enhance approaches to practice-dependent on project*	Practice-based project	Academic sessions	Nutrition in the North newsletter	Cultural safety courses & Sharing Circle	Interprofessional Education/Community Learning	Session-dependent on project*	Mid/summary-evaluation	
PROFESSIONALISM AND ETHICS																											
PC	2.01 Practice within the context of Canadian diversity																										
	d) Identify structures that impact health equity and social justice																										
PC	2.02 Act ethically and with integrity																										
	a) Treat others with respect																										
	b) Act in a manner that engenders trust																										
	c) Act in accordance with ethical principles																										
	d) Accept accountability for decisions and actions																										
	e) Act in a manner that upholds the reputation of the profession																										
	f) Maintain professional boundaries																										
PC	2.03 Practice in a manner that promotes cultural safety																										
	a) Act with sensitivity and humility with regard to diverse cultural groups																										
	e) Act with awareness of how one's own biases, beliefs, behaviours, power and privilege may affect others																										
PC	2.04 Employ a client-centred approach																										
	b) Ensure informed consent																										

Working Group Membership: Revision of Performance Evaluation Reports

Nutrition Care	Population Health Promotion	Food Provision & Management
Mary Beth Lawrence (o/p care)	Nicole Bowen (community care & health promotion)	Cathy Paroschy-Harris (food service mngmt)
Lesley Lalonde (acute care)	Chantal Belanger (public health)	Monique Pigeon (food service mngmt)
Trina Pearson (rehab)	Jessica Love (public health)	Denise Raftis
Denise Raftis	Denise Raftis	

Nutrition Care Performance Evaluation Report

5. NUTRITION CARE

Dietitians use the [Nutrition Care Process](#) to provide individualized care

PRACTICE COMPETENCIES (workplace abilities expected of the dietitian at entry-to-practice)		PERFORMANCE INDICATORS (performance that will be assessed prior to registration)	PI ASSESSMENT REQUIRED		
			K = Knows; KH – Knows How; SH – Shows How; D = Does (based on Miller's Pyramid)		
			Academic	Practicum	CDRE
5.01	Conduct nutrition assessment	a. Use appropriate nutrition risk screening strategies	KH	D	KH
		b. Identify relevant information	KH	D	KH
		c. Assess and interpret food- and nutrition-related history	KH	D	KH
		d. Obtain and interpret medical history	KH	D	KH
		e. Obtain and interpret demographic, psycho-social and health behaviour history	KH	D	KH
		f. Assess and interpret anthropometric parameters	KH	D	KH
		g. Assess and interpret nutrition-focused physical findings	KH	D	KH
		h. Obtain and interpret biochemical data	KH	D	KH
		i. Obtain and interpret results from medical tests and procedures	KH	D	KH
		j. Obtain and interpret medication data	KH	D	KH
		k. Assess and interpret chewing, swallowing and eating abilities	KH	SH	KH

Nutrition Care Performance Evaluation Report

Performance Indicators	Mid	Final	Evidence that intern is working towards achieving competence in performance indicator:
PC5.01 Conduct Nutrition Assessment			
Performs nutrition risk screening of clients using appropriate strategies. (5.01a)			
Collects and interprets relevant data, including food, nutrition, and medical history; behaviours and mental health; functional, anthropometric, and nutrition-focused physical findings (e.g. food and nutrient intake data and symptoms); lab/biochemical values, medical tests and procedures, and medications. (5.01b-5.01j)			
Interviews clients and/or their caregivers to identify and interpret factors that may affect clients' nutrition intake and status. May include: client's motivation and factors related to food literacy, self-efficacy, religion, culture, psychosocial, socio-economical, etc., as well as ability to learn (i.e. cognition, literacy level, and proficiency and communication capabilities). (5.01b, 5.01c, 5.01e) (2.02a, 2.02e, 2.04c, 3.03, 4.04a, 4.06c)			
Assesses and interprets chewing, swallowing, and eating abilities through direct or simulated client care (e.g., case studies). (5.01k)			
Participates in discussions with members of the health care team (informally or at meetings) about information relevant to the client's nutritional status to draw upon the expertise of others and contributes to collaborative decision making. (3.07c-e)			
PC5.02 Determine Nutrition Diagnosis			
Integrates assessment findings to identify nutrition problems based on client needs. (5.02a) (2.09c, 2.12)			
Prioritizes nutrition problems based on risk. (5.02b)			
PC5.03 Plan Nutrition Intervention(s)			

Nutrition Care Performance Evaluation Report

Performance Indicators	Mid	Final	Evidence that intern is working towards achieving competence in performance indicator:
PC5.04 Implement Nutrition Intervention			
Obtains informed consent for nutrition interventions. (2.04b)			
Coordinates implementation of the nutrition care plan based on the assessment and goals with the client/family and health care team. May include facilitating a referral to another care provider or agency and/or advocating for client needs, resources, and supports. (5.04a) (3.07c-e, 4.05c)			
Provides nutrition education in accordance with the nutrition care plan by reframing knowledge into a format accessible to the client/family. For example, develops/selects handouts, food labels, food models, etc. May provide a grocery store tour, food skill demonstration or cooking class. (5.04b) (2.04d, 3.01, 3.02, 3.03, 4.04b, 4.06d, 4.06e, 4.07c, 4.08g, 4.08i)			
Provides nutrition education and/or counseling using a client centered approach. Uses effective interpersonal, communication, and cultural safety skills, including: <ul style="list-style-type: none"> • Acts with empathy, Acts with sensitivity, and humility with regard to diverse cultural groups, • Acts with awareness of how one's own biases, beliefs, behaviours, power, and privilege may affect others, • Checks for client's understanding and responds appropriately to verbal and non-verbal feedback, • Redirects client in discussion as necessary, i.e., able to keep client focused on goals within time constraints. (5.04c) (2.03a, 2.03e, 2.04d, 3.01, 3.03, 3.05) 			
Documents the nutrition care plan according to CDO and organization policies and procedures. Documentation is organized, clear, accurate, concise, and uses appropriate terminology. Documents within an appropriate timeframe. (2.05d, 2.05e, 2.06, 3.02, 3.04)			



Population Health Promotion Performance Evaluation Report

6. POPULATION HEALTH PROMOTION

Dietitians assess food and nutrition needs with communities / populations, and collaborate in planning to promote [health](#)

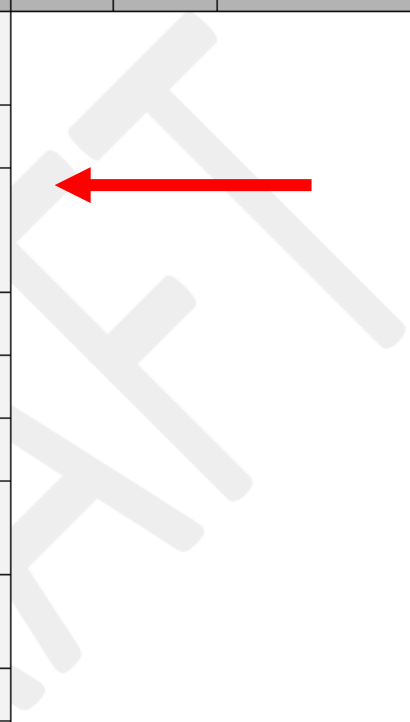
PRACTICE COMPETENCIES (workplace abilities expected of the dietitian at entry-to-practice)		PERFORMANCE INDICATORS (performance that will be assessed prior to registration)	PI ASSESSMENT REQUIRED K = Knows; KH – Knows How; SH – Shows How; D = Does (based on Miller's Pyramid)		
			Academic	Practicum	CDRE
6.01	Assess food- and nutrition-related situation of communities and populations	a. Identify types and sources of information required to assess food and nutrition-related situation of communities and populations	KH	D	KH
		b. Identify stakeholders	KH	D	KH
		c. Access relevant assessment information	KH	D	KH
		d. Interpret food and nutrition surveillance data	KH	D	KH
		e. Interpret health status data	KH	D	KH
		f. Interpret information related to the determinants of health and health equity	KH	D	KH
		g. Interpret information related to food systems and dietary practices	KH	D	KH
6.02	Determine food- and nutrition-related issues of communities and populations	a. Integrate assessment findings to identify food- and nutrition-related assets , resources and needs	KH	D	KH
		b. Prioritize issues requiring action	KH	D	KH
6.03	Develop food- and nutrition-related community / population health plan	a. Contribute to development of goals and objectives	KH	D	KH
		b. Identify strategies to meet goals and objectives	KH	D	KH
		c. Identify required resources and supports	KH	D	KH
		d. Contribute to identification of evaluation strategies	KH	D	KH
6.04	Implement food- and nutrition-related community / population health plan	a. Participate in implementation activities	KH	D	KH
6.05	Monitor and evaluate food- and nutrition-related community / population health plan	a. Contribute to monitoring implementation activities	KH	D	KH
		b. Contribute to evaluation activities	KH	D	KH
		c. Propose adjustments to increase effectiveness or meet modified goals and objectives	KH	D	KH

Population Health Promotion Performance Evaluation Report

Performance Indicators	Mid	Final	Evidence that intern is working towards achieving competence in performance indicator:
4.07 Foster development of food literacy in others			
4.08 Foster development of food skills in others			
Identify strategies to assist the development of food literacy (4.07b)			
Engage in activities to build food literacy (4.07c)			
Respond to cultural foodways of client (4.08d)			
Identify strategies to assist in development of food skills (4.08e)			
Critically appraise food messaging and marketing (4.08f)			
Interpret food label (4.08g)			
Demonstrate food preparation techniques (4.08h)			
Engage with client in building food skills (4.08i)			
Sample Activities			
Plan and/or facilitate a food demonstration or cooking class,			
Plan and/or facilitate a gardening activity,			
Plan and/or facilitate a grocery store tour,			
Plan and/or facilitate a presentation on a food literacy topic (e.g., nutrition, food systems, food marketing, food access, food environments).			
Participate in indigenous land-based food related events and/or activities.			
4.05 Advocate for ongoing improvement of nutritional health and care			
Identify opportunities for advocacy (4.05a) and strategies for effective advocacy (4.05b)			
Engage in advocacy (4.05c)			
Sample Activities			
Discuss dietitian advocacy approaches and strategies within the practice setting.			
Identify effective strategies for communicating with decision makers internally and at different government levels.			
Draft an advocacy letter, briefing note, motion, or position statement.			
3.01 Use appropriate communication approaches			

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Population Health Promotion Performance Evaluation Report

Performance Indicators	Mid	Final	Evidence that intern is working towards achieving competence in performance indicator:			
Identify and describe components of a situational or community needs assessment, inclusive of collaborating with community members/community partners.						
Identify appropriate literature/resources (e.g., epidemiological, demographic, geographic data).						
Describe effective data collection techniques to determine the needs/strengths of the target audience/population (e.g., interviews, surveys, literature reviews, focus groups, elder gatherings). If applicable, discuss the First Nations principles of OCAP.						
Complete Dietitians of Canada online course "Assessing Needs and Setting Priorities in Population and Public Health".						
Demonstrate knowledge of key nutrition references for dietitians and how to communicate such knowledge to the public.						
Discuss how nutrition programs/services are integrated into strategic direction and activities of the agency.						
Discuss program/services in terms of the community agency's mandate. Identify how the program/service contributes to achieving the community agency's mandate/goals.						
Describe the population health strategies employed by the community agency to improve the nutrition status of a specific target group, or the community as a whole.						
Complete Public Health Unit orientation questions.						
Discuss impact of the determinants of health/health inequities on food security.						
Visit a community food action/security program (e.g., good food box, community garden).						
Participate in local community partnership meetings related to food security and/or food systems (if available).						
PC 6.03, 6.04, 6.05 Develop, Implement, Monitor and Evaluate food- and nutrition-related community/population health plan						
PC 4.06 Foster learning in others						
Contribute to development of goals and objectives (6.03a)						

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Food Provision & Management Performance Evaluation Report

Practice Competency 4.02: Assess and enhance approaches to practice.

Complete the following section elaborating on one assigned project that you executed. If the project chosen is related to food provision, link activities to PC 7.02: Plan food provision (and the PIs demonstrated).

Performance Indicator	Mid	Final	Evidence that intern demonstrated competence in performance indicator:
Assess a practice situation (4.02a)			
Interpret and consolidate evidence to establish a course of action. Participate in development of goals and objectives for the project. Identify strategies to meet goals and objectives for the project. (4.02b)			
Plan the implementation of change. Develop an action plan for the project. (4.02c)			
Participate in identification of evaluation strategies. Plan the evaluation of change. Include a plan to monitor and evaluate outcomes of the project's implementation. (4.02d)			
Describe how your project contributed to the department/unit /organization's strategic and/or operational planning. (4.01b)			

Food Provision & Management Performance Evaluation Report –

(PCs 7.02, 7.04)
Plan, monitor and evaluate food provision

Develop and standardize recipes (7.03c)			
Participate in menu planning (7.03d)			
Sample Activities			
Identifies the food provision needs of a client group and the factors affecting menu planning (nutrition and client specific needs, sociocultural factors, food habits and preferences, government regulations and sustainability, etc.).			
Demonstrates knowledge of the computer system(s) by identifying the: <ul style="list-style-type: none"> Flow of information to and from the department. Relationship of the food items, menu cycles and diet compliances. Data obtained from each system through reports and utilization for operational decisions. 			
Identifies a menu product to be tested (existing or potential item). Discusses the factors related to choosing a product for the menu. Sources all possible products. Evaluates sensory and quality of potential new product by conducting a taste panel or trial run on patient/resident floor. Makes recommendations.			
Completes a nutritional analysis of a product. Considers allergies/intolerances of the new menu item. Determines the house diets that this product can be used on.			
Standardizes a recipe, or provides the production information of an outsourced product, including HACCP guidelines. Assesses production requirements. Includes therapeutic modifications.			

Next Steps:

1. Revise sample performance evaluations that will include experiences and expanded activity ideas linked to the PIs
2. Build EN/PN Case Study bank
3. Preceptor training

**Miigwetch.
Merci.
Thank You.**

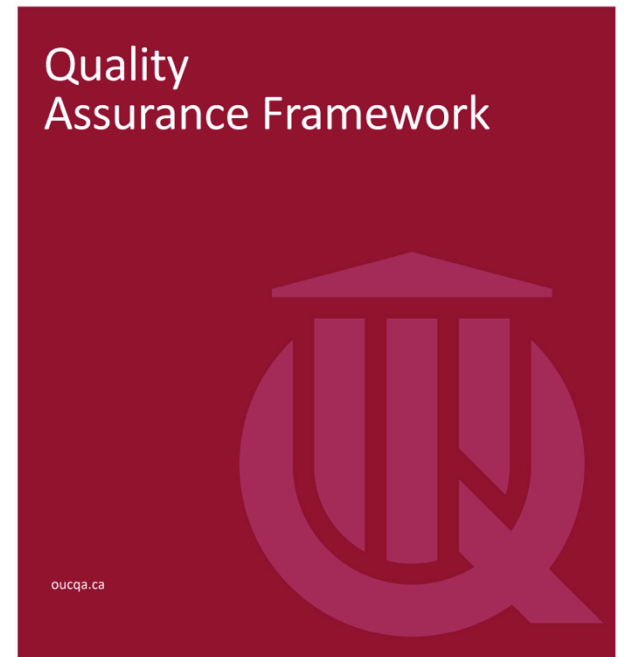


NOSM University's Inaugural Institutional Quality Insurance Process (IQAP)

Ontario Universities Council on Quality Assurance (Quality Council_QC) established by the COU and its affiliate, OCAV.

QC operates at arm's length from universities and governments, to ensure its independence.

NOSM U's IQAP is designed to be in compliance with the QC's 2021 Quality Assurance Framework



NOSM U's IQAP

Protocol and Process for:

- 1) New Program Approval
- 2) Expedited Approval
- 3) Major Modification to Existing Program
- 4) Cyclical Review of Existing Program
- 5) Cyclical Audit



NEW @ NOSM U
Academic Quality
Assurance Committee
(AQAC)

New Program Approvals

New program approvals where the credential awarded has NOSM U as the degree granting agency, requires Ministerial consent via PEQAB.

PEQAB

Postsecondary Education Quality Assessment Board
Commission d'évaluation de la qualité de l'éducation postsecondaire



NOSM U can confer two degrees currently.

1) Doctor of Medicine degree:

Align CACMS external accreditation requirements with IQAP standards to streamline these parallel quality assurance processes.

1) Masters of Medical Studies:

To undergo a Major Modification in 2023-2024
Will be the first IQAP process at the institution.

To: Senate

Date: May 29, 2023

From: Céline Larivière, Provost and Vice President Academic

Subject: Institutional Quality Assurance Process (IQAP)

Action Required: ☐ INFORMATION ☒ FIRST READING

Purpose: This briefing note aims to update Senate on the implementation status of NOSM University's Institutional Quality Assurance Process (IQAP), which is a requirement now that NOSM U is a standalone higher education institution.

