

QUALITY ASSURANCE PROCESS AUDIT HANDBOOK

Ministry of Advanced Education, Skills & Training
British Columbia

Ministry of Advanced Education, Skills & Training
PO Box 9883 Stn Prov Govt
Victoria BC V8W 9T6

Phone: (250) 356-5406
Facsimile: (250) 387-3750
E-mail: DQABsecretariat@gov.bc.ca

August 2018

PREFACE

This Handbook provides guidance to post-secondary institutions on the standards, policies and procedures of the Quality Assurance Process Audit in British Columbia.

The Ministry of Advanced Education, Skills & Training and the Degree Quality Assessment Board acknowledge with much appreciation the Quality Assurance Audit Committee for lending their experience and invaluable advice in development of the QAPA process.

We also recognize the leadership of the British Columbia Institute of Technology, Okanagan College, Royal Roads University, Simon Fraser University and Vancouver Island University in testing the process and whose considerate and constructive feedback was used to refine the process during the QAPA pilot.

Finally, we also acknowledge the expertise and insights shared by Campus Alberta Quality Council, the Ontario College Quality Assurance Service, the Ontario Universities Council on Quality Assurance and the Maritime Provinces Higher Education Commission.

In the interest of improving the quality of the Handbook, the Ministry of Advanced Education, Skills & Training invites notification of errors and omissions as well as comments and suggestions to the Degree Quality Assessment Board Secretariat.

Table of Contents

Quality Assurance Process Audit Framework	4
Appendix 1 Assessment Criteria	9
Appendix 2 Materials for Institutions	
2a. Completed and Planned Reviews worksheet	12
2b. Institution Report template	13
2c. Process Map	20
2d. Internal Institution Assessment	21
2e. QAPA Assessors & Team	25
Appendix 3 Material for Assessors	
3a. Report Workbook	26
3b. Sample Site Visit Agenda	34
Appendix 4 Conflict of Interest Guidelines	35
Appendix 5 Glossary	37

QUALITY ASSURANCE PROCESS AUDIT (QAPA) FRAMEWORK

The Minister of Advanced Education, Skills & Training tasked the Degree Quality Assessment Board (DQAB) with developing and implementing a periodic quality assurance process audit of internal program review policies and processes at public post-secondary institutions. The Terms of Reference for the DQAB establish that audits will be based on information provided by public post-secondary institutions to ensure that rigorous, ongoing program and institutional quality assessment processes have been implemented.

The DQAB convened a standing committee, the Quality Assurance Audit Committee, to make recommendations on development and implementation of the process. The committee draws its membership from public sector institutions and the DQAB. The committee endorsed the definition of periodic audit used in the 2011 *Review of the Degree Approval Process in British Columbia* (Stubbs Report):

An evidence-based process undertaken through peer review that investigates the procedures and mechanisms by which an institution ensures its quality assurance and quality enhancement (p. 21).

The committee developed the process in early 2016 and initiated the QAPA pilot with five volunteer institutions:

- Year 1: Simon Fraser University; Vancouver Island University
- Year 2: BCIT; Okanagan College; Royal Roads University

Following the pilot, the committee evaluated the process and made necessary refinements before proceeding with implementation for the broader public post-secondary education system.

Guiding Principles

The Committee developed guiding principles to inform its work:

1. Transparent and credible evidence of robust quality assurance criteria and processes are vital to BC public post-secondary institutions, the Degree Quality Assessment Board and the Ministry; demonstrate accountability; and contribute to the national and international reputation of the BC public post-secondary system.
2. Credible quality assurance should be rigorous and have peer evaluation as an essential feature.
3. QAPA standards will recognize the diversity and different mandates of BC public post secondary institutions.

4. Primary responsibility and accountability for educational program quality assurance rests with post-secondary institutions themselves.
5. QAPA will be carried out so as to maximize the opportunity to:
 - affirm, and add value to, the internal quality assurance processes at each institution; and
 - share best practices from other BC institutions and elsewhere.
6. QAPA will promote a collaborative and supportive process that benefits BC public post- secondary system.

1.0 Objectives

The main objectives of the quality assurance process audit (QAPA) are to ascertain that the institution:

- a) Continues to meet the program review policy requirements outlined in the DQAB's *Exempt Status Criteria and Guidelines* and the *Degree Program Review Criteria and Guidelines*, as applicable to the institution;
- b) Has and continues to meet appropriate program review processes and policies for all credential programs; and
- c) Applies its quality assurance process in relation to those requirements and responds to review findings appropriately.

2.0 Quality Assurance Process Audit

2.1 Initiation of the Process

The QAPA year is April 1 – March 31. At the beginning of March, the DQAB will contact institutions scheduled in the QAPA calendar to set up an Institution Briefing. The briefing provides institutions with a background on the process, information on the QAPA Framework, and key documents. The briefing occurs at the institution's campus in order to make it available to faculty and staff who are involved in the QAPA. The briefing is normally scheduled for 2 hours.

Following the briefing, the institution will be requested to submit the Completed and Planned Review worksheet which contains:

- A schedule of completed reviews under the institution's current quality assurance policies. If the institution's current quality assurance policies are less than 5 years old, the institution is requested to list all reviews completed in the last seven years;
- A schedule of planned reviews for the institution's next internal review cycle; and
- A list of all programs/units that have not been reviewed or that have missed the last scheduled review.

The DQAB will select a sample of program/unit reviews provided by the institution, normally three but up to five, for assessment by the QAPA team. The selected samples are those that the DQAB consider are representative of various areas of the institution's educational activities. Congruent with the 1.0 Objectives, the QAPA team will examine whether the institution's commitments made when the programs were approved or most recently reviewed are being met.

