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 of 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 Doctor of Medicine (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. The University's special mission as stated in the NOSM University Act (2021) is to "provide programs that are innovative and responsive to the needs of individual students and to the unique healthcare needs of the people of northern Ontario and other northern regions of Canada, which includes people living in rural, remote, Indigenous and Francophone communities."

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." 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:

- Alignment with NOSM U's special mission
- Sound academic governance
- Adherence to the NOSM U's Academic Principles
- 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 and staff including key aspects of wellbeing, mentorship, and continuing education and professional development
- 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 and VPA)

NOSM University's Governance Structure

NOSM U's bicameral governance structure has complementary corporate and academic arms. The NOSM U Senate is responsible for strategic academic governance while the NOSM U Board of Governors is the corporate authority.

The President, Dean, Vice-Chancellor and CEO, the Provost and Vice President Academic (VPA), and the Associate Deans have both academic governance and corporate operational responsibilities. The President, Dean, Vice-Chancellor and CEO delegates authority to the Provost and VPA as the Chief Academic Officer with oversight of Admissions, the MD program, Postgraduate Medical Education residency programs, Health Sciences programs, Faculty Affairs (medical and human sciences), Continuing Professional Development, the Registrar and Learner Support Services. Authority for the Graduate Studies programs is delegated to the Vice President Research and Graduate Studies.

NOSM University's Institutional Quality Assurance Process (IQAP)

NOSM U's responsibilities for academic quality assurance extend to new and 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 other such arrangements with other institutions including colleges, universities, and institutes. NOSM U's IQAP is designed to follow 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 interest holders—including students, learners, 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 Quality 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 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 and 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 members of the Executive Group, the Associate/Assistant Deans, and other leaders of the academic programs.

At this point in its evolution, NOSM U 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 and 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 review steps.

NOSM U's IQAP follows the 2021 QAF 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.

There are three levels of assessment for quality assurance: primary, secondary, and tertiary.

> **Primary assessment** occurs at the program committee level, where the committee itself assesses the quality of an existing program 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 (i.e. AQAC). 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.
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> 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 QAF of the Ontario Universities Council on Quality Assurance.

The Protocol and Process for New Program Approvals apply to both new undergraduate and new graduate programs at NOSM U. It is used to secure the academic standards of new programs and to ensure 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 ensure 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; however, there are key differences between these types of reviews of which the Quality Council provides guidelines for alignment.

The **Protocol and Process of Cyclical Audit** 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 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.

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. An excerpt from this guide is provided below.

> *"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	Preliminary consultation with the Office of the Provost and VPA.	• Email communication
Step 2	Program Initiators (PIs) submit the Statement of Intent (SOI) to the Office of the Provost and VPA	• Statement of Intent
Step 3	SOI to be reviewed by the New Academic Program Advisory Committee (NAPAC)	• NAPAC Minutes & Senate After Meeting Report
Step 4	Review of projected costs, revenue and resources required	• Budget and Resource Review Template
Step 5	Full program proposal is drafted by the PIs.	• Program Proposal and Appendices • Relevant Education Program Committee Minutes (if applicable)
Step 6	Proposal Submitted to Provost and VPA to coordinate Internal Review Process	• Provost and VPA signature on proposal
Step 7	Review by Graduate Studies Committee (GSC) if applicable and Academic Quality Assurance Committee (AQAC)	• GSC Minutes (if applicable) • AQAC Minutes
Step 8	Response to the Internal Review Process	• Updated Program Proposal and Appendices
Step 9	Review and Endorsement at Senate	• Senate Minutes
Step 10	Appointment of External Review Committee by Provost and VPA in consultation with PIs	• External Reviewers Nomination Form • Declaration of Arm's Length • Letter of Invitation
Step 11	Site Visit and Instructions	• Site Visit Schedule • Reviewer Instructions
Step 12	External Review of Proposed New Program	• Report from External Review
Step 13	Response by PIs and by the relevant Associate/Assistant Dean to the External Reviewers report	• Response document submitted to the Provost and VPA
Step 14	Submission to and approval by GSC (if applicable) and AQAC	• GSC Minutes (if applicable) • AQAC Minutes
Step 15	Submission to and approval by Senate	• Senate Minutes
Step 16 (Optional)	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	• Announcement/Email of new program (pending approval)