Background:

The Ontario Universities Council on Quality Assurance (the Quality Council_QC), is the provincial body tasked to ensure the quality of all degree programs and graduate diplomas granted by Ontario's publicly assisted universities. The QC is also responsible for the integrity of the universities' quality assurance processes. While respecting the autonomy of NOSM U, some of the roles and responsibilities of the QC, are to:

- guide NOSM U in the ongoing quality assurance of its academic programs;
- review and approve proposals for new NOSM U graduate and undergraduate programs;
- ensure through regular audits that NOSM U complies with quality assurance guidelines, policies and regulations for graduate and undergraduate programs;
- communicate final decisions regarding new program proposals to the Ministry of Colleges and Universities (MCU).

The IQAP will enable NOSM U's existing programs to deliver the best possible education and training for learners in a supportive environment that fosters creativity, leadership, academic and clinical excellence. The IQAP will also provide the framework to develop new health sciences programs that align with the institution's mission, vision and values.

It is worth noting that in 2012, the cyclical review of the MD program was processed using Laurentian and Lakehead Universities' IQAPs. Similarly in 2018, the new program proposal for the Masters of Medical Studies was processed using Laurentian/Lakehead IQAP. Future cyclical reviews of these two programs will follow

the processes as described in NOSM U's IQAP. Furthermore, as much as possible, the cyclical review process of the MD program will be integrated with the CACMS accreditation processes so that work is not duplicated.

The new Academic Quality Assurance Committee (AQAC) at NOSM U will act as the governance committee for the IQAP. The Terms of Reference for this committee are also presented for first reading as a separate item.

Given NOSM U's new status as a stand alone university, new program development and approval will initially be quality assured through the Postsecondary Education Quality Assessment Board (PEQAB), but program cyclical reviews and the audit process will be part of the Quality Council's responsibilities once NOSM U's IQAP is ratified. In approximately seven years, new program proposals at NOSM U will follow NOSM U's IQAP process.

Timeline:

- October 25, 2022; version 1 of NOSM U's IQAP, prepared by the former Vice Dean Academic with input from the Education Deans Group, the Assistant Dean Graduate Studies and the Executive Group was submitted to the Quality Council's Audit Committee
- February 21, 2023; Feedback from the QC's Audit Committee was received by the new Office of the Provost and VPA
- April 29, 2023; version 2 of NOSM U's IQAP was resubmitted to the QC's Audit Committee
- May 19, 2023; the Quality Council passes a motion to ratify NOSM U's IQAP on condition that NOSM U address five (5) elements.
- May 29, 2023; version 3 of NOSM U's IQAP was submitted to the QC's Audit Committee for final review.
- June 15, 2023; version 3 of NOSM U's IQAP is presented for First Reading at Senate
- October, 2023; Second Reading and Approval of NOSM U's IQAP by Senate

Next Steps

1. NOSM U's IQAP will need to be approved at Senate at the first Fall 2023 meeting.

Consulted Sources draft one Vice Dean Academic:

- Laurentian University IQAP

- University of Toronto IQAP
- University of Ottawa IQAP
- Manager Office of Provost and VP Academic, Trent University
- Dr. Chris Evans Executive Director and Cindy Robinson Director of Operations of the Quality Council of Ontario Secretariat
- The IQAP Checklist Review Guidelines

Consulted Sources_draft two_Provost and Vice President Academic:

- Dr. Chris Evans Executive Director Ontario Universities Council on Quality Assurance
- Cindy Robinson, Director of Operations of the Quality Council of Ontario Secretariat
- 2021 Quality Assurance Framework of Ontario Universities Council on Quality Assurance
- Guide to Quality Assurance Framework

Attachments/Appendices:

- NOSM U IQAP_Version 3_May 29, 2023
- Templates of the forms to be used in conjunction with NOSM U's IQAP
- Terms of Reference of the Academic Quality Assurance Committee_AQAC

1.



NOSM University's Institutional Quality Assurance Process (IQAP)

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1.0 - Introduction

History

In 2002 the Government of Ontario established the Northern Ontario School of Medicine as an independent corporation and government strategy to address the physician shortage in Northern Ontario. To serve all Northern Ontario, NOSM needed to have a major presence in Sudbury and Thunder Bay. The NOSM founders created an independent corporation under the auspices of Lakehead and Laurentian Universities with strong affiliations with two Academic Health Sciences Centres - Health Sciences North (Sudbury) and Thunder Bay Regional Health Sciences Centre. Under the tripartite arrangement with the two universities, the NOSM Academic Council would report to the Joint Senate Committee that, in turn, would report to the Senates of the two universities. Graduates of the NOSM MD program received a joint Lakehead/Laurentian MD degree.

The First Independent Medical University in Canada

On April 1, 2022, NOSM University (NOSM U) was proclaimed in force by the government of Ontario as the first independent medical university in Canada with the power to grant degrees and with its own Board of Governors, Chancellor and Senate.

NOSM U's vision is "Innovative Education and Research for a Healthier North" and its mission "To improve the health of Northern Ontarians by being socially accountable in our education and research programs and advocating for health equity." In addition, NOSM U signed the Okanagan Charter on June 30, 2021, which commits the University to "transform the health and sustainability of our current and future societies, strengthen communities and contribute to the well-being of people, places and the planet."¹ These foundational principles of health equity, social accountability, and broadly defined health and wellbeing inform all aspects of quality education at NOSM U.

The dimensions of quality required of NOSM U, and the educational programs include:

- Adherence to NOSM U's Vision, and Mission
- Sound academic governance
- Adherence to the [NOSM U's Academic Principles](#)
 - Interprofessionalism
 - Integration
 - Community Engagement
 - Inclusivity – all aspects of equity, diversity and inclusion
 - Generalism
 - Continuity
 - Dedication to inquiry
 - Professional Identity Formation
- Educational Quality
- Requirements of professional accrediting bodies.
- Excellent support for the learner experience including their physical, mental, emotional and financial wellbeing
- Adequacy of clinical, physical, technical, and financial resources to provide the required educational experiences
- Support for faculty professional excellence including key aspects of wellbeing
- Continuous quality improvement with oversight by the Academic Quality Assurance Committee (AQAC), which is a Senate subcommittee governed by the Office of the Provost and Vice President Academic (Provost/VPA)

¹ Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (2015).

NOSM University's Governance Structure

NOSM U's bicameral governance structure has complementary corporate and academic arms. The President, Vice Chancellor, Dean and CEO leads both. The NOSM U Senate is responsible for the strategic academic governance while the NOSM U Board of Governors is the corporate authority. The Academic Quality Assurance Committee (AQAC) (AQAC Terms of Reference), which will be a standing subcommittee of the Senate.

To function effectively in the northern distributed setting NOSM U's organizational structure has several key characteristics.

The Dean, Provost/VPA, and Associate Deans have both academic governance and corporate operational responsibilities. The Dean delegates authority to the Provost/VPA as the chief academic officer with responsibilities for oversight of the MD program, residency programs, health sciences, continuing professional development and faculty development etc. Authority for the Graduate Studies programs is delegated to the Vice Dean Research, Innovation and International Relations.

Given Northern Ontario's vast geography and the distributed nature of the programs and the faculty, NOSM U has created a highly successful model, unlike the traditional University Departmental structure. NOSM U faculty are organized into three Divisions: Medical, Human and Clinical Sciences and are involved in all aspects of curriculum development and delivery, and lead research in their areas of expertise. The Medical Sciences Division and Human Sciences Division are composed of a core of full-time faculty members whose focus is education and research in the basic sciences. Full-time faculty are mainly located on either the Sudbury or Thunder Bay campuses, but many have research programs that span Northern Ontario and abroad. The Clinical Sciences faculty focuses primarily on education and research in the clinical sciences and are all practicing clinicians in Northern Ontario. They are organized by discipline into 11 Sections, each overseen by a Section Chair.

Sections function primarily to recruit, appoint, support and manage the performance of faculty members. Other traditional departmental responsibilities are met elsewhere, usually directly from the central administration. For example, academic accountability, financial responsibility, and administrative support are operationalized through the relevant central portfolios.

The Alternative Funding Plan (AFP), administered by the Northern Ontario Academic Medicine Association (NOAMA), funds a significant portion of the academic work (clinical teaching, leadership, faculty development, research) for the majority of physician faculty across Northern Ontario. NOAMA has a collaborative governance model between NOSM U and the Physician Clinical Teachers Association (PCTA).

The interdependent and close collaborative relationships between NOSM U, NOAMA, the Academic Health Sciences Centres (Health Sciences North and Thunder Bay Regional Health Sciences Centre) and section chairs create a clinical academy that delivers education, training, and research that is unique and effective. This unique structure means that NOSM U is both a university and a community-engaged, socially accountable matrix, "in the North, for the North and by the North."

NOSM University's Institutional Quality Assurance Process (IQAP)

NOSM U's responsibilities for quality assurance extend to new and continuing/existing undergraduate and graduate degree programs and for-credit diploma programs whether offered in full or in part by NOSM U or jointly with any institutions affiliated with the University. These responsibilities also extend to programs offered in partnership, collaboration, or another such arrangement with other institutions including colleges, universities and institutes.

NOSM U's IQAP is designed to be in compliance with the 2021 Quality Assurance Framework ([QAF](#), as amended from time to time) adopted by the publicly-assisted universities of the Province of Ontario.

The Council of Ontario Universities (COU) and its affiliate the Ontario Council of Academic Vice-Presidents (OCAV) established the Ontario Universities Council on Quality Assurance (the Quality Council) with the purpose of assuring the relevant stakeholders—including students, faculty members, administrators, other educational institutions throughout the world, employers, governments, and the public at large—that the undergraduate and graduate programs in Ontario universities meet high standards of quality. The Council operates at arm's length from universities and governments, to ensure its independence.

Nevertheless, in establishing the Quality Council, OCAV has acknowledged that academic standards, quality assurance and program improvement are, in the first instance, the responsibility of the universities themselves.

NOSM U's IQAP becomes effective upon approval by the Quality Council (similarly for any revisions of this document).

NOSM U's IQAP derives its authority and legitimacy from the Quality Council, and from the NOSM U's Senate, the body responsible for academic matters at the University. The authoritative contact between the IQAP and the Quality Council is the Provost/VPA. NOSM U establishes that the AQAC is responsible for the application and execution of the IQAP, and for the assurance of continuous curricular quality assessment at NOSM U. In fulfilling this responsibility, AQAC works cooperatively with the Dean, the Vice Dean, the Associate/Assistant Deans, and other leaders of the academic programs.

NOSM U at this point in its evolution, has two degree-granting programs: the Doctor of Medicine (MD) program and the Master of Medical Studies (MMS) program. Accountability to implement the IQAP rests with the Office of the Provost/VPA in close collaboration with the education program leaders (Associate/Assistant Deans and other academic program leaders). This is indicated throughout the NOSM U IQAP in the definitions and the review steps.

NOSM U's IQAP follows the 2021 [Quality Assurance Framework of the Quality Council](#) in its fifteen basic principles underlying quality assurance. These focus on the experience of the student; oversight by an independent body; autonomy of NOSM U; transparency; increased responsibility for quality assurance; continuous monitoring and quality improvement; expert independent peer-review, as well as the use of appropriate standards.

The Quality Council

In 2010, the Quality Council was established by the COU and its affiliate OCAV to oversee quality assurance processes for all levels of programs in Ontario's publicly assisted universities. The Ontario universities have vested in the Quality Council final authority for decisions concerning all aspects of quality assurance.

Nature of Its Expert and Independent Judgments

There are three levels of assessment for quality assurance: primary, secondary, and tertiary. Primary assessment occurs at the program committee level, where the program itself engages in the development of new programs or assesses the quality of existing programs through writing the self-study, calling upon those who participate to assess their contribution and experience (faculty, learners, staff, and graduates).

Secondary assessment involves the authorities to whom the program reports, who engage in the assessment as well, calling upon independent experts to assess the evidence — this is expert or peer review. That review must be

at arm's length from the program committee and done by qualified persons. Secondary assessment also includes quality assurance at the institutional level. The results of this secondary assessment must be communicated to the program, responded to, and acted upon. The second-level oversight must provide assurance that the primary assessment steps have been appropriately carried out.

The Quality Council engages in tertiary assessment; it does not conduct primary or secondary assessments. Those are up to the institution. Rather, the Quality Council provides assurance to the system that the processes are sound; to the institution itself, other institutions, potential students, students, employers, and funders both public and private. It is a vehicle of public accountability to those who have an interest in the experience of those who enter, undertake and graduate from the program.

Responsibilities of Institutions are outlined in the [Quality Assurance Framework](#) of the Ontario Universities Council on Quality Assurance².

The Protocol and Process for New Program Approvals applies to both new undergraduate and new graduate programs at NOSM U and is used to secure the academic standards of new programs and to assure their ongoing improvement. The Appraisal Committee of the Quality Council reviews these Proposals. The Quality Council has the final authority to approve (with or without conditions) or to decline New Program Proposals.

Proposals for new for-credit graduate diplomas at NOSM U are to be submitted for approval through the **Protocol and Process for Expedited Approvals**. This Protocol can also optionally apply to requests for the Quality Council's approval of a new field in a graduate program, as well as requests for its approval of a proposed major modification to an existing program if indicated.

The fundamental purpose of the **Protocol and Process for Major Modifications** (Program Renewal and Significant Change) is the identification of major modifications to existing programs at NOSM U, and their approval through a robust quality assurance process. This process does not require but may include Quality Council approval, to assure the universities, the public, and the government of the ongoing quality of all academic programs at NOSM U. While NOSM U is best placed to determine the degree of change that is being proposed, the distinction between major modifications and new programs can, at times, be difficult to determine. The Quality Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol and Process for New Program Approvals.

The **Protocol and Process for Cyclical Program Reviews** is used to secure the academic standards of both existing undergraduate and graduate degree programs at NOSM U, and for-credit graduate diploma programs (through a Final Assessment Report). The Cyclical Program Review also functions to assure the ongoing improvement of these programs through an Implementation Plan. Undergraduate and graduate program reviews may be conducted concurrently and in conjunction with accreditation reviews, when NOSM U so chooses.

The **Protocol and Process of Cyclical Audit Protocol** is conducted through a panel of auditors, collectively known as "the Audit Committee" of the Quality Council. Each cycle of audits spans an eight-year period and all member universities, including NOSM U, are audited at least once within each cycle. All degree programs, including new undergraduate and/or graduate programs that have been approved by the Quality Council within the period since the conduct of the previous Audit are eligible for selection for the NOSM U's next Cyclical Audit. The Audit Protocol cannot reverse the approval of a program to commence. The Quality Council has the authority to approve or not approve the recommendations and reports of the Audit Committee.

² <https://oucqa.ca/framework/introduction/>

PROGRAM TYPOLOGY AND QUALITY COUNCIL (QC) INVOLVEMENT

Program Type (See Definitions)	IQAP	New Program Approval	Expedited Approval Process	Cyclical Review	Audit Eligibility
Graduate Diploma	Yes	No	Yes	Yes	No, for credit
Degree Program (Undergraduate & Graduate)	Yes	Yes	Yes, if Graduate Collaborative Program or Field Addition	Yes	Yes
Program of Specialization e.g. major, honours, specialization	Yes	Yes	No	Yes	Yes
Emphasis, Option, Minor or similar	Yes	Only if part of new Program	No	No	No
Major Modification (Annual reports to the QC on all Major Modifications)	Yes	N/A	Yes, only if QC approval requested by NOSM U or if it is a Field Addition	N/A	No

Definition of Arm's Length

The external reviewers selected to participate in NOSM U's IQAP processes will be at arm's length from the program under review, be active and respected in their field and have an appreciation for pedagogy. (See the [QAF Guide - Choosing Arm's Length Reviewers](#) for information and examples.)

"Arm's length does not mean that the reviewer must never have met or even heard of a single member of the program. It does mean that reviewers should not be chosen who are likely, or perceived to be likely, to be predisposed, positively or negatively, about the program. Arm's length means that reviewers/consultants must not be close friends, current or recent collaborators, former supervisors, advisors, or colleagues.

External reviewers/consultants should have a strong track record as academic scholars and ideally should also have had academic administrative experience in such roles as undergraduate or graduate program coordinators, department chair, dean, graduate dean, or associated positions. This combination of experience allows a reviewer to provide the most valuable feedback on program proposals and reviews." ([QAF](#))

Reviewer/Faculty relationships that may violate the arm's length requirement:

- A previous member of the program or department under review (including being a visiting professor).
- Received a graduate degree from the program under review.
- A regular co-author and research collaborator with a member of the program, within the past seven years, and especially if that collaboration is ongoing.
- Close friend or family relationship with a member of the program.
- A regular or repeated external examiner of dissertations by doctoral students in the program.
- The doctoral supervisor of one or more members of the program.

2.0 - Protocol and Process for New Program Approval

This section of NOSM U's IQAP details the steps to be taken for the preparation, external review, and approval of New Program Proposals for undergraduate and graduate programs, as well as the important mechanisms for monitoring and continuous improvement once the new program is running. New for-credit graduate diplomas go

through the Protocol for Expedited Approval described in Section 3.0 of NOSM U's IQAP.

The following table itemizes the major required steps for NOSM U to develop new programs and to seek approval from the Quality Council. Each step is then explained sequentially in more detail after the table.