The DQAB will work with each institution to ensure the expectations of the process are clear, including the information and documentation to be provided, as well as to establish a time frame for completing elements required to carry out the review, such as scheduling the site visit.

2.2 Institution Report on Quality Assurance Policy and Practice

A minimum of two months prior to the site visit, the institution will submit an Institution Report. The Institution Report is normally provided by the administrator(s) responsible for quality assessment and improvement processes at the institution. The report is to introduce the QAPA team to the internal processes currently and previously in use at the institution and any other materials needed during the site visit. The report should focus on how the internal policies and program review processes are reflective of the institution's mission, whether the internal process gauges such things, how faculty scholarship and professional development inform teaching and continue to be a foundation for ensuring that programming is current and up to date, how learning outcomes are being achieved, and how student progress is assessed and measured.

The Institution Report will also include the following:

- policy and processes for the approval of new programs; and
- policy and processes for ongoing program and institutional assessment to ensure the effectiveness of its educational programs and services, and for continuous development and improvement.

Along with the Institution Report, the institution will submit, for each of the reviews selected for sampling:

- the policy and process in effect at the time of the review (if the review was not completed using the current policy and process);
- the self-study document used as part of its internal quality assurance process;
- the external review team's report; and
- an account of the institution's follow-up response.

Institutions are encouraged to use clear and concise language and limit their Institution Report to no more than 50 pages. Other relevant documents may also be requested. Panels will be encouraged to request additional information prior to the site visit.

2.3 QAPA Team

The QAPA team will normally consist of three members with senior academic administrative experience or with significant experience participating in institutional and program review processes. The DQAB will select the team lead. The institution will be consulted prior to the selection of assessors to avoid any conflicts of interest.

The institution may nominate up to five assessors. The DQAB takes the institution's nominations under consideration, but reserves the right to make the final determination. In determining the assessment panel, the DQAB will also consider expert reviewers on the QAPA Roster. The roster was developed using nominations from the public institutions. The DQAB puts out a call for nominations annually.

Assessors will participate in a training session with the DQAB. The session will focus on the QAPA, the assessment criteria, and the QAPA approach.

A member from a peer institution will accompany the QAPA team on the site visit as an observer. The observer will be from an upcoming institution that is scheduled to be assessed in order to help the institution better understand and prepare for its own site visit. The DQAB provides an orientation for observers to familiarize them with the QAPA process prior to the site visit. Observers are also requested to submit a confidentiality agreement prior to accessing an institution's QAPA materials. The observer should be present for the full site visit, including team meetings but will not participate actively either in the interviews or in writing the report.

2.4 Site Visit

The QAPA team will normally meet for 1.5 days with members of the senior administration responsible for implementing the quality assurance process, and with the deans and the program review teams whose program reviews were selected for sampling. In cases where five program/unit reviews are selected for sampling, 2 full days should be scheduled for the site visit. The objective of the site visit is to validate the statements in the institutional quality assurance report as well as to verify elements contained in the reviews sampled.

Prior to the site visit, the DQAB will host a dinner planning session for the QAPA panel. This will be an opportunity for the panel to ask questions regarding the process and approach as well as to discuss outstanding issues.

2.5 QAPA Report & Institution Response

The report addresses the objectives of the QAPA identified in section 1.0. The report identifies strengths and weaknesses in the internal quality assurance processes examined and provides recommendations. The report also identifies leading policies or procedures or effective practices in the institution's internal review process that might be shared with other institutions.

The QAPA team leader submits the report to the DQAB two weeks after the site visit. The institution has 90 days to provide factual corrections and clarification, and its response. The DQAB will produce a summary based on the Institution Report, the panel report and the institution response. In the interests of transparency and accountability, the summary document will be posted on both the institution's website and the DQAB's website.

2.6 Follow-up

If required, the institution will submit to the DQAB a progress report on its action plan, a year after publication of the report or earlier, if deemed appropriate by the DQAB. The DQAB and the institution will publish the progress report on their respective websites. Once the follow-up actions are completed, the progress reports will be deleted and replaced with a final document stating that the institution completed its action plan. Comprehensive evaluation of the effectiveness of institutional actions will form part of the next QAPA.

3.0 Cycle

At least every eight years, the institution will undergo a QAPA.

Institutions are responsible for preserving and retaining records of relevant documents used in its own internal review of program/academic units. Such records should be retained, at least, of the last full program/academic unit review cycle.

Appendix 1: Quality Assurance Process Audit (QAPA) Assessment Criteria

The QAPA assessment will focus on:

1. Overall process

a. Does the process reflect the institution's mandate, mission, and values?

(i) The institution should be able to demonstrate that it has an established institutional and program review planning cycle and process to assess the effectiveness of its educational programs and services, their responsiveness to student, labour market, and social needs.

(ii) The process should contribute to the continuous improvement of the institution.

b. Is the scope of the process appropriate?

