



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

**Auditors' Report on the
Requested Institutional Follow-Up
Report to the Phase 1 Cyclical
Audit of the University of Ottawa**

DECEMBER 2024

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Auditors' Report on the Requested Institutional Follow-up Report to the Phase 1 Cyclical Audit of the University of Ottawa

Preamble

The Ontario Universities Council on Quality Assurance (the Quality Council) undertook a Phase 1 Cyclical Audit of the University of Ottawa in March 2023. As with all such audits, the purpose of the audit was to assess the extent to which the University is compliant with its own Institutional Quality Assurance Processes (IQAP) and to affirm that institutional practices are consistent with the 2010 version of the Quality Assurance Framework (QAF) that was previously in place to govern all Ontario Universities. A subsequent Phase 2 Audit will examine the University's compliance with the requirements of the 2021 QAF.

Summary of Audit

A team of three Quality Council auditors, Dr. Johanne B nard, Dr. Serge Desmarais and Dr. Alan Weedon, and three members of the Quality Assurance Secretariat, Dr. Christopher Evans, Ms. Cindy Robinson and Dr. Jennifer Bethune, prepared a report based on a desk audit of documents submitted by the University of Ottawa and a three-day site visit to the institution (March 7 – 9, 2023). The Audit Report was approved by the Quality Council on September 29, 2023 and subsequently sent to the University on October 3, 2023. The Audit Report contained two Causes for Concern, three Recommendations, and 11 Suggestions. Under the Quality Assurance Framework, universities must take satisfactory remediation steps to respond to Causes for Concern and Recommendations, as they identify institutional practices that are not compliant with the Quality Assurance Framework or the University's IQAP. Suggestions are made by the Audit Team in the spirit of encouraging reflection on how practice might be improved; compliance is not mandatory.

Review of the Follow-up Report to the Phase 1 Audit of the University of Ottawa

The University was asked to provide a Follow-up Report within one year's time outlining the steps and actions that it has taken to address the Causes for Concern and Recommendations as outlined in the Audit Report (pages 10 – 12). The University submitted a Follow-up Report on September 26, 2024. The Report was reviewed by the Audit Team and the steps and actions taken by the University to address the Recommendations and Causes for Concern are included below.

CAUSE FOR CONCERN 1: The University of Ottawa must ensure that all programs undergo Cyclical Program Review, and within the eight-year window required by the 2010 Quality Assurance Framework (section 4.2.6 (b)) and the University's IQAP.

The audit of the University of Ottawa's application of its IQAP revealed that not all programs were listed in its schedule of Cyclical Program Reviews, and that some CPRs were starting later than required by the QAF-mandated eight-year cycle or were encountering serious delays that sometimes extended to several years. In its Follow-up Report, the University of Ottawa

describes the result of a commendably thorough analysis of factors contributing to delays in the Cyclical Program Review (CPR) process. The University has identified nine causes of delays (see sections B. b. 1. through B. b. 9. of the Follow-up Report), some of which were not identified by the Audit Team, and has described remediation steps for each of them that are being applied. In particular, the University has acted on Suggestion 2 of the Audit Report and implemented a project management system so that the progress of CPRs can be tracked and the onset of delays immediately detected; the use of the system also allows the relevant actor to be tasked with resolving the issues behind the delay and to be held accountable for doing so. The University's project management system should also ensure that all programs appear on the review schedule. While the Phase 2 Audit of the University's quality assurance processes undertaken under its 2024 IQAP will provide an opportunity for evaluation of the efficacy of the remediation steps, the University's response to this Cause for Concern is deemed to be appropriate.

The Audit Team notes that the University has identified three programs for which it is seeking Quality Council approval of a one-year extension of the 8-year window for CPR (see section B. b. 10 of the Follow-up Report). While this is outside of the scope of the audit, the University is encouraged to ensure that all related decisions are appropriately documented and, more importantly, ensure that, in the future, no extensions beyond the eight-year window from the previous CPR are required.

CAUSE FOR CONCERN 2: The University of Ottawa must ensure that progress (monitoring) reports are produced, as required by the IQAP's process for monitoring new programs.

The audit of the University of Ottawa's application of its IQAP revealed that monitoring of the implementation of new programs was not always occurring or being documented. The University has implemented two remediation steps designed to deal with this Concern (section C. of the Follow-up Report). One is the introduction of a template for the reports, and the other is to place responsibility for ensuring the reports are produced in the Office of the Director of Program Evaluation. While the University has taken appropriate steps to remedy the Concern, the Phase 2 Audit of the University's quality assurance processes undertaken under its 2024 IQAP will provide an opportunity for evaluation of the efficacy of these steps.