Steps	Description	Documentation Required for Auditing Purposes
	approved by the Quality Council.	
Step 17	Submission of the Proposal, together with all required reports and documents to Quality Assurance Secretariat	• Quality Council Approval Letter
Step 18	Submission to the Provincial Government for funding approval if needed (non-core programs)	• Provincial Government/Ministry Funding Request Letter
Step 19	New Program approval reported to the Board of Governors, for information	• Briefing Note to Board of Governors
Step 20	New Program to begin within 36 months of Quality Assurance Secretariat approval	• Inclusion in NOSM U Academic Calendar
Step 21	Ongoing monitoring of the program for the first four years, with annual reports to the Provost and VPA	• Annual Reports to Provost and VPA
Step 22	Cyclical review within eight years of the first enrolment.	• AQAC minutes/review schedule

Step 1 – Preliminary consultation with the Office of the Provost and VPA
Individuals who would like to propose a new academic degree program at NOSM University are required to inform the Office of the Provost and VPA by emailing provost@nosm.ca. An initial meeting will be scheduled to review the program concept and discuss the overall process for new program development at the university.

Step 2 – Statement of Intent for New Program
Program Initiators (PIs) are those individuals who will be the primary contacts for the new program being proposed. At least one of the PIs requires an active faculty appointment at NOSM University. Depending on the program being proposed, e.g., partnerships or joint degrees, individuals from other institutions can work together with NOSM University faculty as PIs.

The PIs will complete the Statement of Intent (SOI) for a New Academic Program and submit it to the Office of the Provost and VPA. Letters of support from interest holders can be included in this submission. The SOI template will be shared with PIs after the initial consultation meeting takes place with the Office of the Provost and VPA.

The SOI is intended to capture essential elements that are required for the university to consider a new program. Beyond a description of the program, the SOI will ask PIs to describe the feasibility, relevance, need, and alignment of the proposed academic program with the institution's mission, vision and values.

Step 3 – SOI to be Reviewed by the New Academic Program Advisory Committee
The SOIs received by the Office of the Provost and VPA will be reviewed by the New Academic Program Advisory Committee (NAPAC). Composed of faculty members from each of the divisions at NOSM University, representatives from the Academic Indigenous Health Education Committee and the Academic Education Committee on Francophone Health, and others from across the university, the NAPAC will advise the Provost and VPA on which proposed programs should proceed to Step 4. Once the SOI for the proposed program has been reviewed by the NAPAC, the Office of the Provost and VPA will communicate with the PIs to inform them of the outcome and the next steps in the process.

A recommendation by the NAPAC to endorse a new proposed program does not commit the institution to develop the program, given the subsequent analyses and requirements involved in the new program development process.

Step 4 - Review of Projected Costs, Revenue and Resources Required
The Office of the Provost and VPA will provide the Budget and Resource Review template to the PIs whose proposed programs were approved to move to the second stage of the new program development process. This template will ask the PIs to provide additional details on the projected costs and revenue for the proposed program.

The completed Budget and Resource Review template will be reviewed by the Finance Unit and the Government Relations Team who will advise the Provost and VPA on the financial viability and sustainability of the proposed program.

Once the template has been reviewed, the Office of the Provost and VPA will communicate with the PIs to inform them of the outcome and the next steps in the process.

Support at this stage does not commit the institution to develop the program, given the subsequent analyses and requirements involved in the new program development process. As depicted in the process chart for new program development, government relations are embedded throughout the entire program development process. It is visualized this way to illustrate that an understanding of the priorities of the current government and ongoing communication with key contacts are essential in advocating for the current and future needs of the whole university.

Step 5 – Full program proposal is drafted by the PIs
The Office of the Provost and VPA will provide the New Program Proposal template to the PIs whose proposed programs were approved to move to the next step of the new program development process. The PIs will appoint a working group to develop the proposal.

For standalone or joint NOSM University programs, the New Program Proposal must address the evaluation criteria for new programs as set out in Section 2.1. For collaborative partnership programs (e.g. Northern Stream), a simplified proposal template and process will apply. Wide consultation with relevant units and portfolios occurs at this step. The proposal is approved by relevant Education Program Committee as appropriate.