Steps	Description	Documentation Required for Auditing Purposes
Step 1	Proposal initiated by a NOSM U Portfolio, or Program Letter of Intent submitted to the Provost/VPA	<ul style="list-style-type: none"> Letter of Intent
Step 2	Proposal developed in consultation with relevant units and other portfolios including the Equity and Inclusion Portfolio and the Finance Unit. Must be approved by the relevant Education Program Committee.	<ul style="list-style-type: none"> Program Proposal and Appendices Relevant Education Program Committee Minutes
Step 3	Proposal Submitted to Provost/VPA for Approval	<ul style="list-style-type: none"> Provost/VPA signature on proposal
Step 4	Proposal Submitted to the University President for approval	<ul style="list-style-type: none"> University President's signature on proposal
Step 5	Appointment of External Review Committee by Provost/VPA and President in consultation with program initiators	<ul style="list-style-type: none"> External Reviewers Nomination Form Declaration of Arm's Length Letter of Invitation
Step 6	Site Visit and Instructions	<ul style="list-style-type: none"> Site Visit Schedule Reviewer Instructions
Step 7	External Review of Proposed New Program	<ul style="list-style-type: none"> Report from External Review
Step 8	Response by initiators and by the relevant Associate/Assistant Dean to the External Reviewers report with consultation of the relevant Education Program Committee if applicable	<ul style="list-style-type: none"> Response document submitted to the Provost/VPA
Step 9	Submission to and approval by NOSM U's AQAC	<ul style="list-style-type: none"> NOSM U AQAC Minutes
Step 10	Submission to and approval by Executive Group	<ul style="list-style-type: none"> Executive Group Minutes
Step 11	Submission to and approval by Senate	<ul style="list-style-type: none"> Senate Minutes
Step 12	Submission to and approval by the Board of Governors	<ul style="list-style-type: none"> Board of Governors Minutes
Step 13	Once the proposal is approved at Senate, a notice can be sent out to announce the intention to offer the new program pending approval by the Quality Council. No offers of admission can be made until the program is approved by the Quality Council.	<ul style="list-style-type: none"> Announcement/Email of new program (pending approval) <p>Optional step</p>
Step 14	Submission of the Program Proposal package (proposal and all other required documentation) to the Secretariat of the Quality Council	<ul style="list-style-type: none"> Quality Council Approval Letter
Step 15	Submission to the Provincial Government for funding approval if needed	<ul style="list-style-type: none"> Provincial Government/Ministry of Colleges and University Funding Request Letter
Step 16	New Program approval reported to the Board of Governors, for information	<ul style="list-style-type: none"> Briefing Note to Board of Governors
Step 17	New Program instituted within 36 months of Quality Council approval	<ul style="list-style-type: none"> Inclusion in NOSM U Academic Calendar
Step 18	Ongoing monitoring of the program for the first four years, with annual reports to the Provost/VPA	<ul style="list-style-type: none"> Annual Reports to Provost/VPA
Step 19	Cyclical review within eight years of the first enrolment.	<ul style="list-style-type: none"> AQAC minutes/review schedule

An explanation of these steps follows:

Step 1 – Proposal initiated by a NOSM U Portfolio or Program and Letter of Intent

A proposal for a new program may be initiated by any portfolio or academic leader in the University referred to as the initiators henceforth. A letter of Intent is submitted to the Provost/VPA. This initial step is to ensure that the idea fits with NOSM U priorities, and to undertake an initial financial sustainability analysis. The Provost/VPA approves the proposal development.

Step 2 – Proposal developed in consultation with relevant units

The initial proposal is prepared using the “New Program Proposal Template”, which will be made available to the program initiators by the Office of the Provost/VPA. The initiators will appoint a working group to develop the proposal. The new program proposal must address the evaluation criteria (see section 2.1 Evaluation criteria for new undergraduate or graduate programs below). The required responses within the template cover the areas noted by the Quality Council, and in some cases go beyond those areas. Wide consultation with relevant units and portfolios occurs at this stage including key NOSM U bodies, such as relevant Education Program Committees, the Budget Committee and the Associate Dean, Equity and Inclusion. The proposal may be modified as the process continues. The proposal is approved by the relevant Education Program Committee as appropriate.

Step 3 – Proposal Submitted to Provost/VPA for Approval

The Provost/VPA reviews the proposal, to be sure that it fully meets the requirements of the New Program Proposal Template and of the IQAP. The Provost/VPA may send the proposal back to the initiators, for amendments. The Provost/VPA may decline to advance the proposal to the next step, on the grounds that it does not correspond to the NOSM U's, that there is significant overlap with an existing program, and/or that funding and other resources are not available, and/or that quality is weak. When the Provost/VPA is satisfied that the proposal is strong, the proposal proceeds to step 4.

Step 4 – Proposal Submitted to University President for Approval

The NOSM U President reviews and approves the proposal in consultation with the Provost/VPA.

Step 5 - Appointment of External Review Committee

NOSM U's Provost/VPA and President in consultation with the program initiators, appoints the review committee. There must be at least two external reviewers for any new program review. The Provost/VPA must also include an additional internal member from within the university, but from outside the discipline (or interdisciplinary group) engaged in the proposed program, to participate in the review process. The initiators must propose the names of at least four (4) external reviewers when submitting the new program proposal in step 3. In appointing the external reviewers, the Provost/VPA considers this list but is not restricted to it. The external reviewers are to be active and respected in their field, and normally associate or full professors with program management experience. They will also be at arm's length to the program (see Section 2.2 of the [QAF](#) or the definition described at the end of section 1 of this document) and, as a team, they must also have an appreciation of pedagogy and learning outcomes. In proposing names, the program initiators and/or the Provost/VPA may consult widely, including from among senior administrators and experienced colleagues at other universities.

Step 6 - Site Visit and Instructions

Once the New Program Proposal has been approved by the University President it is ready for external review.

a) **On-Site Visit** - External review of a new undergraduate Program Proposal will normally be conducted on-site, but the Provost/VPA may propose that the review be conducted by desk review (see [Definitions](#)), virtual site visit (see [Definitions](#)) or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Provost/VPA will also provide a clear justification for the decision to use

these alternatives. External review of a new doctoral Program Proposal must incorporate an on-site visit. Certain new master's programs (e.g., professional master's programs (see Definition), fully online, etc.) may also be conducted by desk review, virtual site visit or an equivalent method if both the Provost/VPA and external reviewers are satisfied that the off-site option is acceptable. An on-site visit is required for all other proposed master's programs.

b) Site Visit Schedule – The Office of the Provost/VPA will oversee the arrangements for the in-person or virtual site visit. An in-person site visit will normally be scheduled for two consecutive days. A virtual site visit may be scheduled over a longer period of time. The Office of the Provost will assist with travel and accommodation plans.

The academic unit responsible for the degree program under review will draft the schedule for the site visit in consultation with the Office of the Provost/VPA. The Office of Provost/VPA will provide a sample itinerary to the academic unit to use as a guide when scheduling the site visit.

The Review Committee reviews the self-study submitted by the program, requests any additional information that is needed, and spends at least two days visiting the program. During the on-campus visit, the Committee first meets in camera to discuss procedures, concerns and additional information that might be required. The Committee then meets with faculty, staff, learners within the program, the Associate/Assistant Dean, the Provost/VPA, and the Assistant Dean of Graduate Studies (if appropriate) and any other member of the university community who can provide relevant information (e.g. University Librarian, Director of Information Technology etc). An in-person site visit may include a tour of facilities and the library.

The Office of the Provost/VPA has final approval of the schedule to ensure that all necessary consultations take place.

c) Documentation to Share with the Review Committee – The Office of the Provost/VPA will provide the Review Committee with review documentation which will include:

- Instructions
- NOSM U's Quality Assurance Policy and Procedures (IQAP) – that will include Evaluation Criteria and Degree Level Expectations
- Self-Study and Appendices (course syllabi, faculty CVs, data, student surveys, library statement of support)
- Template for External Reviewers' Report. The template includes all Evaluation Criteria set by the Quality Council
- Site Visit Schedule

d) Pre-Meeting - For both in-person and virtual site visits:

A pre-meeting of the external reviewers and the internal representative (optional) will be scheduled to provide guidance and direction. The Office of the Provost/VPA will review the instructions with the external reviewers, explain their roles and obligations, and respond to any questions related to documentation, process, and the final report.

Reviewers will be asked to recognize the University's autonomy to determine priorities for funding, space, and faculty allocation and respect the confidentiality of all aspects of the review process. The external reviewer(s) will also be invited to contact the Office of the Provost should any questions arise during the review process.

Step 7 – External Review of Proposed New Program

The external reviewers provide a joint review report that will:

- a) Address the substance of the New Program Proposal;
- b) Respond to the evaluation criteria set out in Section 2.1.2 of the [QAF](#);
- c) Comment on the adequacy of existing physical, human (based, in part, on the external reviewers' assessment of the faculty members' education, background, competence and expertise as evidenced in their CV) and financial resources; and
- d) Acknowledge any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to it.

The Reviewers shall submit one report to the Provost/VPA within six weeks following the site visit.

Step 8 – Response by initiators and by the Assistant/Associate Dean to the External Reviewers' Report

The initiators of the proposal respond in writing to the external reviewers' report. Part of the response may include amendments to the original proposal. The response is sent to the Assistant/Associate Dean who adds a separate response in the same document if they are not the initiators of the proposal. The Assistant/Associate Dean may require the initiators to amend their response or elaborate upon it. The relevant Education Program Committee may also be called upon to review the response document. The response document is submitted to the AQAC within six weeks of receiving the external reviewers' report or within a timeframe that is agreed upon between the initiators and the AQAC through the Office of the Provost/VPA.

Step 9 – Submission to and approval by the Academic Quality Assurance Committee (AQAC)

AQAC considers the proposal in its widest context. It may reconsider the academic merits, and it also reconsiders such questions as whether the program fits into the priorities of the institution, and whether sufficient resources can be made available for the success of the program. At the AQAC's discretion, it may invite the initiators and/or Associate/Assistant Dean to consult, in person. AQAC determines whether the program falls into the "core" undergraduate arts and sciences category, as specified by the Ministry of Colleges and Universities, or the "non-core" category. AQAC may approve, ask for amendments, or reject. If it rejects the proposal, it may not go forward. AQAC may approve the proposal subject to some conditions; for example, it may approve subject to the approval of the Budget Committee.

Step 10 - Submission to and approval by the NOSM U Executive Group

The purpose of this step is to ensure that all operational/organizational issues related to offering the new program are aligned and appropriate.

Step 11 - Submission to and approval by Senate

If it approves the proposal, AQAC brings a motion to Senate. Senate is the final NOSM U academic approval authority.

Step 12 – Submission to and approval by Board of Governors

If approved by Senate, the proposal is submitted to the Board of Governors for approval (fiscal lens in particular).

Step 13 – Notice of Intent to Offer Pending Quality Council Approval (optional)

Once it is approved at Senate, a notice can be sent out to announce NOSM U's intention to offer the new program pending approval by the Quality Council. No offers of admission can be made until the program is approved by the Council and the announcement must contain the following statement "Prospective students are advised that the program is still subject to formal approval by the Quality Council."

Step 14 - Submission of the Program Proposal package (proposal and all other required documentation) to the Secretariat of the Quality Council

NOSM U must minimally submit the Program Proposal, the External Reviewers' Report (New program proposal only), and the internal responses, including the date of university governance approval. The Appraisal Committee may seek further information from NOSM U with a rationale for the requested information.

After considering the recommendation of the Appraisal Committee, the Quality Council will make one of the following decisions for new program proposals:

- a) Approved to commence;
- b) Approved to commence, with report*;
- c) Deferred for up to one year during which time the university may address identified issues and report back;
- d) Not approved; or
- e) Such other action as the Quality Council considers reasonable and appropriate in the circumstances.

*Reports on new programs will only be required when significant additional action, such as a large number of new hires and/or other new resources, are required to assure the quality of the program. The Provost/VPA's Office will initiate preparation of the report in close collaboration with the initiators to meet the required timeframe to provide updates on the conditions identified by the Appraisal Committee.

The decision of the Quality Council will normally be made within 45 days of receipt of NOSM U'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 b, c, d, e) to the Council will be made within a further 30 days of receipt of a satisfactory response. The Quality Assurance Secretariat will convey the decision of the Quality Council to the Provost/VPA's Office.

When the recommendation is one of b), c), or d) (in Step 15 see above), NOSM U may, within 30 days,

- 1) request a meeting with and/or reconsideration by the Appraisal Committee. Normally, reconsiderations will only be considered if NOSM U is providing new information, or if there were errors of fact in the Appraisal Committee's commentary, or there were errors of process. Following such communication, the Appraisal Committee will revisit and may revise its assessment. Its final recommendation will be conveyed to the Provost/VPA Office and to the Quality Council by the Quality Assurance Secretariat.

or

- 2) submit an appeal to the Quality Council. Having received and considered the Appraisal Committee's final assessment and recommendation, any additional comments from NOSM U on the assessment, and further, having reviewed any requested appeal from the university on matters of fact, procedure, public policy concerns, or questions of fairness, 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 university an opportunity to amend and resubmit its

- Proposal; or
d) Not approved.

Decisions of the Quality Council following any appeal submission are final and binding.

Reconsiderations and appeals will be coordinated by the Provost/VPA's Office in close collaboration with the program initiators at NOSM U.

If the Quality Council chooses option c) (deferral), the Appraisal Committee will suspend the assessment process until NOSM U has resubmitted its revised New Program Proposal. After this, the Appraisal Committee will reactivate its appraisal process (Step 15). When the Appraisal Committee does not receive a response within the specified period (i.e. within 30 days), it considers the Proposal to have been withdrawn.

Step 15 - Submission to the Provincial Government for funding if "Non-Core" program

"Non-Core" programs must be submitted to the Ministry of Colleges and Universities of the Province of Ontario, to seek funding for enrolled students. The Provost/VPA's office will collaborate with the Finance Office to submit the funding request.

Step 16 - Program reported to the Board of Governors (for information)

While the Senate, not the Board of Governors, has the authority to approve new programs, the Board is to be informed of program approvals. There is a standing item on the Board agenda for this purpose, and the Provost/VPA will be available at a Board meeting to answer questions.

Step 17 - Program instituted within 36 months of Quality Council approval

The program must begin within 36 months of approval by the Quality Council; otherwise, the approval lapses. In the case of "non-core" program proposals (see #13 above), the beginning will await approval by the Ministry of Colleges and Universities that funding will be provided for enrollments in the program.

Step 18 - Ongoing monitoring of the program for the first four years, with annual reports to the Provost/VPA

The program initiators and the relevant Associate/Assistant Dean establish a monitoring process to last for at least the first four years of the program, in order to monitor the program through annual interim reports and updates. While there is discretion as to how to proceed, the monitoring process must include consideration of student enrollments and persistence in the program.

- a) The interim reports should also carefully evaluate the program's success in realizing its objectives, requirements and outcomes, as originally proposed and approved, as well as any changes that have occurred in the interim, including a response to any Note(s) from the Quality Council Appraisal Committee.
- b) The monitoring process must also take into consideration the outcomes of the interim monitoring reports and any additional areas to be considered in the first cyclical review of the new program.

Step 19 - Cyclical review within eight years

The first cyclical review of any new program must be conducted no more than eight years after the date of the program's initial enrolment. The Office of the Provost/VPA will maintain a master schedule and will advise the program leaders 18-months prior of the requirement to submit a program self-study in preparation for the cyclical review.

2.1 Evaluation Criteria for new undergraduate and graduate programs

Prior to submitting a Proposal to the Quality Council for appraisal, NOSM U will evaluate any new graduate or undergraduate programs against the following criteria (and any additional criteria added by the university).

2.1.1 Program objectives

- a) Clarity of the program's objectives;
- b) Appropriateness of degree nomenclature given the program's objectives; and
- c) Consistency of the program's objectives with the institution's mission and academic plans.

2.1.2 Program requirements

- a) Appropriateness of the program's structure and the requirements to meet its objectives and program-level learning outcomes;
- b) Identification of any unique curriculum or program innovations or creative components or significant high impact practices as part of the new program proposal.
- c) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the six [Degree Level Expectations](#) for undergraduate or graduate programs;
- d) Appropriateness of the proposed mode(s) of delivery (e.g. lecture format, distance, online, synchronous/asynchronous, problem-based, compressed part-time, multi-campus, inter-institutional collaboration, or other non-standard forms of delivery) to facilitate students' successful completion of the program-level learning outcomes; and
- e) Ways in which the curriculum addresses the current state of the discipline or area of study.

2.1.3 Program requirements for graduate programs only

- a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time;
- b) 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; and
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion

2.1.4 Assessment of teaching and learning

- a) Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
- b) Appropriateness of the plans to monitor and assess:

- i. The overall quality of the program;
- ii. Whether the program is achieving in practice its proposed objectives;
- iii. Whether its students are achieving the program-level learning outcomes; and
- iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.

2.1.5 Admission requirements

- a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and
- b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry, or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

2.1.6 Resources

Given the program's planned /anticipated class sizes and cohorts as well as its program-level learning outcomes:

- a) Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience;
- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the university;
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access; and
- f) If necessary, additional institutional resource commitments to support the program in step with its ongoing implementation.

2.1.7 Resources for graduate programs only

Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:

- a) Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation, and foster an appropriate intellectual climate;
- b) Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students; and
- c) Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status

of the faculty.

2.1.8 Quality and other indicators

- a) Evidence of the quality of the faculty (e.g., qualifications, funding, honors, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring); and
- b) Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

3.0 - Protocol and Process for Expedited Approvals

Changes to programs through this protocol are considered less wide-ranging than New Program Proposals (as described in section 2 above). The expedited approval process does not require an external review, and the authority for final approval rests with the Appraisal Committee of the Quality Council.