RECOMMENDATION 1: Ensure that all Final Assessment Reports and Action Plans are posted on the University's website and distributed to the University's Senate and Board of Governors, and submitted or reported to the Quality Council in accordance with QAF 4.2.6 a and b.

The audit of the University of Ottawa's application of its IQAP revealed that, for many CPRs, the Final Assessment Reports and Action Plans were not being posted on the University's website, were not being communicated to the University's Senate and Board, and were not being submitted or reported to the Quality Council even though these actions are explicitly required by the Quality Assurance Framework. The University's Follow-up Report (section D.) describes steps taken effective spring 2023 to ensure that executive summaries of the FAR (including the Action Plan, which is the terminology used by the University of Ottawa to describe the

Implementation Plan required by the Quality Assurance Framework) of newly completed CPRs are promptly posted on the University's website. These steps include acting on the Audit Team's Suggestion 7 that only the executive summary of the FAR be posted, rather than the full document. The Follow-up Report also describes the University's schedule for a staged posting of FARs and Action Plans of CPRs completed in the past eight years.

The University's Follow-up Report is silent on steps taken to satisfy the portion of the Recommendation requiring that FARs and Action Plans be distributed to the University's Senate and Board, and submitted or reported to the Quality Council. The Audit Team recognizes this Recommendation was on a "go-forward" basis; accordingly, progress on implementation will be reviewed as part of the Phase 2 audit.

RECOMMENDATION 2: Ensure that staff and students are consulted during the development of the Self-study.

The audit of the University of Ottawa's application of its IQAP revealed that, in some CPRs, there was no evidence that IQAP-mandated consultations with students and staff had occurred. The University's Follow-up Report (section E) notes that past practice, albeit not always documented, has been to include in the program's Self-Evaluation Report (which is the terminology used by the University of Ottawa for the Self-study required by Quality Assurance Framework) the results of surveys of students and alumni (but not staff). The University's Follow-up Report indicates that changes "could" be made to the template for preparation of a program's Self-Evaluation Report that would remind units to mention how staff and students have been consulted. The Phase 2 Audit of the University's quality assurance processes undertaken under its 2024 IQAP should evaluate the remediation steps taken to satisfy this Recommendation.

RECOMMENDATION 3: Ensure that variants to the usual process for External Review are approved by the appropriate decision maker.

The audit of the University of Ottawa's application of its IQAP revealed that, in one instance, a new program had undergone external review via a desk audit. The IQAP requires that such a variance from the IQAP-mandated process be approved but no evidence of approval was found by the Audit Team. The University's Follow-up Response (section F) suggests that such approvals have been in place but were not documented. The University further indicates that, in the future, the Office of the Director of Program Evaluation will ensure such approvals are documented. The Phase 2 Audit of the University's quality assurance processes undertaken under its 2024 IQAP will provide an opportunity for the evaluation of steps taken to ensure the Office of the Director of Program Evaluation is undertaking oversight of the mode of External Review.

Suggestions

While not required to be addressed in the Follow-up Report, the University provided additional information regarding their approach to the Suggestions identified in the Audit Report. The Audit Team commends the University's actions being taken in response to many of the Suggestions.

Concluding Remarks / Next Steps

After careful review of the University of Ottawa's Follow-up Report, the auditors are of the view that it demonstrates appropriate steps are being taken to address the two Causes for Concern identified in the Audit Report. The auditors are also of the view that, while the University is taking appropriate remediative steps in response to the Audit Team's three Recommendations, some actions are still required. These are:

- 1) Ensure FARs and Action Plans emanating from CPRs are distributed to the Senate, and similarly, the FAR (or their Executive Summaries) and Action Plans are distributed to the University's Board. The full FAR and Action Plan must also be submitted to the Quality Council.
- 2) Ensure that staff and students are consulted as part of the preparation of the program Self-Evaluation Report, and that this consultation is documented.
- 3) Ensure that approval of variants on the process for External Review of new graduate and undergraduate programs occurs and is documented.

Rather than requiring an additional report on these matters, the Audit Team recommends that, as part of the Phase 2 Audit of the University of Ottawa, outcomes of actions taken to address the Causes for Concern and the Recommendations be evaluated.

September 24, 2024

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Dear Dr. Evans,

You will find enclosed the interim status report of the University of Ottawa for the Audit Team.