Step 6 – Proposal Submitted to Provost and VPA to coordinate Internal Review Process
The Provost and 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 and VPA may send the proposal back to the initiators, for amendments. The Provost and VPA may decline to advance the proposal to the next step, on the grounds that funding and other resources are not available, and/or that quality is weak. When the Provost and VPA is satisfied that the proposal is strong, the proposal proceeds to step 7.

Step 7 - Review by Graduate Studies Committee (if applicable) and Academic Quality Assurance Committee
The Academic Quality Assurance Committee (AQAC) will review proposals for new undergraduate and graduate studies programs. The AQAC oversees, monitors, and reports to the Senate on all aspects of program reviews for new and existing degree and non-degree programs and assumes responsibility for ensuring programs are appropriately designed and structured to achieve their program learning objectives and outcomes. The PIs will be invited to attend the AQAC meeting as guests and to answer questions about the proposed program.

When the new program being considered is a graduate studies program, the Graduate Studies Committee (GSC) will review the proposal prior to AQAC. The GSC reviews, considers and recommends on academic matters and the development of policies and practices pertaining to the graduate programs offered by the university. This committee oversees NOSM University's graduate programs.

Once the review(s) by the AQAC and the GSC take place, the Office of the Provost and VPA will provide the feedback to the PIs.

Step 8 – Response to Internal Review Process
The PIs will respond to the feedback from the internal review and make the required revisions. Once the feedback and revisions have been addressed, the PIs will submit an updated version of the New Program Proposal template to the Office of the Provost and VPA. When the Provost and VPA is satisfied with the proposal, it will be submitted to AQAC for their information and will proceed to the next step.

Step 9 – Review and Endorsement at Senate
The New Program Proposal will be brought to the NOSM University Senate by the Provost and the VPA as the Chair of AQAC. The PIs will be invited to attend as guests, if not otherwise members of the Senate. This will be an opportunity for the Senate to review and ask questions about the proposed program; and for the Senate to provide initial endorsement of the proposal before it moves to external review.

An endorsement by the Senate of the proposed program at this stage does not commit the institution to develop the program, given the subsequent analyses and requirements of external entities involved in the new program development process.

Step 10 - Appointment of External Review Committee
NOSM U's Provost and VPA, 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 and VPA may 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 5. In appointing the external reviewers, the Provost and 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 academic 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 and VPA may consult widely, including from among senior administrators and experienced colleagues at other universities.

Step 11 - Site Visit and Instructions
a) **On-Site Visit** - External review of a new undergraduate Program Proposal will normally be conducted on-site, but the Provost and 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 and VPA will also provide a clear justification for the decision to use these alternatives. An 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, fully online, etc.) may also be conducted by desk review, virtual site visit or an equivalent method if both the Provost and 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 and 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 PIs responsible for the proposed new degree program under review will draft the schedule for the site visit in consultation with the Office of the Provost and VPA. The Office of Provost and VPA will provide a sample itinerary to the PIs 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, the Associate/Assistant Dean, the Provost and VPA, and the Assistant Dean of Graduate Studies (if applicable) and any other member of the university community who can provide relevant information (e.g. VP Research and Graduate Studies, the Registrar, University Librarian, Director of Information Technology, Learner Support Services etc.). An in-person site visit may include a tour of facilities and the library.

The Office of the Provost and 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 and 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 by the Office of the Provost and VPA to provide guidance and direction. The purpose of the pre-meeting will be to 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 and VPA should any questions arise during the review process.

Step 12 – 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 and VPA within six weeks following the site visit.

Step 13 – Response by PIs and by the Assistant/Associate Dean to the External Reviewers' Report
The PIs 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 then sent to the Assistant/Associate Dean who adds a separate response in the same document if they are not the PIs of the proposal. The Assistant/Associate Dean may require the PIs 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 Office of the Provost and VPA within six weeks of receiving the external reviewers' report or within a timeframe that is agreed upon between the PIs but not to exceed six weeks.

Step 14 – Submission of the revised program proposal to and approval by the GSC and AQAC
For new graduate studies programs, the GSC will complete its final review of the program proposal prior to 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 PIs and/or Associate/Assistant Dean to consult. AQAC determines whether the program falls into the "core" undergraduate arts and sciences category, as specified by the Ministry of Colleges, Universities, Research Excellence and Security (MCURES), 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 the program proposal subject to the approval of the Budget Committee.