NOSM U can use its Protocol and Process for Expedited Approvals for the following program changes:

- Proposals for new for-credit graduate diplomas (Types 2³ and 3⁴).
- New field(s) in a graduate program
- Proposed major modification to an existing program. This option might be helpful should the university wish to promote the fact that it has received the Quality Council's approval for the proposal, and/or to utilize the external oversight this Protocol provides.
- New standalone degree program arising from a long-standing field in a master's or doctoral program that has undergone at least two Cyclical Program Reviews and has at least two graduating cohorts

If curriculum changes are deemed to fit the expedited approvals protocol, only the following steps as detailed in the following Table will be followed. The proposal may be stopped at any step, if not approved. Expedited Approvals require that the *Template for Major Modification to Existing Programs* be completed (contact the Provost/VPA's office). After reviewing the submission, conferring with NOSM U, and receiving further information, as needed, the Council's Appraisal Committee will come to its decision. It can be anticipated that any consultations will normally be brief and result in one of the following decisions:

- a) Approved to Commence
- b) Approved to Commence, with Report; or
- c) Not Approved

Here are the steps for the Expedited Approvals protocol [more detailed descriptions of the steps can be found on pages 9 to 14 (Section 2.0) of this document]:

³ Offered in conjunction with a master's or doctoral degree, the admission to which requires that the candidate be already admitted to the master's or doctoral program. This represents an additional, usually interdisciplinary, qualification.

⁴ A stand-alone, direct-entry program, generally developed by a unit already offering a related master's or doctoral degree, and designed to meet the needs of a particular clientele or market.

Steps	Description	Documentation Required for Auditing Purposes
Step 1	Proposal initiated by a NOSM U portfolio, or program Letter of Intent submitted to the Provost/VPA	<ul style="list-style-type: none"> Letter of Intent
Step 2	Proposal developed in consultation with relevant units and other portfolios including the Equity and Inclusion Portfolio and the Finance Unit. Must be approved by the relevant Education Program Committee.	<ul style="list-style-type: none"> Program Proposal and Appendices Relevant Education Program Committee Minutes
Step 3	Proposal Submitted to Provost/VPA for Approval	<ul style="list-style-type: none"> Provost/VPA signature on proposal
Step 4	Proposal Submitted to the University President for approval	<ul style="list-style-type: none"> University President's signature on proposal
Step 5	Submission to and approval by NOSM U's AQAC	<ul style="list-style-type: none"> NOSM U AQAC Minutes
Step 6	Submission to and approval by Executive Group	<ul style="list-style-type: none"> Executive Group Minutes
Step 7	Submission to and approval by Senate	<ul style="list-style-type: none"> Senate Minutes
Step 8	Submission to and approval by the Board of Governors	<ul style="list-style-type: none"> Board of Governors Minutes
Step 9	Once the proposal is approved at Senate, a notice can be sent out to announce the intention to offer the new program pending approval by the Quality Council. No offer of admission can be made until the program is approved by the Quality Council.	<ul style="list-style-type: none"> Announcement/Email of new program (pending approval) Optional step
Step 10	Submission of the Program Proposal and all other required documentation to the Secretariat of the Quality Council	<ul style="list-style-type: none"> Quality Council Approval Letter
Step 11	Ongoing monitoring of the program for the first four years, with annual reports to the Provost/VPA	<ul style="list-style-type: none"> Annual Reports to Provost/VPA
Step 12	Cyclical review within eight years of the first enrolment.	<ul style="list-style-type: none"> AQAC minutes/review schedule

The Appraisal Committee will normally review the proposal within 45 days of receipt of NOSM U's submission, provided that the submission is complete and in good order. Where additional information is required by the Appraisal Committee, one of the three possible outcomes (see above) will be made within a further 30 days of receipt of a satisfactory response. The Quality Assurance Secretariat will convey the decision of the Appraisal Committee to the Quality Council for information, and then to NOSM U.

Programs created or modified through the Protocol and Process for Expedited Approvals will not normally be selected for NOSM Us Cyclical Audit (described in section 7 below).

4.0 - Protocol and Process for Major Modifications to Existing Programs

Program renewal and significant changes to an existing program at NOSM U that improve the student experience and allow the program to stay current with the discipline, referred to as major modifications, must undergo a robust quality assurance process which does not require but may include the Quality Council's approval.

Major modifications include the program changes that allow the university to:

- i. implement the outcomes of a cyclical program review;
- ii. reflect the ongoing evolution of the discipline;
- iii. accommodate new developments in a particular field;
- iv. facilitate improvements in teaching and learning strategies;

- v. respond to the changing needs of students, society, and industry; and/or
- vi. respond to improvements in technology.

Specific examples of major modifications include:

- a) Significant changes to the program requirements relative to the requirements set out at the time of the previous cyclical program review
- b) Significant changes to the program-level learning outcomes that do not, however, meet the threshold of a new program;
- c) Significant changes to the program's delivery, including to the program's faculty and/or to the essential physical resources as may occur, for example, where there have been changes to the existing code(s) of delivery (e.g., different campus and/or online / hybrid delivery – see below);
 - When changing the mode of delivery of a program to online for all or a significant portion of a program that was previously delivered in-person, consideration of the following criteria is strongly encouraged as part of the approval process for the proposed major modification:
 - Maintenance of and/or changes to the program objectives and program-level learning outcomes;
 - Adequacy of the technological platform and tools;
 - Sufficiency of support services and training for teaching staff;
 - Sufficiency and type of support for students in the new learning environment; and
 - Access
- d) Change in program name and/or degree nomenclature, when this results in a change in learning outcomes; and/or
- e) Addition of a single new field to an existing graduate program. This modification can instead be subject to an Expedited Approval Protocol (see section 3). Note that institutions are not required to declare fields for either master's or doctoral programs. Note also that the creation of more than one field at one point in time or over subsequent years may need to go through the Expedited Approval Protocol.
- f) The merger of two or more programs
- g) Significant change in the laboratory time of an undergraduate program
- h) The introduction or deletion of an undergraduate thesis or capstone project
- i) The introduction or deletion of a work experience, co-op option, internship or practicum, or portfolio
- j) At the master's level, the introduction or deletion of a research project, research essay or thesis, course-only, co-op, internship, or practicum option
- k) The creation, deletion, or re-naming of a field in a graduate program
- l) Any change to the requirements for graduate program candidacy examinations, field studies or residence requirements

- m) Major changes to courses comprising a significant proportion of the program - one-third or more of the courses in a program
- n) A change in the language of program delivery
- o) The establishment of an existing degree program at another institution or location
- p) The offering of an existing program substantially online where it had previously been offered in face-to-face mode, or vice versa
- q) Change to full- or part-time program options, or vice versa

The following are not major modifications:

- The approval of an articulation agreement with a college
- Changes in admission requirements that are a result of changes in the high school curriculum

Although major modifications (except for additional fields in a graduate program) do not always require a review by the Quality Council, NOSM U's AQAC may, at its discretion, recommend to the Provost/VPA that a review by the Quality Council be sought. In such cases, the evaluation criteria will be parallel to those for a new program (see section 2.1 above). The Quality Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol and Process for New Program approvals.

If a major modification is submitted to the Quality Council for approval it must include the following:

- Description of, and rationale for, the proposed changes;
- Application of the relevant evaluation criteria to the proposed changes, as outlined in Section 2.1 (Evaluation Criteria) in concordance with the [QAF](#)

Programs that are bringing forward changes to their existing curriculum and are unsure if the changes meet the threshold for a major modification should consult with the Provost/VPA or his/her delegate in order to determine if the proposed changes indeed constitute a major modification.

Input from current students and recent graduates of the program must be considered as part of the development of the Proposal, with the Proposal including a statement on the way in which the proposed major modification will improve the student experience.

Major modifications are not normally selected for NOSM U's Cyclical Audit (see section 7).

If the curriculum changes to an existing program are deemed to be a major modification, the program will follow the steps as detailed in the following table. All require the completion of the Template for Major Modification to Existing Programs. During this review process, the old program continues to operate.

Here are the steps for the Major Modifications protocol [more detailed descriptions of the steps can be found on pages 9 to 14 (Section 2.0) of this document]:

Steps	Description	Documentation Required for Auditing Purposes
Step 1	Proposal initiated by a NOSM U portfolio, or program Letter of Intent submitted to the Provost/VPA	<ul style="list-style-type: none"> Letter of Intent
Step 2	Proposal developed in consultation with relevant units and other portfolios including the Equity and Inclusion Portfolio and the Finance Unit. Must be approved by the relevant Education Program Committee.	<ul style="list-style-type: none"> Program Proposal and Appendices Relevant Education Program Committee Minutes
Step 3	Proposal Submitted to Provost/VPA for Approval	<ul style="list-style-type: none"> Provost/VPA signature on proposal
Step 4	Proposal Submitted to the University President for approval	<ul style="list-style-type: none"> University President's signature on proposal
Step 5	Submission to and approval by NOSM U's AQAC	<ul style="list-style-type: none"> NOSM U AQAC Minutes
Step 6	Submission to and approval by Executive Group	<ul style="list-style-type: none"> Executive Group Minutes
Step 7	Submission to and approval by Senate	<ul style="list-style-type: none"> Senate Minutes
Step 8	Submission of the Program Proposal and all other required documentation to the Secretariat of the Quality Council	<ul style="list-style-type: none"> Quality Council Approval Letter <p><i>OPTIONAL STEP</i></p>
Step 9	Ongoing monitoring of the program by the program leaders with annual reports to the Provost/VPA	<ul style="list-style-type: none"> Annual Reports to Provost/VPA

Temporary or Permanent Suspension of Program

- a) When significant change occurs to the current or forecasted faculty complement or resources of the program or when there is an on-going lack of student interest as indicated by repeated low enrollments:
 - i. The Provost/VPA shall alert the program leader and the relevant Associate/Assistant Dean(s) about the possibility that admissions to all, or parts of the program (specialization / major / minor / concentration) may be temporarily suspended and provide two (2) weeks to the program to respond.
 - ii. If the program leader and the relevant Associate/Assistant Dean(s) agree that admissions to all or parts of the program need to be temporarily suspended, the Provost/VPA will send this directive to the Registrar no later than by 1 December for the upcoming academic year and communicate this decision to AQAC and to Senate.
 - iii. If either the program leader or the Associate/Assistant Dean(s) disagrees that admissions be temporarily suspended because of resource issues, the issue of suspending admissions will be addressed at a meeting of the Executive Group and AQAC which shall make a recommendation to the Provost/VPA on the topic no later than 1 November.
- b) If admissions to any or all parts of a program are temporarily suspended, the program has the option of going through a major modification. In so doing, the program will follow the steps as described in the table within Section 4. As an outcome of the review, AQAC may recommend one of the following:
 - i. That the Provost/VPA reopen admissions following changes to the curriculum, the faculty complement, or resources
 - ii. That Senate suspends permanently the program or part of the program. All permanent suspensions will be reported annually to the Quality Council as

per section 4.2 and 4.3 of the [Quality Assurance Framework](#).

In the event that no major modification report is submitted to AQAC within six (6) months of the request, AQAC will make a recommendation to Senate for permanent suspension of the program or part of the program. A relaunch or reopening of the (now permanently) suspended program would have to be considered as a new program process. The Quality Council would require the re-opening of a program that has been closed for several years to go through the Protocol and Process for New Program Approvals as described above in Section 2.

NOSM U must file an annual report to the Quality Council which provides a summary of major program modifications including program closures that were approved through the university's internal process in the past year.

NOSM U as part of its commitment to ongoing reflection and quality improvement monitors objectives and key results for all NOSM U programs through the Provost/VPA's office. All programs are required to identify and annually report Objectives and Key Results. If Key Results are not met, programs are required to reflect, seek input from stakeholders and modify their program to improve its Key Results. Major modifications to programs will be reflected in new Key Results.

Note regarding program changes that do not meet the threshold for a major modification:

Changes to an Emphasis, Option, or Minor Program; the creation of a new micro-credential(s); undergraduate certificate(s); and laddering, stacking or similar changes to programs that do not constitute a major modification will still be part of ongoing quality assurance and monitoring through the Education Program Committees.

5.0 - Protocol and Process for Cyclical Review of Existing Programs

The Cyclical Program Review of existing programs at NOSM U is the key quality assurance process aimed at assessing the quality of existing academic programs, identifying ongoing improvements to programs, and ensuring continuing relevance of the program to stakeholders.

The Provost/VPA has the authority to initiate scheduled reviews and is responsible for reporting on those reviews to the Quality Council. The Provost/VPA is also responsible for identifying the specific program or programs that will be reviewed. Where there is more than one mode or site involved in delivering a specific program, the Provost/VPA will determine the distinct versions of each program that are to be reviewed. Under some circumstances, undergraduate and graduate programs may be reviewed together.

Ongoing programs are reviewed on a cycle not to exceed 8 years. AQAC may call for a review at any time. As well as NOSM U programs, the review cycle includes all joint, multi-disciplinary, interdisciplinary, multi-sited and inter-institutional programs, and all modes of delivery. Multi- or interdisciplinary programs may be included within the review of the programs of an academic portfolio. The office of the Provost/VPA establishes and makes available a schedule of reviews.

For the purposes of cyclical review, a program is defined as a major block of study (whether a program is funded or cost-recovery). The definition would therefore exclude minors, certificates and non-credit offerings. Normally, all the undergraduate and graduate programs offered by a portfolio are reviewed at the same time. Portfolios have the option to prepare separate reports for each discrete program or address each program within a single omnibus report. When NOSM U reviews different program levels (for example, graduate and undergraduate), program modes, or programs offered at different locations, it will normally address each program within a single omnibus

report, taking care that the distinctive attributes of each discrete program are reviewed and reported on by the reviewers. It is essential that the quality of each academic program and the learning environment of the students in each program be explicitly addressed in the self-study and external reviewers' report.

In some circumstances, the Provost/VPA, in consultation with the relevant program leaders and Associate/Assistant Dean, may determine that different programs offered by a portfolio should be subject to different reviews. NOSM U is responsible for ensuring the quality of all components of programs of study, including those offered: in partnership with other higher-education institutions (colleges and universities) through collaborative agreements. In reviewing a joint program and other inter-institutional programs, the IQAPs of the participating universities granting the degree should be considered. See Section 6 below and the Quality Assurance Framework Guide for important aspects to consider in conducting joint program reviews.

Programs which have been closed or for which admission has been suspended are out of scope for a Cyclical Program Review.

Most professional programs at NOSM U are subject to external accreditation (e.g. CACMS). Every effort will be made to combine the accreditation assessments with the assessments provided for in this IQAP. When this happens, all the requirements of this IQAP must be met. The steps for the Cyclical Program Review of existing programs are:

Steps	Description	Documentation Required for Auditing Purposes
Step 1	The Provost/VPA informs the program leaders and the Associate/Assistant Dean when a review is scheduled.	<ul style="list-style-type: none"> • Memo from Provost/VPA to leaders and Associate/Assistant Dean
Step 2	The program leaders prepare a self-study	<ul style="list-style-type: none"> • Approved self-study and any correspondence pertaining to the evolution of the self-study.
Step 3	AQAC reviews the self-study and makes a recommendation to the Provost/VPA.	<ul style="list-style-type: none"> • Recommendations/Minutes from AQAC
Step 4	The Provost/VPA reviews and approves the self-study.	<ul style="list-style-type: none"> • Provost/VPA approval email/letter
Step 5	The Provost/VPA, in consultation with the University President, appoints a review committee.	<ul style="list-style-type: none"> • Nomination Form • Letters of Invitation • Declaration of Arm's Length
Step 6	Onsite visit organized by the Associate/Assistant Dean's office.	<ul style="list-style-type: none"> • Site Visit Schedule • Reviewer Instructions
Step 7	The review committee submits a report.	<ul style="list-style-type: none"> • Completed Report
Step 8	The program leaders from the Education Program Committee respond to the reports followed by a separate response from the Associate/Assistant Dean.	<ul style="list-style-type: none"> • Response from program leaders and Associate/Assistant Dean
Step 9	AQAC reviews the report and the responses of the program leaders and the Associate/Assistant Dean. AQAC prepares a Final Assessment Report and Implementation Plan.	<ul style="list-style-type: none"> • Final Assessment Report • Implementation Plan
Step 10	AQAC brings the Final Assessment Report and the Implementation Plan to Senate for discussion.	<ul style="list-style-type: none"> • Senate Minutes
Step 11	The Provost/VPA prepares an Executive Summary of the review, and brings it to the Board of Governors, for information.	<ul style="list-style-type: none"> • Executive Summary Senate Minutes
Step 12	AQAC's report is posted on the NOSM U's website and	<ul style="list-style-type: none"> • Link to website

Steps	Description	Documentation Required for Auditing Purposes
	submitted to the Quality Council.	
Step 13	The program leaders write a follow-up report to AQAC 18 months after the implementation plan has been approved by AQAC.	<ul style="list-style-type: none"> Report to AQAC
Step 14	The 18-month follow-up report, once approved by AQAC, is sent to Senate for information/discussion.	<ul style="list-style-type: none"> Executive Summary to Senate

An explanation of these steps follows.