Sincerely,



Jacque Beauvais
Provost and Vice-President, Academic Affairs

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University of Ottawa
Interim Status Report in Response to the
Report on the Quality Assurance Audit

September 2024

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Abbreviations

| | | | |
|-------|--|------|---------------------------------------|
| CC X | Cause for Concern X | GPEC | Graduate Program Evaluation Committee |
| R X | Recommendation X | SER | Self-Evaluation Report |
| OPE | Office of Program Evaluation | IRP | Institutional Research and Planning |
| SCEUP | Senate Committee on the Evaluation of Undergraduate Programs | FAR | Final Assessment Report |

A. Introduction

On October 3, 2023, the Ontario Universities Council on Quality Assurance (the Quality Council) provided the University of Ottawa with its Report on the Quality Assurance Audit, which was based on work by the Audit Team in 2022-2023. The Report contained much useful information, as well as some issues to which the university needs to pay particular attention. Specifically, the Report includes two Causes for Concern (CC) and three Recommendations (R), as follows.

CAUSE FOR CONCERN 1: The University of Ottawa must ensure that all programs undergo Cyclical Program Review, and within the eight-year window required by the 2010 Quality Assurance Framework (section 4.2.6 (b)) and the University's IQAP.

CAUSE FOR CONCERN 2: The University of Ottawa must ensure that progress (monitoring) reports are produced, as required by the IQAP's process for monitoring new programs.

RECOMMENDATION 1: Ensure that all Final Assessment Reports and Action Plans are posted on the University's website and distributed to the University's Senate and Board of Governors, and submitted or reported to the Quality Council in accordance with the 2010 QAF 4.2.6 a & b.

RECOMMENDATION 2: Ensure that staff and students are consulted during the development of the Self-study.

RECOMMENDATION 3: Ensure that variants to the usual process for External Review are approved by the appropriate decision maker.

In light of these Concerns and Recommendations, the Quality Council asked the University to provide an Interim Status Report within one year (i.e. on or before October 3, 2024), including "details on the progress made and the mechanisms and measures already put into place, as well as anticipated, to address these" Causes for Concern and Recommendations. With the submission of the current document, the University has fulfilled this obligation.

The body of the document provides pertinent information in the order of the Concerns and Recommendations, and it concludes with a final section summarizing the intended actions and related timelines for completion. In total, 17 distinct actions/changes have been identified to respond to the Concerns and Recommendations, of which 10 have already been implemented and the remaining 7 are planned for implementation within the next 1-3 years. We are pleased with the progress that has been accomplished to date, especially since most of the members of the QA team are new to their positions during the past 12-18 months.

The Director and staff of the Office of Program Evaluation thank the Quality Council for its engagement with the issues facing the University in its conduct of quality assurance.

B. Persistent Lateness of CPRs at the University of Ottawa (CC 1)

a. Status Report

During the 2023-2024 academic year, the Senate Committee for the Evaluation of Undergraduate Programs (SCEUP) and the Graduate Program Evaluation Committee (GPEC) completed the following tasks:

- Reviewed 18 Self-evaluation Reports
- Approved 9 Final Assessment Reports
- Approved 13 Progress Reports and Follow-up Reports

At the end of August 2024, there were 44 files in the middle of the external review process (from self-evaluation report to the approval of the final assessment report). Of these:

- 28 files were part of the most recent evaluation cycles (2023-2024 and 2024-2025) and therefore were considered in compliance with the established timelines (although several from 2023-2024 may soon exceed the time limit).
- 16 files belonged to previous evaluation cycles (2022-2023 and earlier) and were therefore considered late.

In the new academic year (2024-2025), the SCEUP and GPEC are expected to review:

- 20 Self-evaluation Reports (8 undergraduate, 8 graduate, 4 harmonized),
- 38 Final Assessment Reports (15 undergraduate, 13 graduate, 10 harmonized),
- 22 Progress Reports and 2 Follow-up Reports (6 undergraduate, 12 graduate, 4 harmonized)

Also in 2024-2025, 13 units are scheduled to prepare and submit their self-evaluation reports in June. These files will be taken up by the committees in the following academic year (2025-2026).

b. Causes of Delays and Solutions

1. Absence of a comprehensive tracking system

In response to the audit recommendation to develop a comprehensive monitoring and reporting system for tracking cyclical reviews of undergraduate and graduate programs, and in replacement to the basic Excel spreadsheet used to compile evaluated programs, the Office of Program Evaluation (OPE) took steps to implement Smartsheet, an advanced project management and collaboration platform. Then we created a comprehensive database within Smartsheet, called Master Tracker, which consolidates all related data, giving a comprehensive overview of programs, faculties, and departments under evaluation, as well as status on progress, deadlines, responsibilities, and key metrics. This tool enables the OPE to monitor and ensure the timely completion of each step of program evaluation, while providing enhanced planning and reporting capabilities for future evaluations. Master Tracker went live in January 2024.