Step 15 - Submission of the program proposal to and approval by Senate
Upon approval by the AQAC, the Provost and VPA (as the chair of AQAC) will bring a motion recommending that the Senate approve the new program. The Senate is the final NOSM University academic approval authority.

Step 16 – Notice of Intent to Offer Pending Quality Council Approval (Optional)
Once the program 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. However, no offers of admission can be made until the program is approved by the Quality 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 17 - Submission of the Proposal, together with all required reports and documents to Quality Assurance Secretariat
NOSM U must minimally submit the Program Proposal, the External Reviewers' Report, and the internal responses, including the date of university governance approval. The Appraisal Committee of the Quality Council 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 many new hires and/or

other new resources, are required to assure the quality of the program. The Provost and VPA's Office will initiate preparation of the report in close collaboration with the program initiators to meet the required timeframe to provide updates on the conditions identified by the Appraisal Committee of the Quality Council.

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 of the Quality Council, one of the four possible recommendations (see b, c, d, e) to the Quality 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 Office of the Provost and VPA.

When the recommendation is one of b), c), or d) (in Step 17 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 and VPA 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 Quality 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 and 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 17). 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 18 - Submission to the Provincial Government for funding if "Non-Core" program

"Non-Core" programs must be submitted to the MCURES of the Province of Ontario, to seek funding for enrolled students. The Provost and VPA's office will collaborate with the Finance Office to submit the funding request. In most cases, the provincial funding will be from the MCURES but some programs might also require funding from the Ministry of Health.

Step 19 - 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 and VPA will be available at a Board meeting to answer questions.

Step 20 - New Program to begin within 36 months of Quality Assurance Secretariat 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 #18 above), the beginning will await approval by MCURES that funding will be provided for enrollments in the program.

Step 21 - Ongoing monitoring of the program for the first four years, with annual reports to the Provost and VPA
The PIs and the relevant Associate/Assistant Dean establish a monitoring process to last for at least the first four years of the program, 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 Appraisal Committee of the Quality Council.

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 22 - Cyclical program review within eight years
The first cyclical program 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 and VPA will maintain a master schedule and will advise the program leaders 18-months prior to 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 2 – Concurrent Diploma[1] and 3 – Direct-Entry Diploma[2]).
- New field(s) in a graduate program.
- Proposed major modification to an existing program. This option is 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, the steps detailed in the following Table will be required. The proposal may be stopped at any step, if not approved. Expedited Approvals require that the *NOSM University Expedited Review Template* be completed (contact the Provost and VPA's office). After reviewing the submission, conferring with NOSM U, and receiving further information, as needed, the Quality 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:

Steps	Description	Documentation Required for Auditing Purposes
Step 1	Proposal for expedited approval is initiated by a NOSM U portfolio, or program. Statement of Intent submitted to the Provost and VPA Consultation with NAPAC (if applicable)	• Statement of Intent
Step 2	Statement of Intent reviewed by NAPAC and recommendation made to the Provost and VPA to move forward or not to move forward with the proposal	• NAPAC Minutes
Step 3	Expedited Review Proposal developed in consultation with relevant NOSM U units as detailed in the Statement of Intent and approval by the relevant	• Expedited Review Proposal and Appendices

[1] 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.

[2] 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
	Education Program Committee, if applicable.	● Relevant Education Program Committee Minutes, if applicable
Step 4	In the case of a Graduate Studies program, review by Graduate Studies Committee (GSC)	● GSC Minutes
Step 5	Expedited Review Proposal Submitted to AQAC for review and endorsement	● AQAC Minutes
Step 6	Submission to and approval by Senate	● Senate Minutes
Step 7 (Optional)	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.	● Announcement/Email of new program (pending approval)
Step 8	Submission of the Expedited Review Proposal and all other required documentation to the Secretariat of the Quality Council	● Quality Council Approval Letter
Step 9	Board of Governors informed by the Provost and VPA	● Briefing Note to Board of Governors
Step 10	Ongoing monitoring of the program for the first four years, with annual reports to the Provost and VPA	● Annual Reports to Provost and VPA
Step 11	Cyclical review within eight years of the first enrolment.	● AQAC minutes/review schedule

The Appraisal Committee of the Quality Council 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 U's Cyclical Audit (described in section 7 below).