Step 1 – The Provost/VPA informs the program leaders and Associate/Assistant Dean when a review is scheduled

The Provost/VPA maintains a list of every program in the University that will be subject to review, and the tentative date of the next review. At least a year before the self-study is due, the Provost/VPA informs the program leaders and Associate/Assistant Dean that the review will be due, and provides them with the necessary procedures, deadlines and guidelines. The Provost/VPA meets in person with the program leaders and the Associate/Assistant Dean, to answer questions and to stress the importance of the self-study being analytical and self-critical.

Step 2 - The program prepares a self-study

The program leaders and the Associate/Assistant Dean responsible for the program will complete a self-study. The self-study or self-reflection document is to be broad-based, reflective and forward-looking, and should include critical analysis of the program(s). There should be a separate self-study report for each discrete program, or all related programs may be addressed within a single omnibus report. The AQAC will advise and work with the program being reviewed and ensure consistent and robust application of the review process. The self-study must be submitted to the Provost/VPA as per the timeframe specified in the master calendar. The self-study submission package must include three parts:

- 1) The Program self-reflection
- 2) Curricula Vitae for all faculty members
- 3) List of 4 proposed external reviewers

The following elements must be included in program self-reflection document:

- a) Description of how the self-study was written, including how the views of faculty, staff and students were obtained and considered (see [Guidance](#));
- b) Detailed description as to how the evaluation criteria and quality indicators (see section 5.1 Evaluation Criteria for existing undergraduate and graduate programs below) are met or not, for each discrete program being reviewed;
- c) Program-related data and measures of performance, including applicable provincial, national and professional standards (where available), with a notation of all relevant data sources; The Associate/Assistant Dean responsible for the education program is responsible for overseeing the collection, ongoing monitoring and action plans based on program data, in collaboration with other NOSM U portfolios that collect program data. This must be an annual continuous quality improvement cycle built into the regular work of Education Program Committees.
- d) Description of how concerns and recommendations raised in previous reviews have since been addressed, especially those detailed in the Final Assessment Report, Implementation Plan and

subsequent monitoring reports from the previous Cyclical Review of the program;

- e) For the first Cyclical Review of a new program, the steps taken to address any issues or items flagged in the monitoring report for follow-up (see [QAF Section 2.9.2](#)), and/or items identified for follow-up by the Quality Council (for example, in the form of a note and/or report for the first Cyclical Program Review in the Quality Council's approval letter – see [QAF Section 2.6.3 a\) or b\)](#));
- f) Where appropriate, any unique curriculum or program innovations, creative components, or significant high impact practices;
- g) Areas that the program's faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change;
- h) A conclusion as to the effectiveness of the continuous quality improvement processes of the program, the strengths and areas for further enhancement
- i) Assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review (see [Guidance](#))
- j) The self-study committee must include the Associate/Assistant Dean responsible for the program, faculty members and learners and may include additional members as deemed appropriate by the program.

Step 3 - NOSM U's AQAC reviews the self-study and makes a recommendation to the Provost/VPA

The self-study is reviewed by the AQAC, to ensure that it is complete and analytical, and that it meets the guidelines. The AQAC may return the self-study to the Associate/Assistant Dean/Program Leaders for amendment or recommend its approval to the Provost/VPA.

Step 4 - The Provost/VPA approves the self-study

The Provost/VPA reviews the recommendations from AQAC as well as the self-study to ensure that the self-study package is complete and ready to proceed with the external review.

Step 5 - The Provost/VPA, in consultation with the University President, appoints a review committee

All programs require two external members. The Provost/VPA may also include an additional internal member from within the university but from outside the discipline (or interdisciplinary group) of the program under review to participate in the review process.

The program must propose the names of at least four (4) external reviewers when submitting the self-study package. In appointing the external reviewers, the Provost/VPA, in consultation with the President, considers this list but is not restricted to it. The external reviewers are normally associate or full professors, or the equivalent, and must have suitable disciplinary expertise, qualifications and program management experience, as well as be at arm's length from the program under review (see [Section 5.2.1 of the QAF](#)). As a team, they must also have an appreciation of pedagogy and learning outcomes. Additional discretionary members may be assigned to the Review Committee. Such additional members might be appropriately qualified and experienced individuals selected from industry or the professions. In proposing names, the program and/or the Provost/VPA may consult widely, including from among senior administrators and experienced colleagues at other universities.

The full review team consists of the two external members, two NOSM University faculty members (from outside the program but from within NOSM U) and two learners. The review team shall reflect the diversity and inclusion requirements of NOSM U. The members from other universities must not have any past or current affiliation with

the program, or with members of the program (e.g., supervisor, co-author, former student, etc. See also Definitions section 1.2 of this document).

Step 6 – On-site visit organized by the Associate/Assistant Dean’s office

The Associate/Assistant Dean’s office coordinates the on-site visit itinerary. An on-site review is normally two days but may be longer if needed. The review committee members receive the self-study package at least one month before the on-site review, plus any other reports requested by the review team. The site visit itinerary is distributed to the review committee members at least 2 weeks before the on-site visit.

At the beginning of the on-site review, the Provost/VPA meets with all members of the review team, both internal and external in order to explain their role and obligations, including recognition of the university’s autonomy to determine priorities for funding, space, and faculty allocation, as well as the confidentiality required for all aspects of the review process. The review committee members then meet in camera to discuss procedures, concerns and additional information that might be required. The review team will also meet with faculty, staff, students and senior administrators (including the Vice Deans, Provost/VPA, and President) and any other member of the university community who can provide relevant information.

In the case of professional programs, the views of employers and professional associations will be solicited by the Associate/Assistant Dean(s) by way of an electronic survey and/or virtual focus group discussions or through confidential one on one interviews conducted during the preparation of the IQAP self-study. A summary of the outcomes of the survey and/or the focus group discussions and interviews will be provided electronically to members of the review committee with access to appropriate information from employers and professional associations.

At the end of the on-site review, the external reviewers will meet with the Provost/VPA and the University President for a debriefing session to provide preliminary oral feedback on the outcome of the visit and an evaluation of the process.

The external review of a doctoral program must incorporate an on-site visit. External review of undergraduate programs will normally be conducted on-site, but the Provost/VPA may propose that the review be conducted by desk review, virtual site visit or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Provost/VPA will also provide a clear justification for the decision to use these alternatives. Certain Master’s programs (e.g., professional master’s programs (see [Definitions](#)), fully online, etc.) may also be conducted by desk review, virtual site visit or an equivalent method if both the Provost/VPA and external reviewers are satisfied that the off-site option is acceptable. An on-site visit is required for all other Master’s programs.

Step 7 - The review committee submits a report

The guidelines for the review committee’s report are detailed in Guides for the Review Committee’s Report.

The Provost/VPA ensures that all members of the committee have these guidelines. The review committee’s written report should be sent to the Provost/VPA six weeks after the site visit. If the review committee’s report does not meet the requirements of the IQAP, the Provost/VPA will inform the University President and then arrange a meeting with the Chair of the review committee to request appropriate additions to the report.

The Provost/VPA forwards the report to the AQAC, which prepares a summary of evaluations and tasks the program leaders and Associate/Assistant Dean of the program under review to respond to the evaluation report.

Step 8 - The program leaders from the Education Program Committee responds to the reports followed by a separate response from the Associate/Assistant Dean

The program leaders have one month from the time the review committee's report is received to formulate a response. The program's response is forwarded to the Associate/Assistant Dean, who in turn writes a separate response to both the review committee's report and the program leader's response. The Associate/Assistant Dean submits all three responses to AQAC. The Associate/Assistant Dean's response should address the following:

- a) Any changes in organization, policy or governance that would be necessary to meet the recommendations;
- b) The resources, financial and otherwise, that would be provided in supporting the implementation of selected recommendations;
- c) Identify the relevant academic administrator(s) responsible for the program, who will provide their responses to each of the following:
 - i. The plans and recommendations proposed in the self-study report;
 - ii. The recommendations advanced by the Review Committee;
 - iii. The program's response to the Review Committee's report(s); and will describe:
 - iv. Any changes in organization, policy or governance that would be necessary to meet the recommendations;
 - v. The resources, financial and otherwise, that would be provided in supporting the implementation of selected recommendations; and
 - vi. A proposed timeline for the implementation of any of those recommendations.
 - vii. List of commendations

Step 9 - AQAC reviews the report and the responses of the program leaders and the Associate/Assistant Dean. AQAC prepares a Final Assessment Report and Implementation Plan

The AQAC prepares a draft Final Assessment Report and Implementation Plan. The AQAC then meets with the Associate/Assistant Dean, and with the program leads, to discuss the reports and to identify the group or individual responsible for providing resources needed to address the recommendations from the external reviewers or action items identified by the university. The AQAC then finalizes the Final Assessment Report and Implementation Plan based on the documents submitted to it and the conversations at the committee. The Final Assessment Report normally:

- a) Identifies significant strengths of the program;
- b) Integrates the report as an important tool in the continuous quality improvement of the program and synthesizes the report's recommendation with other opportunities for program improvement and enhancement.
- c) Lists all recommendations of the external reviewers and the associated separate internal responses and assessments from the program leaders and from the Associate/Assistant Dean

- d) Explains why any external reviewers' recommendations not selected for further action in the Implementation Plan have not been prioritized;
- e) Includes any additional recommendations that the program and/or that the AQAC may have identified as requiring action as a result of the program's review;
- f) May include a confidential section (for example, where personnel issues need to be addressed); and
- g) Identifies who will be responsible for addressing and approving the recommendations set out in the Final Assessment and Implementation Plan report.

The Final Assessment and Implementation Plan Report must include an Executive Summary, excluding any confidential information. The Implementation Plan:

- a) Sets out and prioritizes those recommendations that are selected for implementation;
- b) Identifies the group or individual responsible for providing resources needed to address recommendations from the external reviewers or action items identified by the AQAC;
- c) Identifies who will be responsible for acting on those recommendations; and
- d) Provides specific timelines for acting on and monitoring the implementation of those recommendations.

AQAC's finalized Final Assessment Report and Implementation Plan are transmitted to the program leaders, the Associate/Assistant Dean and those responsible for implementing the changes. Program leaders and the Associate/Assistant Dean will be invited to attend an AQAC meeting to discuss the Final Assessment report and Implementation Plan to ensure all those involved in the process have a common understanding of the Implementation Plan and to address any potential questions. The leadership of the program will take primary responsibility to execute the Implementation Plan.

Step 10 - AQAC brings the Final Assessment Report and the Implementation Plan to Senate for discussion

AQAC's reports are submitted annually, or more often as appropriate, for discussion purposes to Senate. These appear as a regular item on the agenda, and the Provost/VPA is available to answer questions.

Step 11 - The Provost/VPA prepares an Executive Summary of the review, and brings it to the Board of Governors, for information

AQAC's reports are submitted, for information purposes, to the Board of Governors. These appear as a regular item on the agenda, and the Provost/VPA is available to answer questions.

Step 12 - AQAC's report is posted on NOSM U's website and submitted to the Quality Council

AQAC's reports and follow-up reports are posted on the University website and submitted to the Quality Council. The annual AQAC report to the Quality Council includes the approved Final Assessment Report (excluding all confidential information), Executive Summary and associated Implementation Plan for each completed Cyclical Program Review.

Step 13 - The program leaders write a follow-up report to AQAC 18 months after the implementation plan has been approved by AQAC

No later than 18 months after submitting the implementation plan to Senate (step 10), the program leaders write a follow-up report that is first reviewed by the Associate/Assistant Dean (if applicable) and then submitted to AQAC. The follow-up report describes the actions taken to implement the recommendations resulting from the cyclical program review. If AQAC does not find the response satisfactory, it may ask the program for further action. If AQAC feels that the program is in a precarious state, it can take one of the following steps to ensure high quality is maintained:

- a) Recommend that the Provost/VPA temporarily suspend admissions to the program until such a time as the concerns are adequately addressed
- b) Recommend to Senate that the program be terminated

Step 14 - The 18-month follow-up report, once approved by AQAC is sent to Senate for discussion
The leadership of the program will take primary responsibility to execute the Implementation Plan and to prepare the 18-month follow-up report. Once the 18-month follow-up report has been approved by AQAC, it is sent to Senate for discussion. Recommendations to suspend admissions to the program or to terminate the program will be discussed and decided at Senate.

The Cyclical Review Process of undergraduate and/or graduate programs that were undertaken within the period since the conduct of the previous Audit are eligible for selection for the NOSM U's next Cyclical Audit (see Section 7).

Public Access: The self-study, the review report and the responses to the review report are kept in the Provost/VPA's office and are available upon request (except for sections marked confidential). AQAC's report is posted on the website.

5.1 Evaluation Criteria for existing undergraduate and graduate programs

NOSM U's IQAP protocol for review of existing undergraduate and graduate programs minimally requires that the evaluation criteria, as set out below and as per the [QAF](#), be addressed in both the self-study and external reviewers' reports. NOSM U may expand upon these evaluation criteria if so desired.

5.1.1 Program objectives

- a) Consistency of the program's objectives with the institution's mission and academic plans.

5.1.2 Program requirements

- a) Appropriateness of the program's structure and the requirements to meet its objectives and the program-level learning outcomes;
- b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's own undergraduate or graduate Degree Level Expectations;
- c) Appropriateness and effectiveness of the mode(s) of delivery (see Definitions) to facilitate students' successful completion of the program-level learning outcomes; and
- d) Ways in which the curriculum addresses the current state of the discipline or area of study

5.1.3 Program requirements for graduate programs only

- a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the time required;
- b) 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; and
- c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

5.1.4 Assessment of teaching and learning (see [Guidance](#))

- a) Appropriateness and effectiveness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
- b) Appropriateness and effectiveness of the plans to monitor and assess:
 - i. The overall quality of the program;
 - ii. Whether the program continues to achieve in practice its objectives;
 - iii. Whether its students are achieving the program-level learning outcomes; and
 - iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.

5.1.5 Admission requirements

- a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and
- b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry, or undergraduate program, e.g., minimum grade point average, additional languages, or portfolios, and how the program recognizes prior work or learning experience.

5.1.6 Resources Given the program's class sizes and cohorts as well as its program-level learning outcomes:

- a) Participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience (see [Guidance](#));
- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's utilization of existing human, physical and financial resources; and
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access

5.1.7 Resources for graduate programs only

Given the program's class sizes and cohorts, as well as its program-level learning outcomes:

- a) Evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation;
- b) Where appropriate to the program, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students; and
- c) Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty.

5.1.8 Quality and other indicators

- a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring);
- b) Any other evidence that the program and faculty ensure the intellectual quality of the student experience; and
- c) For students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates.

5.2 - Use of Accreditation and other external reviews in NOSM U's Institutional Quality Assurance Processes

The [QAF](#) indicates that NOSM U's IQAP may allow for and specify the substitution or addition of documents or processes associated with the accreditation of a program, for components of the institutional program review process, when it is fully consistent with the requirements established in the [QAF](#) (see [Section 5.5 of the QAF](#)). A record of substitution or addition, and the grounds on which it was made, will be eligible for audit by the Quality Council. The IQAP Cyclical Program Review can be moved to match the accreditation timeline, but in no case must time between reviews exceed 8 years. Programs are free to ask for a synchronization of both processes, or keep them as separate processes.

In cases where the program wishes to combine the accreditation review and NOSM U's IQAP process, and where the professional program accreditation standards mesh fairly well with the standards set out in NOSM U's IQAP, components of the accreditation may be applied to the University's Cyclical Program Review process.

Prior to the start of an accreditation review, where the program leaders want to combine the IQAP and the accreditation review, the program leaders will complete a template that maps out the IQAP evaluation criteria to each section of the accreditation review. The Associate/Assistant Dean will review this template. The Provost/VPA will review the template and determine if, and how, the assessment processes should be integrated, ensuring compliance with the provisions of NOSM U's IQAP. The Provost/VPA will then meet with the Associate/Assistant Dean to review and discuss the guidelines for the accreditation, the degree of alignment or overlap between the accreditation process and the Cyclical Program Review process, and to determine what additional materials or

processes may be necessary. Such discussions should have occurred at the time when work begins by program leaders to prepare for the accreditation process. The outcome of comparison and discussion may be that:

1. The accreditation review will be accepted as meeting most of the criteria for a Cyclical Program review. The program leads will be required to submit some supplementary information directly to AQAC along with the final report of the accrediting body, to aid in drafting a report for Senate's information. It may be necessary to add an IQAP external reviewer to the accreditation team to fully evaluate the IQAP review criteria. In that case, the normal processes for recruiting and informing IQAP external reviewers will be followed; or,
2. The accreditation review will not sufficiently meet the requirements of the Cyclical Program Review and the IQAP process will proceed as scheduled.

6.0 - Protocol and Process for New Program Approvals and for Cyclical Program Reviews of Programs offered jointly by NOSM University with One or More Institutions

The development and approval of New Joint Programs and the Cyclical Review of existing Joint Programs between NOSM U and one or more institutions can be done jointly or can be done individually by each institution. For more information see Section 2 of the Quality Assurance Framework Guide. A joint program is one where the undergraduate or graduate degree is conferred by both NOSM U and another institution.