(i) There should be evidence of a formal, institutionally approved policy and procedure for the periodic review of programs against published standards that includes the following characteristics:

- *A self-study undertaken by faculty members and administrators of the program based on evidence relating to program performance, including strengths and weaknesses, desired improvements, and future directions. A self-study takes into account:*
 - *the continuing appropriateness of the program's structure, admissions requirements, method of delivery and curriculum for the program's educational goals and standards;*
 - *the adequacy and effective use of resources (physical, technological, financial and human);*
 - *faculty performance including the quality of teaching and supervision and demonstrable currency in the field of specialization;*
 - *that the learning outcomes achieved by students/graduates meet the program's stated goals, the credential level standard, and where appropriate, the standards of any related regulatory, accrediting or professional association;*
 - *the continuing adequacy of the methods used for evaluating student progress and achievement to ensure that the program's stated goals have been achieved;*
 - *the graduate satisfaction level, student satisfaction level, and graduation rate; and*

- *where appropriate, the graduate employment rates, employer satisfaction level, and advisory board satisfaction level.*
- *An assessment conducted by a panel that includes independent experts external to the institution. The assessment should normally include a site visit, a written report that assesses program quality and may recommend quality improvements; and an institution response to the report;*
- *A summary of the conclusions of the evaluation that is made appropriately available.*

(ii) The institution can demonstrate that it has a policy and process for new program approval that includes peer / external review by appropriate experts.

- c. Are the guidelines differentiated and adaptable to respond to the needs and contexts of different units, e.g. faculties or departments or credential level?

(i) The guidelines are adaptable to the range of programs and offerings within the institution.

(ii) The guidelines provide measurable, consistent means and direction to undertake diversified program review.

(iii) The guidelines are consistent with institutional Mandate, mission, vision and associated strategic goals.

- d. Does the process promote quality improvement?

(i) The institution should be able to demonstrate that it has appropriate accountability mechanisms functioning for vocational, professional and academic programs.

(ii) The institution should be able to demonstrate how faculty scholarship and professional development inform teaching (including graduate teaching) and continue to be a foundation for ensuring that programming is up to date.

(iii) The institution should be able to demonstrate how learning outcomes are being achieved and how student progress is assessed and measured.

2. Review findings

- a. Were the responses to the sample program review findings adequate?

The institution has a follow up process for internal program reviews and acts in accordance with it.

b. Does the process inform future decision making?

The program review ensures that the program remains consistent with the institution's current mission, goals and long-range plan.

c. Are the review findings appropriately disseminated?

The institution has a well-defined system to disseminate the review findings to the appropriate entities.

Appendix 2a: Completed and Planned Reviews Worksheet

Purpose: The DQAB will select a sample of recent program/unit reviews, normally three to five, for assessment by the QAPA team. The selected program reviews are those the DQAB consider are representative of various areas of the institution's educational activities.

To prepare for the sample selection, institutions are requested to complete this worksheet. Please return to the Secretariat at DQABsecretariat@gov.bc.ca.

1. Briefly explain the institution's internal review cycle. Please note when the policy was last updated.

2. Completed Reviews *(insert more rows if needed)*

List only programs/units that have completed reviews under the institution's current quality assurance policies. If the institution's current quality assurance policies are less than 5 years old, list all reviews completed in the last seven years.

Program/Unit	Review Start Date*	Review End Date*	Reviewers/Institution

* The Review Start Date is the date the program review was formerly initiated in accordance with the institution's quality assurance policy.

* The Review End Date is the date when following up reporting is completed, in accordance with the institution's quality assurance policy.

3. Planned Reviews *(insert more rows if needed)*

Program/Unit	Expected Start Date	Expected End Date	Date of Last Review

4. List all programs/units that have not been reviewed or that have missed the last scheduled review.

Appendix 2b

QUALITY ASSURANCE PROCESS AUDIT

INSTITUTION REPORT

[Institution Name]

[submission date]

1. INSTITUTION PROFILE

a) Student enrollment

	Undergraduate	Graduate	Degree Programs	Non-Degree Programs
Full-time equivalent (FTE)				

b) Campus locations

-

c) Program offerings

- Total number of credential programs offered by credential level. Add rows as needed.

Credential Type	# of Programs

- List international partnerships involved in the delivery of programs which result in the conferring of a credential.

•

d) Impact of the institution Mandate on its quality assurance mechanisms

Describe how the institution's Mandate impacts or influences the quality assurance mechanisms employed by the institution (300 words maximum).

2. QUALITY ASSURANCE POLICY AND PRACTICE

This report introduces the QAPA team to the internal processes currently in use at the institution and other materials needed during the site visit. Describe how the internal policies and program review processes are reflective of the institution's mission and whether the internal process gauges such things: how faculty scholarship and professional development inform teaching and continue to be a foundation for ensuring that programming is up to date, how learning outcomes are being achieved, and how student progress is assessed and measured.

3. SELF-EVALUATION APPROACH

Provide a general overview of the approach used by the institution to complete its internal evaluation process (self-study) for the QAPA. This section should outline the following: the main issues of the self-evaluation; the membership of the institution's quality assurance team/committee members and their respective roles; the distribution of duties and responsibilities; data/ evidence collection procedures; data/ evidence analysis procedures used to critically assess the effectiveness of quality assurance mechanisms; and any consultations carried out.

4. QUALITY ASSURANCE PROCESS AUDIT (QAPA) SELF-STUDY

4.1. OVERALL PROCESS

A. Does the process reflect the institution's mandate, mission, and values?

- (i) The institution should be able to demonstrate that it has an established institutional and program review planning cycle and process to assess the effectiveness of its educational programs and services, their responsiveness to student, labour market, and social needs.
- (ii) The process should contribute to the continuous improvement of the institution.

Describe how the institution meets this criterion. Relevant institutional policies should be attached as an appendix.