3.1 Micro-credentials

As defined in the QAF, a micro-credential represents the attainment of a clearly defined set of skills and knowledge, guided by a specific purpose and measurable learning outcomes. They are typically shorter and less comprehensive than traditional qualifications, such as diplomas or degrees, and focus on distinct learning outcomes.

NOSM U has developed a policy and is developing parallel processes to assure the quality when developing both for-credit and non-credit micro-credentials. These processes will apply to standalone micro-credentials as well as those integrated into new or existing programs, as applicable. Non-credit micro-credentials will usually be developed by the Continuing Professional Development unit. While micro-credentials must be recognized within the IQAP, proposals to introduce or revise a micro-credential do not need to be submitted to the Quality Council—unless they are part of a new academic program leading to a degree. For-credit micro-credentials integrated into an existing degree program at NOSM U will be developed by the relevant program committees responsible for curriculum development and will fall under the authority of the Senate.

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 mode(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
- A university introduces a new minor where an existing major already exists.
- A change in name for an emphasis, minor or stream at the undergraduate level, or to a field at the graduate level.
- Changes to the mode of delivery for one course, or only a small number of courses.

Although major modifications (except for additional fields in a graduate program) do not always require a review by the Quality Council, NOSM U's Academic Quality Assurance Committee (AQAC) may, at its discretion, recommend to the Provost and 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 and VPA or his/her delegate to determine if the proposed changes indeed constitute a major modification. Within the online QAF Guide and Resources, the Quality Council provides further guidance using examples to distinguish between minor modifications, major modifications and new programs.

Input from current students and recent graduates of the program must be considered as part of the development of the Major Modification 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) but are reported annually to the Quality Council by the Provost and VPA.

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 (available through the Provost and VPAs office). During this review process, the old program continues to operate.

Here are the steps for the Major Modifications protocol:

Steps	Description	Documentation Required for Auditing Purposes
Step 1	Consultation between Provost and VPA and NOSM U portfolio or program lead.	● Email correspondence
Step 2	Major modification 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.	● Major Modification form and Appendices ● Relevant Education Program Committee Minutes
Step 3	In the case of a Graduate Studies program, review by Graduate Studies Committee (GSC)	● NOSM U GSC Minutes
Step 4	Major Modification Proposal Submitted to Provost and VPA for review	● Email correspondence
Step 5	I Major Modification proposal submitted to the Academic Quality Assurance Committee (AQAC) for review.	● NOSM U AQAC Minutes
Step 6	Submission to and approval by Senate	● Senate Minutes
Step 7 (Optional)	Submission of the Program Proposal and all other required documentation to the Secretariat of the Quality Council	● Quality Council Approval Letter
Step 8	Ongoing monitoring of the program by the program leaders with annual reports to the Provost and VPA	● Annual Reports to Provost and VPA

Temporary or Permanent Suspension of a 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 and 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, this recommendation will be brought to Senate for approval by the relevant Associate/Assistant Dean. The Provost and VPA will then send this directive to the Registrar no later than by 1 December for the upcoming academic year.

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 meetings of the Executive Group and AQAC which shall make a recommendation to the Provost and VPA on the topic no later than October 1. A motion to temporarily suspend admissions will then be brought to Senate for approval. The Provost and VPA will then send the directive to temporarily suspend admissions to the Registrar no later than by 1 December for the upcoming academic year.

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 and 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.

If 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 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 and 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 interest holders 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 interest holders.

The Provost and VPA has the authority to initiate scheduled reviews and is responsible for reporting on those reviews to the Quality Council. The Provost and 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 and 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 and VPA establishes and makes available a schedule of reviews.

For the purposes of a 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 and 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 summarized in the following Table, with further elaboration of these steps after the summary table.