Key actions taken when designing Master Tracker include the following:

➤ **Visual Tracking**

Using Smartsheet’s Grid view, we now have a clear visual representation of all tasks and their associated timelines. This allows teams to quickly assess which steps are in progress, which are approaching deadlines, and which have been completed. Additionally, task dependencies can be visually managed, ensuring that delays in one task do not disrupt subsequent steps in the review process.

➤ **Sectioning of Steps in the Review Process**

Aligned with the IQAP, we have sectioned the cyclical review process into distinct, trackable phases. Each step of the evaluation process—such as the self-assessment report, the committees’ reviews, the external visits, action plan and final assessment report—is now clearly delineated within the Master Tracker. This ensures that every aspect of the evaluation process is captured and accounted for, providing comprehensive oversight and follow-up at every stage.

➤ **Timelines and Automated Reminders**

We have implemented custom timelines for each sectioned phase of the evaluation process. These timelines include:

- **Start and Due Dates:** Each task and sub-task within the evaluation process is assigned specific start and due dates to maintain alignment with the IQAP and deadlines set by the Office of Program Evaluation (OPE), in discussion with partners.
- **Automated Alerts and Reminders:** Smartsheet’s automation features allow us to set up alerts and reminders that are triggered based on predefined conditions, such as approaching deadlines or overdue tasks. These automated alerts and reminders support the OPE team members when liaising with partners, ensuring that no task is missed, and follow-ups are completed promptly. This process also ensures that OPE team members escalate issues to the Director of Program Evaluation to keep the process on track.

➤ **Custom Dashboards and Reporting for Leadership**

To support oversight, we have created custom dashboards that provide real-time progress updates and status reports to senior leadership. These dashboards include critical metrics such as task completion rates, delayed tasks, and upcoming milestones. By consolidating all review-related activities into one dashboard, decision-makers can quickly assess the health of the review process and take action as needed.

Furthermore, custom reports can be generated based on any combination of tasks, timelines, or partner interactions, enabling tailored insights into the program evaluation process. These reports are shared with relevant stakeholders to maintain transparency and accountability.

➤ **Forecasting for Future Evaluations**

Beyond tracking current reviews, Smartsheet's forecasting capabilities allow us to assess resource needs and workload for future reviews. By analyzing the progress and duration of past reviews, we can better plan for upcoming cycles, ensuring the necessary resources and support are allocated in advance.

The implementation of Master Tracker within the Smartsheet platform has equipped the OPE with a comprehensive tracking, planning, and reporting system for the cyclical review process. Through the sectioning of steps, automated timelines, real-time collaboration, and advanced forecasting, we are well-positioned to ensure timely and efficient completion of program evaluations. This system provides the foundation for continuous improvement in our program evaluations processes and supports our ongoing commitment to academic excellence.

2. Insufficient membership of Senate committees

In September 2023, only 15 of 22 required positions (68%) were filled on the two Senate committees (11 positions on each committee) which review the documents and guide the CPR process to its conclusion for each program. Anecdotal evidence suggests that membership on the committees has been a persistent problem in the past.

The team of the OPE identified this as an urgent concern, as it impedes the ability of the committees to move files forward in a timely manner. The Director and a Coordinator of the Office of Program Evaluation (OPE) reached out to faculties which had not filled required slots to see what could be done on an immediate basis. The result was that two new members were added to the committees effective January 2024 (one on the undergraduate committee and one on the graduate committee), bringing the staffing to 17 of 22 (77%) for the remainder of the academic year. Nonetheless, the operations of the committees were still impeded; 2.5 meetings were cancelled during the year for the two committees (12.5% of total) due to lack of quorum or insufficient number of members available to serve as readers and present the files.

Further, with four members coming to the end of their mandate, the OPE was facing the challenge of filling a total of nine vacant positions for the next academic year (41 % of all positions). To deal with this, the team planned a recruitment drive which would be implemented over six weeks in April and May. In the past, recruitment was handled by the Coordinators in the OPE, liaising with support staff or vice-deans in the faculties. This time, the strategy focused on communications between the Director of OPE and the Deans of the faculties. The communication explained the obligation for each faculty to fill two slots (one undergraduate, one graduate) and gave them a deadline of six weeks to provide the names of the professors who

would fill the vacant positions. Three reminders were sent during the six-week recruitment period.

The strategy was extremely successful, with eight of the nine vacancies filled by the deadline or shortly thereafter. At the time of writing, one vacancy remains to be filled, and the Vice-Provost of Academic Affairs has been drafted to assist.