B. Is the scope of the process appropriate?

- (i) There should be evidence of a formal, institutionally approved policy and procedure for the periodic review of programs against published standards that includes the following characteristics:
 - A self-study undertaken by faculty members and administrators of the program based on evidence relating to program performance, including strengths and weaknesses, desired improvements, and future directions. A self-study takes into account:
 - the continuing appropriateness of the program's structure, admissions requirements, method of delivery and curriculum for the program's educational goals and standards;

- the adequacy and effective use of resources (physical, technological, financial and human);
 - faculty performance including the quality of teaching and supervision and demonstrable currency in the field of specialization;
 - that the learning outcomes achieved by students/graduates meet the program's stated goals, the credential level standard, and where appropriate, the standards of any related regulatory, accrediting or professional association;
 - the continuing adequacy of the methods used for evaluating student progress and achievement to ensure that the program's stated goals have been achieved;
 - the graduate satisfaction level, student satisfaction level, and graduation rate; and
 - where appropriate, the graduate employment rates, employer satisfaction level, and advisory board satisfaction level.
- An assessment conducted by a panel that includes independent experts external to the institution. The assessment should normally include a site visit, a written report that assesses program quality and may recommend quality improvements; and an institution response to the report;
 - A summary of the conclusions of the evaluation that is made appropriately available.

Describe how the institution meets this criterion, including an overview of the policy and processes, a description of how the policy was developed, the formal approval process, and when the policy was last reviewed. The policy and processes for ongoing program and institutional assessment and other relevant institutional policies should be attached as an appendix.

(ii) The institution can demonstrate that it has a policy and process for new program approval that includes peer / external review by appropriate experts.

Describe how the institution meets this criterion, including an overview of the policy and processes, a description of how the policy was developed, the formal approval process, and when the policy was last reviewed. The policy and processes for the approval of new programs and other relevant institutional policies should be attached as an appendix.

C. Are the guidelines differentiated and adaptable to respond to the needs and contexts of different units, e.g. faculties or departments or credential level?

- (i) The guidelines are adaptable to the range of programs and offerings within the institution.
- (ii) The guidelines provide measurable, consistent means and direction to undertake diversified program review.
- (iii) The guidelines are consistent with institutional Mandate, mission, vision and associated strategic goals.

Describe how the institution meets these criteria. Relevant institutional policies should be attached as an appendix.

D. Does the process promote quality improvement?

- (i) The institution should be able to demonstrate that it has appropriate accountability mechanisms functioning for vocational, professional and academic programs.
- (ii) The institution should be able to demonstrate how faculty scholarship and professional development inform teaching (including graduate teaching) and continue to be a foundation for ensuring that programming is up to date.
- (iii) The institution should be able to demonstrate how learning outcomes are being achieved and how student progress is assessed and measured.

Describe how the institution meets these criteria. Relevant institutional policies should be attached as an appendix.

INSTITUTION ASSESSMENT

Based on the preceding responses in section 4.1, provide a critical assessment of strengths and areas for improvement in the quality assurance mechanisms described. Include how the institution will implement measures to address areas for improvement. This should include an evaluation of their impact on continuous quality improvement.

4.2. REVIEW FINDINGS

A. Were the responses to the sample program review findings adequate?

The institution has a follow-up process for internal program reviews and acts in accordance with it.

Describe how the institution meets this criterion. Relevant institutional policies should be attached as an appendix.

B. Does the process inform future decision making?

The program review ensures that the program remains consistent with the institution's current mission, goals and long-range plan.

Describe how the institution meets this criterion. Relevant institutional policies should be attached as an appendix.

C. Are the review findings appropriately disseminated?

The institution has a well-defined system to disseminate the review findings to the appropriate entities.

Describe how the institution meets this criterion. Relevant institutional policies should be attached as an appendix.

INSTITUTION ASSESSMENT

Based on the preceding responses in section 4.2, provide a critical assessment of strengths and areas for improvement in the quality assurance mechanisms described. Include how the institution will implement measures to address areas for improvement. This should include an evaluation of their impact on continuous quality improvement.

5. OTHER INSTITUTION COMMENTS

Limit to 1 page

6. PROGRAM SAMPLES

Identify the programs selected by the DQAB for sampling:

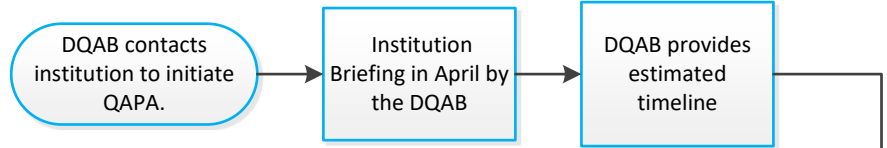
- 1.
- 2.
- 3.

For each of the programs selected, include:

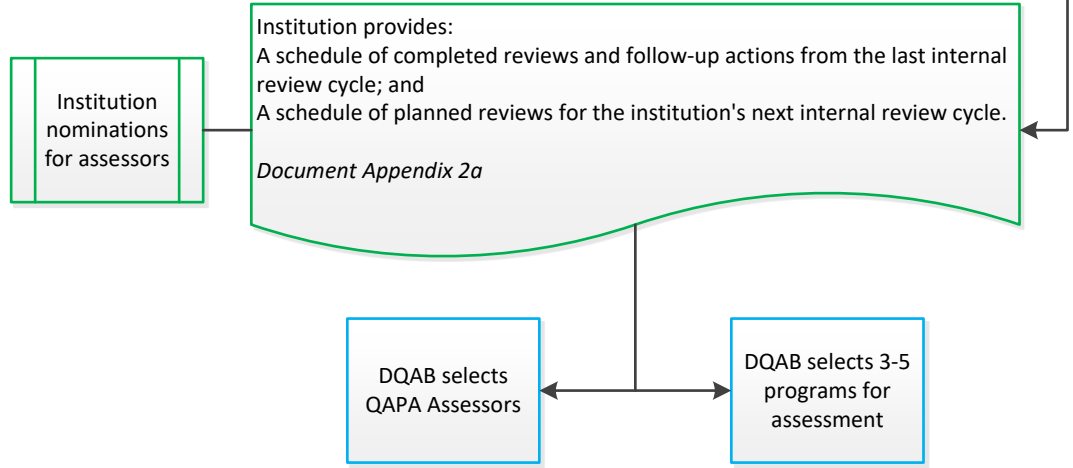
- ✓ Policy/process in effect at the time of the review
- ✓ Self-study document and/or other appropriate documents used as part of the internal quality assurance process
- ✓ External review team's report
- ✓ An account of the institution's follow-up response