Considerations that apply to both the creation of a new program and the cyclical review of an existing joint program:

- a) A single new program proposal or a self-study of an existing joint program (cyclical program review) should be developed and approved by all partners that minimally addresses the Evaluation Criteria required by the relevant Protocols in the [QAF](#) and as also detailed in sections 2 (new program) and 5 above (cyclical review);
- b) The new program proposal or the self-study of an existing joint program should clearly explain how input was received from faculty, staff and students (as appropriate) at each partner institution;
- c) Selection of the arm's length external reviewers should involve participation of each partner institution;
- d) Selection of an "internal" reviewer might helpfully:
 - Include one internal from both partners (this is impractical if there are multiple partners); and/or
 - Give preference to an internal reviewer who is from another Joint program, preferably with the same partner institution.
- e) The site visit should involve all partner institutions and preferably at all sites with the following exceptions:
 - For all inter-institutional programs in which all partners are institutions within Ontario, the Quality Council's standard New Program Approval and Cyclical Program Review Processes will apply to all elements of programs regardless of which partner offers them, including Ontario Colleges of Applied Arts and Technology and Institutes of Technology and Advanced Learning. For joint programs in which some partners are institutions outside Ontario, the elements of the programs contributed by

the out-of-province partner will be subject to the quality assurance processes in their respective jurisdictions. The Quality Council will maintain a directory of bodies whose post-secondary assurance processes are recognized and accepted as being comparable to our own. In cases where such recognition is not available, the Quality Council will determine, on a case-by-case basis, the appropriate action to be taken on quality assurance if the collaboration is to be permitted to proceed.

- f) The external reviewers should consult with faculty, staff, and students (as appropriate for new programs) at each partner institution and as per the Framework's requirements for in-person reviews;
- g) Internal responses to the recommendations contained in the reviewers' report should be solicited from participating units at each partner institution. Separate responses are also required from the relevant Deans and/or Associate/Assistant Deans;
- h) All relevant internal approvals and governance steps required by the IQAP(s) of the partner institutions should be followed; and
- i) All related documentation should be available on a network drive / resource at each partner institution (versus only in someone's email) to ensure ease of access for when there may be a change in personnel/roles/responsibilities.

Considerations that apply for the development of New Joint Programs only:

- Partner institutions should agree on the year that the new joint program will receive its first cyclical review and ensure that the joint program is in the same year in each partner's Schedule of Cyclical Reviews going forward;
- Partner institutions should agree on the plan to monitor the new program and jointly participate in this monitoring process, as well as the subsequent monitoring reports and any other monitoring requirements;
- Partner institutions should post the monitoring reports on their respective websites;
- If the Quality Council approves a new joint program to commence "with report," each partner institution should sign off on the report before it is submitted to the Quality Council.

Considerations that apply for joint Cyclical Program Reviews of an existing joint program only:

- Each partner institution should provide input on the development of the Final Assessment Report and Implementation Plan;
- There should ideally be only a single Final Assessment Report and Implementation Plan;
- The Final Assessment Report and Implementation Plan should go through the appropriate governance processes at each partner institution;
- The Final Assessment Report and Implementation Plan should be posted on each partner institution's website;

- Partner institutions should agree on an appropriate monitoring process for the Implementation Plan and all monitoring reports should be posted on each partner institution's website;
- The Final Assessment Plan and Implementation Plan should ideally be submitted jointly to the Quality Council and co-signed by all partners; and
- The Final Assessment Report and Implementation Plan and other review-related documentation should be shared with any incoming program Chair/Director/Program Leader early in the assumption of the person's new role.

Considerations that apply for separate institutional cyclical program reviews of an existing joint program:

- The self-study, site visit, external reviewers' report, internal responses and preparation of a Final Assessment Report and Implementation Plan should follow the institution's IQAP for cyclical program review;
- A single Final Assessment Report and Implementation Plan should go through the appropriate governance processes at each partner institution;
- The Final Assessment Report and Implementation Plan should be posted on each institution's website;
- Each institution should decide independently on an appropriate monitoring process for the Implementation Plan;
- The Final Assessment Plan and Implementation Plan should be submitted separately to the Quality Council by each institution; and
- The institution's self-study, external reviewer's report, Final Assessment Report and Implementation Plan should be shared with the joint institution, for information.

7.0 Protocol and Process for Cyclical Audit

All publicly assisted universities in Ontario associated with the Quality Council have committed to participating in the audit process over an eight-year cycle under the terms outlined in the [QAF](#) to provide accountability to post-secondary education's principal stakeholders. NOSM U will participate in such an audit.

The Quality Council has established the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website. Additional audits (for example, Focused Audits) for specific universities may take place. The Cyclical Audit will:

- a) Review institutional changes made in policy, process, and practice in response to the recommendations from the previous audit;
- b) Confirm NOSM U's practice is in compliance with NOSM U's IQAP as ratified by the Quality Council and note any misalignment of its IQAP with the QAF;
- c) Review NOSM U's quality assurance practices that contribute to continuous improvement of programs,

especially the processes for New Program Approvals and Cyclical Program Reviews.

- d) Consider Cyclical Program Reviews that were undertaken within the period since the conduct of the previous Audit as eligible for selection for NOSM U's next Cyclical Audit.
- e) Evaluate past and current practice as well as NOSM U's approach to continuous improvement.

The Audit Report describes the extent to which the institution is compliant with its quality assurance policies and approximates best practice. Based on the findings in its Report, the Audit Committee will make recommendations about future oversight by the Quality Council and/or one or more of its committees.

When the Audit Report finds relatively high to very high degrees of compliance with institutional quality assurance policies and good to best practices, the Audit Committee may recommend reduced oversight in one or more areas of NOSM U's quality assurance practices. The recommendation may include, but is not limited to, the elimination of the requirement for a Follow-up Response Report to the Audit Report and possibly a reduced set of documentation required for a subsequent audit.

Alternatively, if the Audit Report identifies deficiencies in several areas of NOSM U's quality assurance practices and/or systemic challenges, the Audit Committee may recommend increased oversight by the Quality Council. The nature of this oversight will be determined by the Quality Council and may include one or more of the following outcomes, which are less formal than the Cyclical Audit and, thus, will not replace it:

- a) Increased reporting requirements;
- b) A focused audit, should the need arise; and/or
- c) Any other action deemed appropriate by the Quality Council.

1. Institutional self-study

NOSM U presents and assesses its quality assurance processes, including challenges and opportunities, within its own institutional context. This occurs through an institutional quality assurance self-study which forms the foundation of the Cyclical Audit. The Provost/VPA is responsible for leading the self-study and will consult the AQAC, the Associate/Assistant Deans, any other program leads and if applicable the Dean, President and CEO in preparing the institutional self-study. A draft of the self-study will be presented at the AQAC and upon approval, the Provost/VPA will submit the self-study to the Quality Assurance Secretariat in advance of the desk audit. The self-study will pay particular attention to any issues flagged in the previous audit.

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

The Audit Team independently selects a sample of programs for audit that represents the New Program Approval Protocol (normally two examples of new programs developed under this Protocol) and the Cyclical Program Review Protocol (normally three or four examples of programs that have undergone a Cyclical Program Review since the last audit) described in this policy. Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications (Program Renewal and Significant Change) will not normally be subject to audit.

Specific areas of focus may also be added to the audit when an immediately previous audit has documented causes for concern (see "Cause for Concern" below) or when the Quality Council so requests. NOSM U will be informed of the specific areas of focus in the letter from the Quality Assurance Secretariat that also details the programs selected for audit. The university itself may also request that specific programs and/or quality assurance elements be audited.

The auditors may consider, in addition to the required documentation, any additional elements and related documentation stipulated by NOSM U in its IQAP.

3. Preparation for the On-Site Visit

- a) The Provost/VPA and other NOSM U representatives will take part in a half-day briefing with the Secretariat and an Audit Team member approximately one-year prior to the scheduled Cyclical Audit.
- b) Desk Audit of NOSM U's quality assurance practices

In preparation for a scheduled on-site visit, the auditors undertake a desk audit of NOSM U's quality assurance practices. Using the university's self-study and records of the sampled programs, together with associated documents, this audit tests whether NOSM U's practice is in compliance with its IQAP, as ratified by the Quality Council. In addition, the audit will note any misalignment of its IQAP with the [QAF](#).

It is essential that the auditors have access to all relevant documents and information to ensure they have a clear understanding of NOSM U'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 to be submitted for audit will include:

- a) The 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.

NOSM U may provide any additional documents at its discretion.

During the desk audit, the auditors will also determine whether the university's web-based publication of the Executive Summaries, and subsequent reports on the implementation of the review recommendations for the programs included in the current audit, meet the requirements of the [QAF](#).

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

4. Site Visit

After the desk audit, auditors will normally visit NOSM U over two or three days. The principal purpose of the on-site visit is for the auditors to get a sufficiently complete and accurate understanding of the university's application of its IQAP in its pursuit of continuous improvement of its programs. Further, the site visit will serve 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.

In the course of the site visit, the auditors will speak with NOSM U's senior academic leadership including but not limited to the Provost/VPA, the President, the Associate/Assistant Deans and other program leaders. The auditors will also meet with representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. These include, but are not limited to, the

Library, Teaching and Learning Services, Institutional Research, Instructional Media, and other technical support service representatives. NOSM U in consultation with the auditors will establish the program and schedule for these interviews prior to the site visit.

5. Audit Report

Following the conduct of an audit, the auditors prepare a report that will be 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 will:

- a) Describe the audit methodology and the verification steps used;
- b) Comment on the institutional self-study submitted for audit;
- c) Describe whether NOSM U’s practice is in compliance with its IQAP as ratified by the Quality Council, on the basis of the programs selected for audit;
- d) Note any misalignment of its IQAP with the [QAF](#);
- e) Respond to any areas the auditors were asked to pay particular attention to;
- f) Identify and record any notably effective policies or practices revealed in the course of the audit of the sampled programs; and
- g) Comment on the approach that the university has taken to ensuring continuous improvement in quality assurance through the implementation of the outcomes of cyclical program reviews and the monitoring of new programs.

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

The report may include findings in the form of:

- a) **Suggestions**, which are forward-looking, and 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.
- b) **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.
- c) **Causes for concern**, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as called for in [Framework](#) (Section 5.4.1 d) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as called for in [QAF Section 5.4.2](#)). Causes for Concern require that the university take the steps specified in the report and/or by the Quality Council to remedy the situation.

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

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

Ultimately, the Audit Report includes an assessment of NOSM U's overall performance and contains recommendations to the Quality Council, as appropriate, based on that assessment.

6. 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.

Any follow-up Response Reports, as well as the associated auditors' report to the Follow-up, must be published on NOSM U's website.

To:	Senate	Date: May 29, 2023
From:	Céline Larivière, Provost and Vice President Academic	
Subject:	NEW_Academic Quality Assurance Committee Terms of Reference	
Action Required:	<input type="checkbox"/> INFORMATION	<input checked="" type="checkbox"/> FIRST READING

Purpose: This briefing note aims to update Senate on the creation of the new Academic Quality Assurance Committee (AQAC) and to seek input on the Terms of Reference for this new committee.

Background:

As a stand alone university, NOSM University is obliged to implement its own Institutional Quality Assurance Process (IQAP) as per the Ontario Universities Council on Quality Assurance's 2021 Quality Assurance Framework. The IQAP will provide the framework to develop new health sciences programs and to conduct cyclical program reviews of existing programs.

The new Academic Quality Assurance Committee (AQAC) at NOSM U will act as the governance committee for the IQAP. The Terms of Reference for this committee are presented for first reading at today's Senate meeting.

Timeline:

- June 15, 2023; draft Terms of Reference presented at Senate.
- October X, 2023 Approval of the Terms of Reference by Senate

Attachments/Appendices:

- ToRs AQAC_DRAFT_1st reading June 15, 2023_ Senate

DRAFT Terms of Reference

Academic Quality Assurance Committee (AQAC)

The Academic Quality Assurance Committee (AQAC) is responsible for monitoring, and overseeing all aspects of NOSM University's Institutional Quality Assurance Process (IQAP).

1.0 Preamble and Mandate:

The primary purpose of academic quality assurance is to ensure continuous improvement in all academic programs and units, through a process of internal reflection and constructive, formative evaluations by qualified reviewers.

AQAC oversees, monitors, and reports to the Senate on all aspects of program reviews for new and existing programs for academic credit, and assumes responsibility for ensuring programs are appropriately designed and structured to achieve their program learning objectives and outcomes. AQAC monitors progress on the Implementation Plans linked to Final Assessment Reports.

AQAC is also responsible for all aspects of major modifications to existing programs for academic credit prior to their approval by the Senate.

2.0 Purpose and Goals

The primary purpose of a quality assurance review is to evaluate three overarching aspects of a program. (See Appendix B of the IQAP for details of Evaluation Criteria)

- 2.1 Quality of Education
- 2.2 Resource use.
- 2.3 Contribution to the Mandate and Vision of the institution

The Academic Quality Assurance Committee has four main goals:

- 2.4 Ensure high standards and continuous improvement of the academic programs of NOSM University.
- 2.5 Standardize the process of evaluating academic programs.
- 2.6 Document and communicate the results of academic quality assurance processes.
- 2.7 Ensure strengths and areas for improvement are identified, an action plan is executed and follow up to AQAC occurs.

3.0 Committee Responsibilities

- 3.1 Establish and maintain an Institutional Quality Assurance Process (IQAP) to promote high standards among academic programs and meet the Quality Council of Ontario requirements.
- 3.2 Monitor progress on the Implementation Plans arising out of the IQAP Final Assessment Reports

- 3.3 Oversee, coordinate and monitor IQAP cyclical reviews
- 3.4 Establish protocols for monitoring academic programs and their compliance with external bodies' accreditation requirements
- 3.5 Review new program submissions and major modifications to existing programs for approval by Senate
- 3.6 Establish sub-committees and ad hoc working groups when needed to develop, administer and maintain assessments for the purposes of the quality assurance program. (invite external experts).
- 3.7 Respect confidentiality when personnel or other issues requiring confidentiality arise at the Committee.
- 3.8 Members must declare a real or perceived conflict of interest at the beginning of (or any other time during) a meeting.

4.0 Committee Membership:

- 4.1 Vice Dean Academic/ Provost (Chair)
- 4.2 Senior faculty member with curriculum expertise from each academic program
- 4.3 One member from each Division
- 4.4 Three learner members (one from each of UGME, PGME and Graduate Studies)
- 4.5 One member from each of the Francophone and Indigenous reference group
- 4.6 Associate Dean, Equity and Inclusion

Criteria: Members are expected to have previous experience with developing academic programs as well as program evaluation.

Term: Membership will be for a term of 3 years. Learner members will serve for two years. If a member misses two consecutive meetings without reasonable cause and/or prior notification to the chair, they will be asked to step down as a member of the AQAC.

Election Criteria:

The members from each division will be selected by following the election procedures as outlined in the NOSM U Senate Nominations and Elections policy (, an excerpt is listed below):

Elections will be held for those positions where more than one nomination is received. Following the close of nominations, the names of the nominated candidates, along with their statements, will be collated by the Secretary of Senate

Elections shall take place for a specified period through an electronic confidential voting process. Provisions will be made for those who are unable to vote online. Only those members of the specified constituency may vote for the nominee of that constituency.

Quorum will be 50% plus one of members present.

Working Groups: When needed AQAC will form independent working groups comprised of individuals with specific expertise in order to address and complete specific tasks. Once the task is complete, these working groups will be dissolved.

5.0 Reporting:

The AQAC is responsible to Senate for the conducting and maintaining Quality Assurance of all programs at NOSM University. The committee will supply a report to the VDA/ Provost every 6 months.

6.0 Meetings:

Meetings will be quarterly and at the call of the Chair

Version control and change history:

Version Number	Approval Date	Approved by	Amendment
1 st DRAFT			

CC August 2022

From Laurentian

(a) The Academic Planning Committee is responsible for the regular updating of the Academic Plan as approved by Senate to ensure that it is consistent with the University's overall purpose and appropriate to the evolving environment in which the University is set

(b) The Academic Planning Committee is responsible for review of new academic programs and has the authority to recommend new programs for Senate approval per the Institutional Quality Review Process (IQAP) approved by Senate.

(c) The Academic Planning Committee is responsible for reviewing and providing to Senate the substantive outcomes of cyclical review of existing academic programs per the Institutional Quality Review Process approved by Senate.

(d) The Academic Planning Committee is responsible for reviewing the IQAP document and making recommendations to Senate from time to time.

(e) The Academic Planning Committee is responsible for making recommendations to Senate on the academic restructuring of faculties or units within faculties as well as the termination of programmes.