Steps	Description	Documentation Required for Auditing Purposes
Step 1	The Provost and VPA informs the program leaders and the Associate/Assistant Dean when a review is scheduled.	● Memo from Provost and VPA to leaders and Associate/Assistant Dean
Step 2	The program leaders prepare a self-study	● Approved self-study and any correspondence pertaining to the evolution of the self-study. ● Minutes of program committees.
Step 3	AQAC reviews the self-study and makes recommendations to the Provost and VPA.	● Recommendations/Minutes from AQAC
Step 4	The Provost and VPA reviews and approves the self-study.	● Provost and VPA approval email/letter
Step 5	The Provost and VPA appoints a review committee and coordinates a pre-meeting with external reviewers	● Nomination Form ● Letters of Invitation ● Declaration of Arm's Length
Step 6	Onsite visit organized by the Associate/Assistant Dean's in collaboration with the Provost and VPA's office.	● Site Visit Schedule ● Reviewer Instructions
Step 7	The review committee submits a report.	● 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.	● 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 and approves a Final Assessment Report and Implementation Plan.	● Final Assessment Report ● Implementation Plan
Step 10	AQAC brings the Final Assessment Report and the Implementation Plan to Senate for discussion.	● Senate Minutes
Step 11	The Provost and VPA prepares an Executive Summary of the review and brings it to the Board of Governors for information.	● Executive Summary Board of Governors Minutes
Step 12	AQAC's Final Assessment Report and Implementation Plan report is posted on the NOSM U's website and submitted to the Quality Council.	● Link to website
Step 13	The program leaders write a follow-up report to AQAC 18 months after the implementation plan has been approved by AQAC.	● Report to AQAC from program leaders
Step 14	The 18-month follow-up report, once approved by AQAC, is sent to Senate for information/discussion.	● AQAC Report to Senate

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

The Provost and 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 and 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 and 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 committee should include the Associate/Assistant Dean responsible for the program, faculty members and learners and may include additional members as deemed appropriate by the program. 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 and VPA as per the timeframe specified in the master calendar. The self-study submission package must include three parts:

1) The Program self-reflection/self-study (template available from the Provost and VPA's Office
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 met, 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)

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

Step 4 - The Provost and VPA approves the self-study
The Provost and 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 and VPA appoints a review committee and coordinates a pre-meeting with external reviewers
All programs require two external members. The Provost and 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 and VPA 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 and 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 Definition of arm's length in section 1.0 of this document).

The Office of the Provost and VPA will coordinate a pre-meeting with external reviewers ahead of the on-site visit to review the process and the site visit itinerary.

Step 6 – On-site visit organized by the Associate/Assistant Dean's in collaboration with the Provost and VPA'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 and 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 President, Dean, Vice-Chancellor and CEO, Vice Presidents, Associate Vice Presidents, Associate Deans, Assistant Deans, the Registrar as applicable) 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 as applicable.

At the end of the on-site review, the external reviewers will meet with the Provost and VPA and the President, Dean, Vice-Chancellor and CEO 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 and 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 and 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 and 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 (available from the Office of the Provost and VPA).

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

The Provost and 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 respond to the report 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 and VPA is available to answer questions.

Step 11 - The Provost and 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 and 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 and 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 and VPA's office and are available upon request (except for sections marked confidential). AQAC's Final Assessment Report is posted on NOSM U's website (via the Provost and VP's page).

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 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 and 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 and 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 separately 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 joint program and the cyclical review of an existing joint program:

a) A single new joint 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 joint 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 Report 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 interest holders. 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 Us 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 of its academic programs.

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 and VPA is responsible for leading the self-study and will consult the

AQAC, the Associate/Assistant Deans, any other program leads and if applicable, members of the Executive Group, in preparing the institutional self-study. A draft of the self-study will be presented at the AQAC and upon approval, the Provost and 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, when applicable.

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

The Audit Team from the Quality Council 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, when applicable) and the Cyclical Program Review Protocol (normally three or four examples of programs that have undergone a Cyclical Program Review since the last audit, when applicable) 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 an audit.

Specific areas of focus may also be added to the audit when an immediate 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 and VPA and other NOSM U representatives will take part in a half-day briefing with the Quality Assurance 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.

During the site visit, the auditors will speak with NOSM U's senior academic leadership including but not limited to the Provost and VPA, members of the Executive Group, 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 during 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 is 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.

Appendix I: Acronyms

AQAC – Academic Quality Assurance Committee

COU – Council of Ontario Universities

GSC – Graduate Studies Committee

MCURES - the Ministry of Colleges, Universities, Research Excellence and Security

NAPAC - New Academic Program Advisory Committee

OCAV – Ontario Council of Academic Vice Presidents

PIs - Program Initiators

QAF – Quality Assurance Framework

SOI - Statement of Intent

VPA – Vice President Academic