Quality Assurance Process Audit Process Map

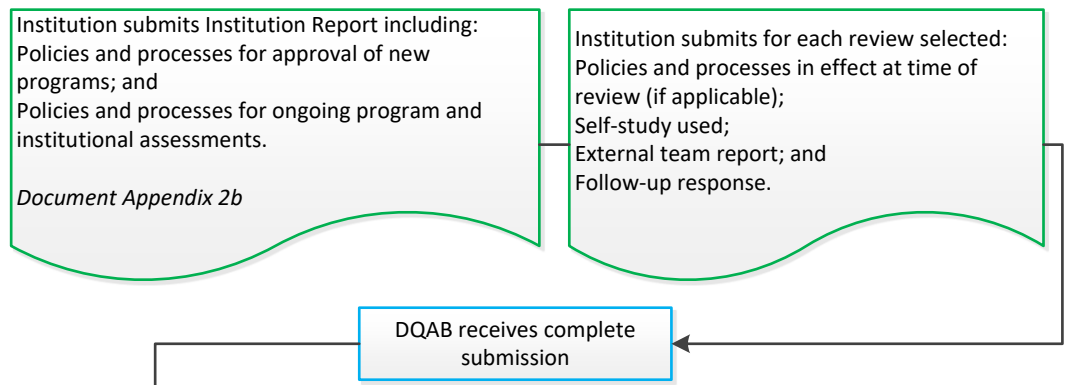
QAPA Framework Timeline:
March - April



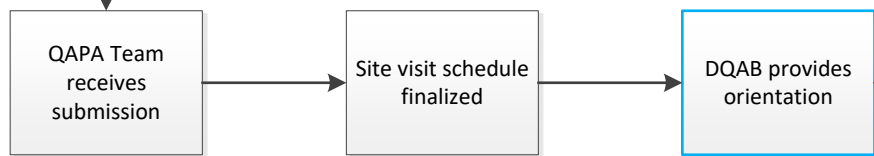
QAPA Framework:
May



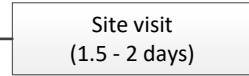
QAPA Framework:
Minimum 2 months before site visit



QAPA Framework:
Normally 6 weeks before site visit



QAPA Framework:
Normally between October - December



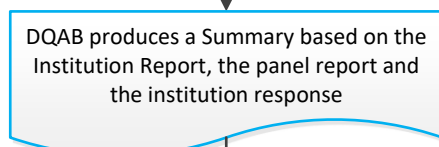
QAPA Framework:
2 weeks after site visit



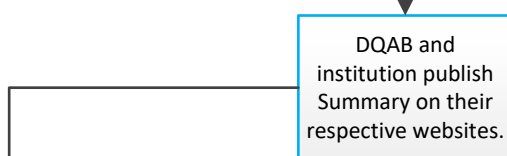
QAPA Framework:
3 months



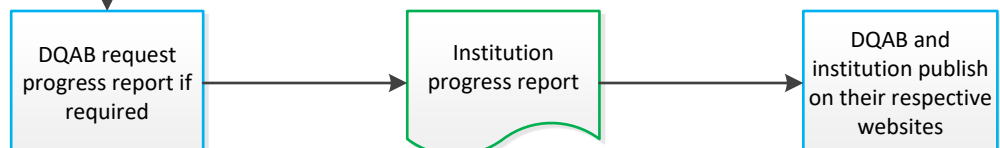
QAPA Framework:
2 weeks



QAPA Framework:
30 days



QAPA Framework:
12 months or earlier after Summary is published



Appendix 2d: Internal Institution Assessment

Objective: Conduct an internal assessment to determine alignment with QAPA Criteria

Conducted By:		Date:		Reviewed By:		Date:	
---------------	--	-------	--	--------------	--	-------	--

Assessment Criteria	Description	Assessment
1. Overall Process		
a. Does the process reflect the institution's mandate, mission, and values?	(i) The institution should be able to demonstrate that it has an established institutional and program review planning cycle and process to assess the effectiveness of its educational programs and services, their responsiveness to student, labour market, and social needs. (ii) The process should contribute to the continuous improvement of the institution.	
b. Is the scope of the process appropriate?	(i) There should be evidence of a formal, institutionally approved policy and procedure for the periodic review of programs against published standards that includes the following characteristics: <ul style="list-style-type: none"> ➤ A self-study undertaken by faculty members and administrators of the program based on evidence relating to program performance, including strengths and weaknesses, desired improvements, and future directions. A self-study takes into account: <ul style="list-style-type: none"> ○ the continuing appropriateness of the program's structure, admissions requirements, method of delivery and curriculum for the program's 	