Terms of Reference for AQAC

(1) Composition

- (a) Vice-President, Academic and Provost (Chair)
- (b) Associate Vice-President, Academic and Francophone Affairs
- (c) Associate Vice-President, Academic and Indigenous Programs
- (d) Associate Vice-President Academic (Student Success) & University Librarian
- (e) Seven faculty members whose composition is as follows: one professional librarian or archivist and one from each faculty including at least two of whom teach in French Language programs and at least two of whom teach in English language programs
- (f) One faculty member who teaches in an Indigenous program
- (g) One faculty member from each University Council (i.e. Research, Development and Creativity Council, Conseil des programmes en français, and Council of English Language Programs)
- (h) Two students from the Students' General Association
- (i) One student from the Indigenous Students Circle
- (j) One student from the Association des étudiantes et étudiants francophones
- (k) one from the Graduate Students' Association
- (l) One member of the Board of Governors (ex-officio non-voting)
- (m) The President of the Laurentian University Faculty Association or designate (ex-officio, non-voting)
- (n) Registrar (ex officio, non-voting member)
- (o) Director, Institutional Planning (ex officio, non-voting member)

(2) Terms of Reference

- (a) The Academic Planning Committee is responsible for the regular updating of the Academic Plan as approved by Senate to ensure that it is consistent with the University's overall purpose and appropriate to the evolving environment in which the University is set
- (b) The Academic Planning Committee is responsible for review of new academic programs and has the authority to recommend new programs for Senate approval per the Institutional Quality Review Process (IQAP) approved by Senate.
- (c) The Academic Planning Committee is responsible for reviewing and providing to Senate the substantive outcomes of cyclical review of existing academic programs per the Institutional Quality Review Process approved by Senate.
- (d) The Academic Planning Committee is responsible for reviewing the IQAP document and making recommendations to Senate from time to time.
- (e) The Academic Planning Committee is responsible for making recommendations to Senate on the

academic restructuring of faculties or units within faculties as well as the termination of programmes.

To: Senate

Date: June 15, 2023

From: Dr. Céline Larivière, Provost and Vice President, Academic

Subject: Academic Integrity Policy

Action Required: ☐ INFORMATION ☒ FIRST READING

Title: Academic Integrity Policy Approval

Executive Summary:

The main purpose of a university is to encourage and facilitate the pursuit of knowledge and scholarship. The attainment of this purpose requires the individual integrity of all members of the university community. NOSM University (NOSM U) states unequivocally that it demands academic integrity from all its members.

The Academic Integrity Policy (the Policy) sets out the responsibilities and expectations for all members of the NOSM U community to adhere to high standards of honesty and integrity in their academic activities. The Policy is at the University level and clearly defines and underlines the importance of Academic Integrity. It outlines principles to guide programs and portfolios as they create their own professionalism policies, procedures, and codes of conduct.

Context or Scope of the Problem

Before becoming a university, NOSM had a policy entitled Academic Freedom and Integrity of Research. As a University, NOSM U requires separate policies; one addresses Academic Integrity, one addresses Responsible Conduct of Research Policy and the third is a Statement on Academic Freedom.

This policy applies to all NOSM University learners engaging in academic activities. If a faculty member is alleged to have committed academic dishonesty, this will be addressed through the Responsible Conduct of Research Policy and/or the Professionalism for Clinical Faculty: Clinical Sciences Professionalism and Code of Conduct Policy, Procedures and Professional Attributes Guidelines.

This policy is brought to Senate after discussion and input from the Executive Group, Cabinet and Education Deans.

Consulted Sources:

- Chair of the Committee to Support Student Professionalism,
- Associate Dean Faculty Affairs,
- Manager NODIP,
- Assistant Dean Graduate Studies
- Education Deans
- OPSEU Local 677 Unit 1 Collective Agreement

Communications Strategy:

The approved NOSM University Academic Integrity Policy will be:

- Confirmed at an Education Deans Group meeting, with direction to Associate Deans UME, PGME, CEPD and academic leadership of Health Sciences Programs to communicate to program committees and learners in all their programs
- Forwarded to the Associate Dean Faculty Affairs, the Registrar, the Associate Dean Equity and Inclusion and Assistant Dean Graduate Studies for communication to their portfolios and units
- Sent for inclusion in the NOSM University 'Pulse' newsletter
- Forwarded to Faculty Affairs for inclusion in the Faculty Handbook
- Sent (link) to Human Resources to include in the NOSM University-wide policy and procedure repository
- Forwarded to the Director of Learner Support Services to ensure learners are aware and informed of the policy.

Attachments

- Draft NOSM U Academic Integrity Policy

Academic Integrity Policy

Approval Authority: Senate

Established On: Original date YYYY MM DD

Amendments: N/A

Category: (to be completed by the Office of the University Secretary)

1.0 POLICY STATEMENT

This policy aims to establish the principles of academic integrity in support of the learning experience at NOSM University. This policy defines academic integrity and provides guidelines for NOSM U education programs on the procedure to follow when a learner allegedly violates academic integrity.

2.0 SCOPE

The main purpose of a university is to encourage and facilitate the pursuit of knowledge and scholarship. The academic integrity of all members of the university community is a requirement to fulfill this purpose. Academic dishonesty, in whatever form, is ultimately destructive to the values of the University; furthermore, it is unfair and discouraging to those who pursue their studies honestly.

All members of NOSM University (learners, faculty, instructors, staff, and invigilators) have a responsibility to maintain an atmosphere of academic integrity in all phases of academic life, including research, teaching, learning, and administration. All members of the University have a responsibility to:

- a) promote academic integrity
- b) detect and report incidents of academic dishonesty, and
- c) assist and cooperate in investigating alleged instances of academic dishonesty.

This policy applies to all NOSM University learners in academic activities. If a faculty member is alleged to have committed academic dishonesty, this will be addressed through the Responsible Conduct of Research Policy and/or the Professionalism for Clinical Faculty: Clinical Sciences Professionalism and Code of Conduct Policy, Procedures and Professional Attributes Guidelines.

A learner's identity may only be disclosed to others when allowed by the learner or required under these procedures. The University must reasonably safeguard the learner's identity throughout the process.

3.0 DEFINITIONS

Academic Integrity: Academic integrity is about acting honestly and with integrity in all aspects of fulfilling one's academic responsibilities as a NOSM U member. The International Center for Academic Integrity defines academic integrity as a commitment, even in the face of adversity, to six fundamental values: honesty, trust, fairness, respect, responsibility, and courage.

Learner: Any individual registered and/or enrolled in a NOSM University program

Academic Leader: the faculty member with overall responsibility for an academic program – usually an Associate or Assistant Dean

4.0 EXAMPLES OF ACADEMIC DISHONESTY

Academic dishonesty includes but is not limited to, the following examples. The list is not meant to be exhaustive.

It shall be an offence to knowingly:

- a) plagiarize, i.e., submit academic work that has been, entirely or in part, copied from or written by another person without proper acknowledgement, or, for which previous credit has been obtained, which includes using direct quotes or paraphrased material without the appropriate citation or acknowledgement;
- b) without the permission of the instructor, submit the same academic work to more than one course, or for multiple assignments in the same course;
- c) submit academic work for assessment that was purchased or acquired from another source;
- d) collaborate improperly on academic work (e.g., take credit for the work of others, misrepresent one's own contributions in group work, etc.);
- e) aid or abet another person's academic dishonesty;
- f) possession or use of unauthorized aids (i.e., cheat sheets, cell phones, etc.) in tests, examinations or laboratory reports, etc.;
- g) procure, distribute or receive examination, test or course materials that are in preparation or storage for an academic assessment;
- h) remove, without authorization, academic work (i.e., previous assignments or laboratories) submitted by other learners to the instructor;
- i) alter a grade on academic work after it has been marked and use the altered materials to have the recorded grade changed;
- j) steal, destroy or tamper with a learner's academic work;

- k) prevent other learner(s) from completing a task for academic assessment;
- l) fail to take reasonable precautions to protect academic work such as assignments, projects, laboratory reports or examinations from being misused by learners;
- m) misrepresent academic credentials from other institutions or submit false information to gain admission or credits;
- n) submit false information or false medical documentation to gain a postponement or advantage for any academic work, i.e., a test or an examination;
- o) forge, alter or fabricate NOSM University documents;
- p) forge, alter or fabricate transcripts, letters of reference or other official documents;
- q) impersonate another person either in-person or electronically (e.g. for any purpose, including for an academic assessment);
- r) provide a false signature for attendance at any class or assessment procedure or on any document related to the submission of material where the signature is used as proof of authenticity or participation in the academic assessment; and,
- s) commit research misconduct (see Responsible Conduct of Research Policy).
- t) unauthorized removal from the library, or deliberate concealment of library materials.
- u) failure to obey or comply with examination regulations or instructions of a proctor or invigilator.

5.0 POLICY TERMS AND PROCEDURES

Any person who believes that a learner has committed academic dishonesty shall report the incident by submitting a signed statement, including all relevant evidence, to the appropriate Academic Leader or committee as identified in the education program's procedures to address academic dishonesty.

- a) [Postgraduate Medical Education Professionalism Policy](#)
- b) [UME Code of Student Conduct](#)
- c) [Committee to Support Student Professionalism \(CSSP\) Procedures for Reporting, investigating, and adjudicating student professionalism](#)
- d) [Graduate Studies Academic Integrity Policy and Procedure](#)
- e) [<add link to NODIP Professional Standards when updated>](#)

Commented [1]: Will add once the NOSM U internet is up and working.

Principles to guide program procedures to address academic dishonesty.

1. The relevant program will decide appropriate penalties
2. The principles of natural justice must be followed
 - A duty to act fairly where individuals receive notice of decisions and rationale for such decisions and are provided with specific aspects of the case under consideration to provide an opportunity for responses.

- Decision makers will be unbiased, understand what bias is, will be free to make their own decisions, and can be objective and impartial about the matter under consideration. A well-informed decision-maker with access to information on the matter is not biased if they have an open mind and are open to persuasion by the information provided during the decision-making process.
 - The requirement to duly follow processes and policies fairly and consistently.
 - Individuals need to have clearly defined competencies to achieve and be given feedback and opportunity to improve.
3. All learners must be informed of the requirements for academic integrity, the definitions and examples of academic dishonesty and the potential consequences for breaches of academic integrity.
 4. Procedures must clearly outline the responsibility of Academic Leaders and committees and must identify decision-makers and routes for appeal.
 5. A clear, fair and legally defensible appeal process must exist. Learners must be informed of the appeal process at orientation and when an allegation of academic dishonesty is communicated to them.
 6. Procedures must have clear timelines and deadlines for each step.
 7. Learners must be able to access support during the process.
 8. Decisions by an academic leader or committee must be clearly worded and include the reasoning that led to the decision.
 9. Processes must reference and be consistent with professional behaviour expectations and conduct codes.
 10. Penalties should be applied consistently and fairly.
 11. Generally, penalties should be graduated and commensurate with the breach so that a first or minor breach is treated differently from major or repeated breaches.

6.0 ROLES AND RESPONSIBILITIES

Academic Leaders (Associate Dean or Assistant Dean): responsible for overseeing and ensuring a consistent process for investigation of allegations and administering penalties in the relevant educational program.

Provost and Vice President, Academic: responsible for the administration of this policy.

Secretary of the Senate: Administration of related Senate-level penalties and policies.

Office of the Registrar: responsible for developing policies and procedures to detect misrepresentation of credentials during the admission process and to maintain academic integrity during the writing of Registrar-administered examinations.

7.0 Right of Appeal

A decision and/or penalty imposed may be appealed within 15 business days after the learner has been advised of the decision. Decisions are appealed by the learner to the Senate using the existing appeals policy.

8.0 INTERPRETATION

Questions of interpretation or application of this policy or its procedures will be referred to the Provost and Vice President, Academic: provost@nosm.ca

9.0 RELATED DOCUMENTS

University Documents and Information

- NOSM University Senate Appeals policy
- Responsible Conduct of Research Policy
- International Centre for Academic Integrity [ICAI]. (2021). [The Fundamental Values of Academic Integrity](#). (3rd ed).
- [Postgraduate Medical Education Professionalism Policy](#)
- [UME Code of Student Conduct](#)
- [Committee to Support Student Professionalism \(CSSP\) Procedures for Reporting, investigating, and adjudicating student professionalism](#)
- [Graduate Studies Academic Integrity Policy and Procedure](#)
- [Professionalism for Clinical Faculty: Clinical Sciences Professionalism and Code of Conduct Policy, Procedures and Professional Attributes Guidelines](#)

Commented [2]: Link to be added when internet is back up

10.0 AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this policy:

- Approving Authority:** Senate
- Responsible Officer:** Provost and Vice President, Academic. Procedural Authority: Relevant Program Committee (e.g., UMEC, PGMEC, Graduate Studies)
- Procedural Officer:** Provost and Vice President, Academic

Review and Revision History

Review Period: 5 years or as required

Date for Next Review: TBD

Development History – this section will be deleted when the policy is finalized and ready for review/approval

Date	Action
May 11, 2022	Drafted by C. Cervin
May 18, 2023	Updated by S. Mongeau

CACMS Accreditation Update – UME Program

On May 31st, 2023, the Committee on Accreditation of Canadian Medical Schools (CACMS) issued its decision letter and findings to NOSM U in follow up to the accreditation Limited Site Visit of the UME program conducted in October 2022. The Limited Site Visit was focussed on 23 elements identified as either “Satisfactory with a need for monitoring” or “Unsatisfactory” after the Full Site Visit in 2020 or as potentially concerning due to the insolvency proceedings at Laurentian University.

The CACMS decision was to continue the accreditation for the remainder of the 8-year term with the next full accreditation to take place in the fall of 2028. Of the 96 required elements, the final status was deemed to be “Satisfactory (S)” in 89 elements, “Satisfactory with a need for Monitoring (SM)” in 4 elements and “Unsatisfactory (U)” in 3 elements - as illustrated in the following colour-coded table:

Standard	1	2	3	4	5	6	7	8	9	10	11	12
	C	C	C	C	C	CM	C	CM	CM	C	C	C
Element	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1
	1.1.1	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.2	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.3	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.4	2.5	3.5	4.5	5.5	6.4.1	7.5	8.5	9.5	10.5	11.5	12.5
	1.5	2.6	3.6	4.6	5.6	6.5	7.6	8.6	9.6	10.6	11.6	12.6
	1.6				5.7	6.6	7.7	8.7	9.7	10.7		12.7
					5.8	-	7.8	8.8	9.8	-		12.8
					5.9	6.8	7.9		9.9	10.9		
					5.10		7.10		9.10	-		
					5.11					10.11		
					5.12							

Note: Currently, there is no element 6.7, 10.8 and 10.10

Colour coding:

Satisfactory	Satisfactory with a need for monitoring	Unsatisfactory
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Link to CACMS Elements Descriptions and Requirements:

https://cacms-cafmc.ca/wp-content/uploads/2022/12/CACMS_Standards_and_Elements_AY_2022-2023.pdf

Specific Findings Regarding “Satisfactory with a need for monitoring (SM)” Elements

- **Element 3.6 Student Mistreatment**

This element was rated in 2020 as Unsatisfactory. The school has new policies and processes on how medical students report and how the school investigates mistreatment. The school needs to demonstrate that these new processes are effective, including demonstrating sustained student awareness of how to report mistreatment and assurance that they can receive support through the reporting process.

- **Element 11.2 Career Advising**

This element was rated in 2020 as Unsatisfactory. A recent longitudinal career advising curriculum and process has been instituted. Students shared that there are inconsistencies in their ability to access faculty for specific career advice/elective guidance beyond the first-line guidance provided by the Learner Support Services. Students and Learner Affairs Officers indicated that students may be connected with a resident for career advice/elective guidance rather than faculty. This requires monitoring as the new advising program evolves, including how the school will determine its effectiveness and how aware students will be of the opportunities of guidance in choosing electives and career advising in the new program.

- **Element 12.1 Financial Aid/Debt Management Counseling/Student Educational Debt**

This element was rated in 2020 as Unsatisfactory. A new curriculum and program for student financial aid and debt management has recently been introduced. This requires monitoring as the new curriculum and processes related to financial aid and debt management recently added will evolve, including how the school will determine its effectiveness and how students will be kept informed of the availability of counselling at each campus.

- **Element 12.3 Personal Counselling/Well-Being Programs**

This element was rated in 2020 as Unsatisfactory. The school has recently implemented programs and a variety of digital platforms, apps, and resources for personal counselling and well-being to meet the needs of its students. As this program has only been in place for a short time, monitoring is required as to how the school will evaluate the effectiveness of its new program and to what extent it will meet the needs of its medical students.

Specific Findings Regarding “Unsatisfactory (U)” Elements

- **Element 6.3 - Self Directed and Lifelong Learning (new finding)**

This element was previously rated in 2020 as Satisfactory but was re-evaluated during the current limited visit because students brought the visiting team’s attention to their concerns. Feedback from students indicated that the recent expansion in curricular content has cut into unscheduled independent study time in the first two years of the program at the expense of student well-being. In a 2022 Student directed Wellness Survey completed by about 50% of NOSM U students, to the following statement “I feel I never have time for myself” students responded sometimes (43%), often (35%) and always (11%). In this same survey, 39% of students often felt emotionally drained from their schooling, while 42% sometimes felt drained. The school will need to demonstrate that its policies and processes have been reviewed and adjusted to demonstrate that they are effective in ensuring adequate unscheduled study time available to students.

- **Element 8.1 - Curricular Management (new finding)**

This element was previously rated in 2020 as Satisfactory but was re-evaluated during the current limited visit because students brought the visiting team’s attention to their concerns. Feedback from students indicated that redundancies, outdated, and in some cases, culturally insensitive materials exist in the first two years of the curriculum. Students provided examples such as: lecturers providing overlapping materials as they were unaware of what had been covered previously; required reference materials being long, redundant, and in some cases, decades old; and culturally insensitive material being provided during early phases of curriculum. The school must identify how they ensure they have effective integration, coherence, and coordination of the medical curriculum to remedy these concerns.