	<p>educational goals and standards;</p> <ul style="list-style-type: none">○ the adequacy and effective use of resources (physical, technological, financial and human);○ faculty performance including the quality of teaching and supervision and demonstrable currency in the field of specialization;○ that the learning outcomes achieved by students/graduates meet the program's stated goals, the credential level standard, and where appropriate, the standards of any related regulatory, accrediting or professional association;○ the continuing adequacy of the methods used for evaluating student progress and achievement to ensure that the program's stated goals have been achieved;○ the graduate satisfaction level, student satisfaction level, and graduation rate; and○ where appropriate, the graduate employment rates, employer satisfaction level, and advisory board satisfaction level. <p>➤ An assessment conducted by a panel that includes independent experts external to the institution. The assessment should normally include a site visit, a written report that assesses</p>	
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<p>program quality and may recommend quality improvements; and an institution response to the report;</p> <p>➤ A summary of the conclusions of the evaluation that is made appropriately available.</p> <p>(ii) The institution can demonstrate that it has a policy and process for new program approval that includes peer / external review by appropriate experts.</p>	
<p>c. Are the guidelines differentiated and adaptable to respond to the needs and contexts of different units, e.g. faculties or departments or credential level?</p>	<p>(i) The guidelines are adaptable to the range of programs and offerings within the institution.</p> <p>(ii) The guidelines provide measurable, consistent means and direction to undertake diversified program review.</p> <p>(iii) The guidelines are consistent with institutional Mandate, mission, vision and associated strategic goals.</p>	
<p>d. Does the process promote quality improvement?</p>	<p>(i) The institution should be able to demonstrate that it has appropriate accountability mechanisms functioning for vocational, professional and academic programs.</p> <p>(ii) The institution should be able to demonstrate how faculty scholarship and professional development inform teaching (including graduate teaching) and continue to be a foundation for ensuring that programming is up to date.</p> <p>(iii) The institution should be able to demonstrate how learning outcomes are being achieved and how student progress is assessed and measured.</p>	

2. Review Findings		
a. Were the responses to the sample program review findings adequate?	The institution has a follow up process for internal program reviews and acts in accordance with it.	
b. Does the process inform future decision making?	The program review ensures that the program remains consistent with the institution's current mission, goals and long-range plan.	
c. Are the review findings appropriately disseminated?	The institution has a well-defined system to disseminate the review findings to the appropriate entities.	

Appendix 2e: QAPA Assessors & Team

Respecting the diversity of the public post-secondary institutions, the QAPA team would normally consist of three members with senior academic administrative experience or with significant experience participating in a variety of institutional and program review processes. The composition of the QAPA team should include some experience in the type of institution being reviewed.

Expertise in some or all:

- senior management experience in a post-secondary institution;
- experience in academic policies and procedures;
- experience in organization design and behaviour, or assessment and evaluation;
- Senate and/or Education Council experience;
- experience in program review; and
- experience in curriculum and program development.

Characteristics (some or all):

- have appropriate academic expertise;
- be committed to quality assurance in post-secondary education;
- be recognized by their peers for having a broad outlook, open mind, and sound judgment;
- provide full disclosure and be free of any actual or perceived conflict of interest regarding an applicant/institution, in accordance with the DQAB's policy; and
- have demonstrated skills in conducting reviews and writing formal reports to strict deadlines.

QUALITY ASSURANCE PROCESS AUDIT
ASSESSORS' REPORT WORKBOOK

INSTITUTION NAME:

SITE VISIT DATES:

SUBMISSION DATE:

OVERALL ASSESSMENT

The panel is requested to keep in mind the objectives and the guiding principles when undertaking the QAPA assessment.

Objectives

The main objectives of the quality assurance process audit (QAPA) are to ascertain that the institution:

- a) Continues to meet the program review policy requirements outlined in the DQAB's Exempt Status Criteria and Guidelines and the Degree Program Review Criteria and Guidelines, as applicable to the institution;
- b) Has and continues to meet appropriate program review processes and policies for all credential programs; and
- c) Applies its quality assurance process in relation to those requirements and responds to review findings appropriately.

Guiding Principles

- 1) Transparent and credible evidence of robust quality assurance criteria and processes are vital to BC public post-secondary institutions, the Degree Quality Assessment Board and the Ministry; demonstrate accountability; and contribute to the national and international reputation of the BC public post-secondary system.
- 2) Credible quality assurance should be rigorous and have peer evaluation as an essential feature.
- 3) QAPA standards will recognize the diversity and different mandates of BC public post secondary institutions.
- 4) Primary responsibility and accountability for educational program quality assurance rests with post-secondary institutions themselves.
- 5) QAPA will be carried out so as to maximize the opportunity to:
 - a. affirm, and add value to, the internal quality assurance processes at each institution; and
 - b. share best practices from other BC institutions and elsewhere.
- 6) QAPA will promote a collaborative and supportive process that benefits BC public post- secondary system.

Summary:

Commendations

Provide clear statements that articulate areas where the institution has shown exemplary practice in the field of program quality assurance and improvement.

Affirmations

Provide clear statements in the areas where the institution has identified a weakness and has articulated how it intends to correct it. In effect, this is affirming the institution's judgment and findings in its Institution Report.

Recommendations

Provide clear statements in areas needing improvement. Recommendations may also be made in relation to areas of concern identified by the institution for which no plan of action has been articulated by the institution.