- **Element 9.8 - Fair and Timely Summative Assessment**

This element was rated in 2020 as Unsatisfactory. Significant numbers of students do not receive their final grades within 6 weeks of completion of required learning experiences, including 48% and 30% of students after the Internal Medicine rotations in Sudbury and Thunder Bay, respectively. The policy and process for ensuring that this occurs requires review and evidence of effectiveness.

Follow-Up

Required follow up will be in the form of a “status report” that will include the submission of a Mini Data Collection Instrument (mini-DCI) due by March 15th, 2025. The UME program has already begun to address some of these findings based on initial feedback from the Limited Site Visit team. More targeted attention will be needed on the curriculum to address the new findings in Elements 6.3 and 8.1.



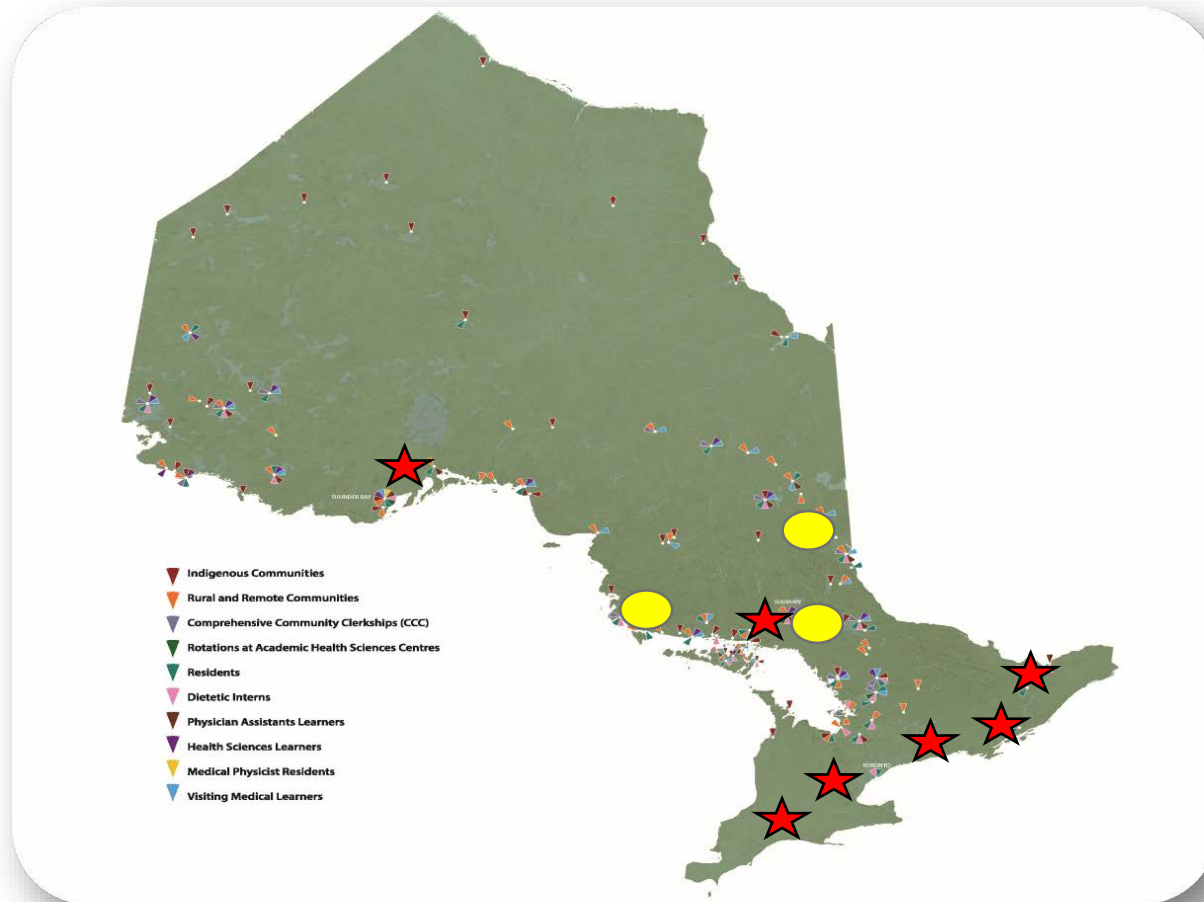
Physician Workforce Strategy and Graduate Data Presentation to Senate

June 2023

Sarah Newbery MD CCFP FCFP

Associate Dean, Physician
Workforce Strategy

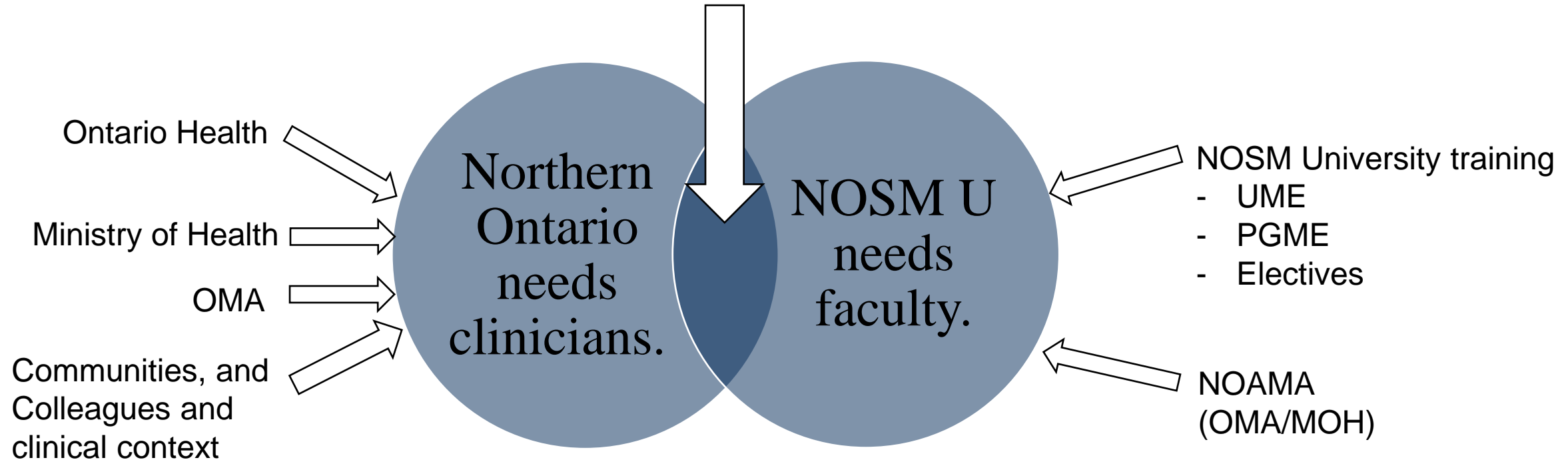
Geographical Context – Northern Ontario Reality



1800 km East to West
1000 km between the two main
campuses

850,000 people
- LESS than the CITY of Ottawa

Physician Workforce Strategy



NOSM U Role in Physician Workforce

Education and training of
future clinicians

Facilitating the retention of
skilled clinical faculty
through career and
academic opportunities

Collaboration with health
system partners (MOH,
OMA, OH, OHTs, CPSO) for
planning, advocacy and
alignment

Collaboration through
formal and informal
agreements with other
Ontario universities to
increase clinical placements
of core and elective learners
in Northern Ontario

NOSM U Graduate Data

Of the **559** physicians who completed their MD at NOSM University, *

284 practise in Northern Ontario + **11** in the Muskoka Region.

78 in Sudbury

63 in Rural Communities

70 in Thunder Bay

73 in other Urban Communities



*FOR WHICH WE HAVE PRACTICE LOCATIONS, AS OF NOVEMBER 2022

Of the **689** physicians who completed their Residency at NOSM University, *

390 practise in Northern Ontario + **19** in the Muskoka Region.

111 in Sudbury

94 in Rural Communities

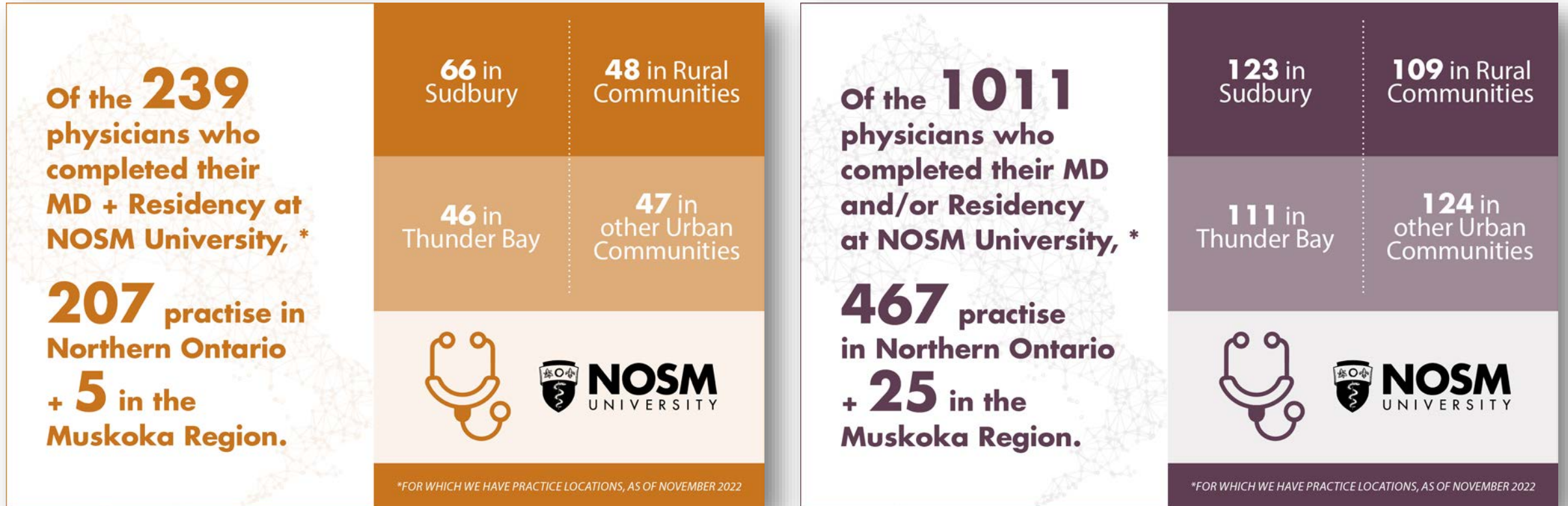
87 in Thunder Bay

98 in other Urban Communities



*FOR WHICH WE HAVE PRACTICE LOCATIONS, AS OF NOVEMBER 2022

NOSM U Graduate Data



More info: <https://www.nosm.ca/our-community/nosm-physician-workforce-strategy/northern-ontario-physician-workforce-data/>

Current Recruitment Needs

As of June 2022

364 FTE
Physicians

153 Specialists

- Psychiatry-highest need
- Peds, GIM, ER, ana

175 Family Physicians

- 110 Rural Generalist
- 54 urban
- 11.5 with Enhanced Skill

34.5 could be
FP or FRCP
(ED/hospitalist)
Likely FP

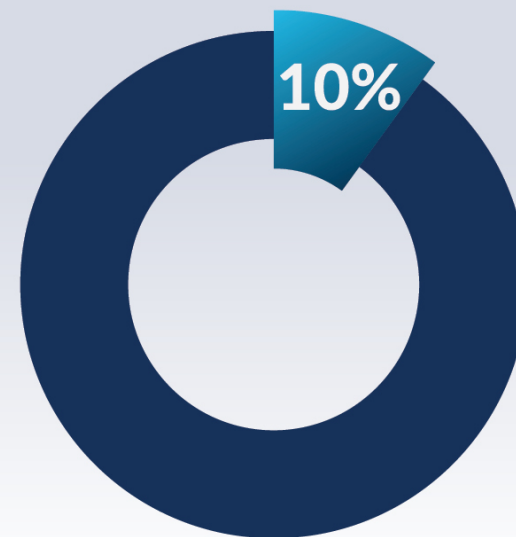
In Northern Ontario,
communities are
actively recruiting
for over

350
PHYSICIANS.



Of these, there is
active recruitment
for more than 150
specialists, and
more than 200
family physicians.

Of the family
physicians, we need
110 to be rural
generalists in rural
communities across
the North, and this is
an increase of 10%
from June of 2021.



Data Sound Bite

> 350 Physicians



Data Details

Comparison over 18 months

	Dec 2020	June 2021	June 2022
Total Physician positions	313	326	364.5
Specialists	160	166	153.5
Family physicians	126	135	164
Urban family physicians	39	38	54
Rural family physicians	86	97	110
FP anaesthetists (rural)	4	4	7
Either FP or spec (mainly hospitalist or ED; mainly rural)	21	18.5	34.5
Other FP (care of the elderly, FP/ED)		2	5.5

Recruitment Needs & NOSM U Specialty Programs

Psychiatry
(Child &
Adolescent,
Forensic) - 24

General Internal
- 21

Anaesthesia –
10.5

OB/GYN - 12

Pediatrics - 9

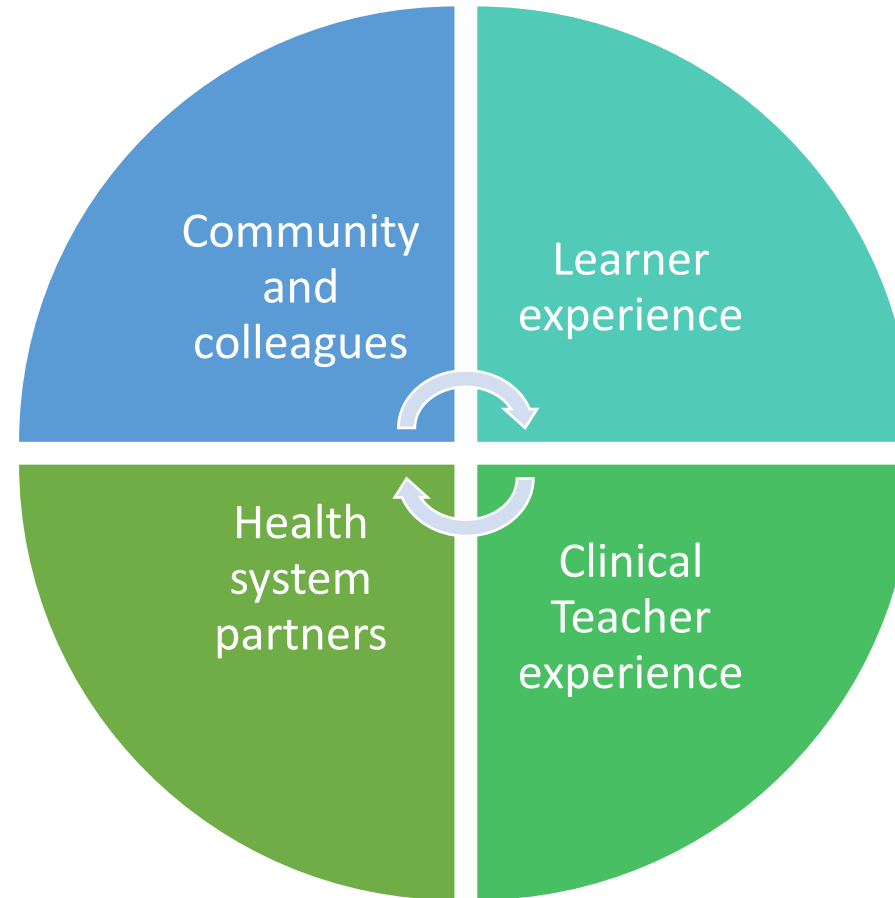
General Surgery
- 6

Emergency
Medicine - 27

****PHPM - 10**

Quadruple Aim

The goal of the NOSM U physician workforce strategy “quadruple aim” is to achieve a high performing “flourishing” physician workforce



Moving Forward

As academic initiatives are considered, ask:

How might that proposal improve the physician workforce in Northern Ontario?

Will that support clinician excellence for Northern citizens?

Are our academic programs preparing our physicians for the future work context (increasing diversity, increasing uncertainty, increasing complexity)?



To: NOSM U Senate **Date:** June 15, 2023

From: Cara Green, Program Manager NODIP

Subject: 2022-23 Graduands from the Northern Ontario Dietetic Internship program (NODIP)

Action Required: ☐ INFORMATION ☒ APPROVAL/DECISION

REQUESTED ACTION:

The Senate is being asked to approve the list of graduands from the NOSM University Northern Ontario Dietetic Internship Program (NODIP) for the academic year 2022-2023. The list of graduands has been prepared by Cara Green, Program Manager NODIP who oversees the completion of the competency-based program requirements. These requirements are scheduled to be completed by each graduand by July 28th, 2023.

MOTION - Moved by Senator Cain Seconded by Senator Anderson

BE IT RESOLVED THAT, having met all the requirements for the Certificate of Dietetic Internship with the Northern Ontario Dietetic Internship Program at NOSM University and upon the recommendation of the Provost and Vice President, Academic the Senate approves the candidates on the list be awarded the certificate of Dietetic Internship. *[Graduands List will be presented live]*

Further that the NODIP Program Manager and the Registrar, be empowered to initiate late changes or completions up to September 29th, 2023, and that such graduands be placed on record at a subsequent Senate meeting as required.