Signed:

Chair of the QAPA Team:

(Signature)

(Date)

(Printed Name)

QAPA Assessors:

(Signature)

(Date)

(Printed Name)

(Signature)

(Date)

(Printed Name)

4.1. Overall Process

A. Does the process reflect the institution's mandate, mission, and values?	
CRITERIA:	COMMENTS / RECOMMENDATIONS:
(i) The institution should be able to demonstrate that it has an established institutional and program review planning cycle and process to assess the effectiveness of its educational programs and services, their responsiveness to student, labour market, and social needs.	•
(ii) The process should contribute to the continuous improvement of the institution.	•

B. Is the scope of the process appropriate?	
CRITERIA:	COMMENTS / RECOMMENDATIONS:
<p>(i) There should be evidence of a formal, institutionally approved policy and procedure for the periodic review of programs against published standards that includes the following characteristics:</p> <ul style="list-style-type: none"> • A self-study undertaken by faculty members and administrators of the program based on evidence relating to program performance, including strengths and weaknesses, desired improvements, and future directions. A self-study takes into account: • the continuing appropriateness of the program's structure, admissions requirements, method of delivery and curriculum for the program's educational goals and standards; • the adequacy and effective use of resources (physical, technological, financial and human); • faculty performance including the quality of teaching and supervision and demonstrable currency in the field of 	•

<p>specialization;</p> <ul style="list-style-type: none"> • that the learning outcomes achieved by students/graduates meet the program's stated goals, the credential level standard, and where appropriate, the standards of any related regulatory, accrediting or professional association; • the continuing adequacy of the methods used for evaluating student progress and achievement to ensure that the program's stated goals have been achieved; • the graduate satisfaction level, student satisfaction level, and graduation rate; and • where appropriate, the graduate employment rates, employer satisfaction level, and advisory board satisfaction level. <p>➤ An assessment conducted by a panel that includes independent experts external to the institution. The assessment should normally include a site visit, a written report that assesses program quality and may recommend quality improvements; and an institution response to the report;</p> <p>➤ A summary of the conclusions of the evaluation that is made appropriately available.</p>	
<p>(ii) The institution can demonstrate that it has a policy and process for new program approval that includes peer / external review by appropriate experts.</p>	<ul style="list-style-type: none"> •

<p><i>C. Are the guidelines differentiated and adaptable to respond to the needs and contexts of different units, e.g. faculties or departments or credential level?</i></p>	
<p>CRITERIA:</p>	<p>COMMENTS / RECOMMENDATIONS:</p>
<p>(i) Are the guidelines adaptable to the range of programs and offerings within the institution?</p>	<ul style="list-style-type: none"> •

(ii) Do the guidelines provide measurable, consistent means and direction to undertake diversified program review?	•
(iii) Are the guidelines consistent with institutional Mandate, mission, vision and associated strategic goals?	•

D. Does the process promote quality improvement?

CRITERIA:	COMMENTS / RECOMMENDATIONS:
(i) The institution should be able to demonstrate that it has appropriate accountability mechanisms functioning for vocational, professional and academic programs.	•
(ii) The institution should be able to demonstrate how faculty scholarship and professional development inform teaching (including graduate teaching) and continue to be a foundation for ensuring that programming is up to date.	•
(iii) The institution should be able to demonstrate how learning outcomes are being achieved and how student progress is assessed and measured.	•

4.2. Review findings

A. Were the responses to the sample program review findings adequate?

CRITERIA:	COMMENTS / RECOMMENDATIONS:
The institution has a follow up process for internal program reviews and acts in accordance with it.	•

B. Does the process inform future decision making?

CRITERIA:	COMMENTS / RECOMMENDATIONS:
The program review ensures that the program remains consistent with the institution's current mission, goals and long-range plan.	<ul style="list-style-type: none">•

C. Are the review findings appropriately disseminated?

CRITERIA:	COMMENTS / RECOMMENDATIONS:
The institution has a well-defined system to disseminate the review findings to the appropriate entities.	<ul style="list-style-type: none">•

Appendix 3b: Site Visit - Typical Agenda

Day 1

Session	Description
1.1	QAPA team preparation (in-camera)
1.2	Welcome - President
1.3	Institutional Overview - Executive Team
1.4	Overview of Program Review Processes <ul style="list-style-type: none"> • Senior administration responsible for implementing quality assurance process • Senate/Education Council Members • Faculty committees responsible for program oversight • Program Deans from sample programs
	Break
1.5	Overview of Program Development Processes <ul style="list-style-type: none"> • Senior administration responsible for implementing quality assurance process • Senate/Education Council Members • Faculty committees responsible for program oversight • Program Deans from sample programs
1.6	Campus tour (optional)
	Lunch
1.7	Review of Program Review Sample 1 <ul style="list-style-type: none"> • Program review team • Program Deans from sample programs • Faculty delivering the program
	Break
1.8	Review of Program Review Sample 2 <ul style="list-style-type: none"> • Program review team • Program Deans from sample programs • Faculty delivering the program
	QAPA team wrap-up for Day 1
	QAPA team preparation for Day 2

Day 2

Session	Description
2.1	QAPA team preparation (in-camera)
2.2	Review of Program Review Sample 3 <ul style="list-style-type: none"> • Program review team • Program Deans from sample programs • Faculty delivering the program
	Break
2.3	QAPA team discusses preliminary findings (in-camera)
2.4	Exit meeting with President and Executive Team

Appendix 4: Conflict of Interest and Confidentiality Policy – Quality Assurance Audit Committee Members and QAPA Assessors

This policy applies to members of the Quality Assurance Audit Committee (the committee) and to assessors engaged to conduct a quality assurance process audit (QAPA). This policy also applies to institutions wishing to declare a conflict of interest with an individual member or assessor.

Members and assessors must avoid any actual or perceived conflict of interest including that which might impair or impugn the independence, integrity or impartiality of the Degree Quality Assessment Board (the board). There must be no apprehension of bias, based on what a reasonable person might perceive.

Members and assessors must not reveal or divulge confidential information received in the course of their duties. Confidential information must not be used for any purpose outside the board's mandate.

Except at the direction of the chair, members and assessors must not make public comments concerning any QAPA.

Members and assessors must be committed to the principles and practices of quality assurance in post-secondary education and be recognized by their peers for having a broad outlook, open mind and sound judgment. Individuals appointed in these capacities must possess the qualifications to engender the confidence of the minister, the public, accrediting bodies, institutions and other jurisdictions.

Definition of a Conflict

An actual or potential conflict of interest arises when a member or assessor is placed in a situation in which:

- His or her personal interests, financial or otherwise, or
- The interests of an immediate family member or of a person with whom there exists, or has recently existed, an intimate relationship,

conflict or appear to conflict with the member's responsibilities to the board, the minister, and the public interest.

No member shall knowingly participate in any decision that appears to directly or preferentially benefit the member or any individual with whom the member has an immediate family, intimate or commercial relationship.

Members and assessors appointed by the board should not have any connection to the institution under review within the previous two years, or for a period of up to three months following the completion of their duties in connection with the quality assurance process audit. Some examples of a connection to an institution currently or within the past two years include:

- Preparing or providing expert advice used in developing the QAPA materials, beyond information on the board's criteria, guidelines and procedures.
- Making public comment for or against an institution undergoing QAPA that might result in the apprehension of bias.

- Working for or previously employed by the institution.
- Being a student or a recent graduate of the institution.
- Working as a consultant for the institution.
- Serving in an advisory capacity or on a board or committee at the institution.
- Having financial or other business interests with the institution.
- Supervising students or employees of the institution.
- Collaborating regularly with the institution.
- Teaching at the institution.

Some members are appointed as representatives of membership organizations that broadly represent private sector interests. A public institution undergoing a QAPA may also hold membership in one of these organizations that a member represents. In such instances, there would not normally be a conflict of interest unless the member has been actively involved in developing, promoting, or publicly commenting on the institution under review.

Disclosure of Conflict

Where there is an actual or potential conflict of interest, the member must disclose his/her circumstances and consult with the committee chair. If unsure if a conflict exists, the member should seek advice from the chair. It is the responsibility of the chair to determine whether a conflict of interest exists and to inform members of his/her decision. If a member has an actual or potential conflict in regards to a QAPA under consideration, the member must withdraw from any discussion and decision-making process leading to a recommendation on the review.

All assessors selected by the board shall make full written disclosure to the committee of any potential conflict of interest, within the terms of this policy, as soon as the individual knows the institution's identity. Similarly, if an institution has evidence of a conflict of interest regarding an individual appointed by the committee, then the institution shall make full written disclosure to the committee, as soon as the institution knows the individual's identity.

Action Required When a Conflict Exists

In accordance with this policy, the committee will exercise its discretion in determining if an actual or potential conflict of interest exists and notify the parties accordingly.

If it is determined that a member has an actual or potential conflict of interest in regards to a QAPA under consideration, the member must withdraw from any discussion and decision-making process leading to a recommendation on the QAPA.

An assessor with an actual or potential conflict in regards to a QAPA must decline to serve on the QAPA Team.

Appendix 5: Glossary

Audit: see Quality Assurance Process Audit

Conflict of Interest: Any personal, financial or professional interest that might create a conflict, potential conflict, or the appearance of conflict with an external expert or a DQAB member's responsibilities to the board, the minister, and the public interest.

Credential: Credentials typically refer to the certificate, diploma, degree or another type of official recognition a student has earned for successful completion of a program. Credentials are awarded to students by a post secondary institution in accordance with its published graduation requirements and with provincial legislation.

Degree: defined by the *Degree Authorization Act* as recognition or implied recognition of academic achievement that: (a) is specified in writing to be an associate, baccalaureate, masters, doctoral or similar degree, and (b) is not a degree in theology.

Degree Quality Assessment Board (DQAB): The DQAB was established to oversee the quality review process and make recommendations to the Minister on whether the criteria established by the Minister have been met for new degree approval (all institutions) and use of the word university (private and out of province public institutions). The DQAB has also has responsibility for *conduct[ing] periodic audits of internal degree program review measures based on information provided by public post-secondary institutions to ensure that rigorous, ongoing program and institutional quality assessment processes have been implemented.*

External Review /Peer review: Assessment procedure regarding the quality and effectiveness of the academic programs of an institution, its staffing, and/or its structure, carried out by external experts (peers) from similar institutions. A review is usually based on a self-study report or other written reports provided by the institution to ensure the institution meets established standards.

Internal Review: A periodic review of programs to ensure the ongoing currency of the program and the quality of its learning outcomes. The process usually involves a self-study with an assessment conducted by experts external to the institution. Internal reviews normally occur every five to seven years.

Policies: Definite written course of action adopted for the sake of expediency and accountability. Approved statements that reflect core beliefs and practices.

Procedures: The specific acts or activities that enable policies to be implemented on a day-to-day basis.

Program: A systematic grouping of courses that forms most or all of the requirements for a degree or other credential.

Quality Assurance Process Audit: An evidence-based process undertaken through peer review that investigates the procedures and mechanisms by which an institution ensures its quality assurance and quality enhancement.

Self-study: A systematic assessment institutions undertake to measure its performance against its stated institutional objectives. A self-study is undertaken by faculty members and administrators of the program. It is based on evidence relating to program performance, including strengths and weaknesses, desired improvements, and future directions.