This approach to recruitment will be adopted permanently hereafter, and no further difficulty is expected in filling the full complement of positions on the Senate committees.

3. Email communications between the OPE and academic units

Team leaders in some units have a tendency to be very slow in responding to email communications sent by support staff in the Office of Program Evaluation (Coordinators and Administrative Assistants), or not to respond at all. Cases have emerged where failure to respond has resulted in months-long delays, and in some cases multi-year delays.

To rectify this problem, staff have been instructed to follow a new protocol regarding email communications. After sending a message, staff are to allow the recipient a maximum of two weeks before sending a reminder, and then allow a maximum of one additional week for a response. If they do not receive a response after that, then they are to turn the file over to the Director, who will follow up immediately with the recipient. Experience has shown the Director typically receives a response within 24 hours. Evidently many faculty exhibit different standards of conduct depending on whether they are contacted by support staff or by another professor (the Director). Now that this bias has been identified, support staff have been instructed to seek the assistance of the Director when necessary to ensure that files are moved forward on a timely basis.

4. Process for Final Assessment Reports too time consuming

In November 2023, the Director and staff in the OPE reviewed the process in place for developing the Final Assessment Reports (FAR) and found them to be needlessly time-consuming and demanding of effort on the part of the members of the Senate committees for program review (GPEC and SCEUP).

The existing process involved selecting a member from the relevant committee to summarize and present the External Evaluators' Report and the Response of the Unit and Implementation Plan. The task of summarizing involved not only presenting the evaluators' recommendations and statements of the strengths and weaknesses of the program(s), but also summarizing each of the detailed sections in the body of the report, i.e. the sections on (i) program objectives, (ii) curriculum and structure, (iii) teaching, learning and evaluation methods, (iv) student experience, and (v) physical and human resources.

In addition, the template for this task provided little guidance for the committee members regarding which type of information was required. Specifically, beyond the statement of

strengths and weaknesses of the program(s), was it necessary to provide further elaboration of both positive and negative aspects of the programs, or was it sufficient to establish the absence of any major negative aspects which would otherwise require sending the file back to the unit for revisions? The template was silent in this regard.

Due to the comprehensiveness and generality of the task assigned to the committee member, most presentations were very long and detailed. Two members who performed this task early in November 2023 reported spending roughly two days (each) preparing for it. Meanwhile, the average presentation in a committee meeting ran between 20 and 40 minutes, including discussion. Frequently, a great deal of attention was devoted to the multiple strengths of the program, as if the committee was not only deciding whether the FAR should be approved, but by how much it should be approved (i.e. giving it a specific grade).

Upon reflection, the Director and staff of the OPE concluded that much of the effort of the committee members made in preparing and presenting these files was not necessary. To begin with, while the university's IQAP requires summarizing the strengths and weaknesses of the program(s) and presenting the external evaluators' recommendations in the FAR, it does not require summarizing the detailed sections of the evaluators' report. Further, the committee is primarily interested in knowing of the existence of major problems which would require sending the file back to the unit for further work. It does not need to spend time learning how much the unit exceeds the threshold for approval.

With these insights, the OPE undertook the following revisions of the FAR process:

- Revised the template to remove the requirement to summarize the detailed sections of the external evaluators' report, except where explicitly requested by the committee. This section of the template now reads as follows:
 - PROGRAM OBJECTIVES *Not required by the IQAP. Supply only if requested by the committee.*
 - CURRICULUM AND STRUCTURE *Not required by the IQAP. Supply only if requested by the committee.*
 - TEACHING, LEARNING AND EVALUATION METHODS *Not required by the IQAP. Supply only if requested by the committee.*
 - STUDENT EXPERIENCE *Not required by the IQAP. Supply only if requested by the committee.*
 - PHYSICAL AND HUMAN RESOURCES *Not required by the IQAP. Supply only if requested by the committee.*
- Revised the template to simplify the assessment of the committee members, using check boxes, as follows:
 - The responses and action plan presented by the unit are satisfactory. No changes are required.
 - One or more concerns were identified in the responses and action plan of the unit, as follows:

This approach establishes that written comments are only required where concerns exist regarding the adequacy of the implementation plan.

- Assigned the responsibility for preparation of the template to the Director of Program Evaluation (i.e. summarizing the strengths and weaknesses, presenting the recommendations of the evaluators, indicating if any recommendations have been rejected and why).
- The Director of Program Evaluation now serves as the First Reader of the file. As such he also provides a recommendation regarding either approval of the FAR or sending the implementation plan back to the unit for further clarification or revision.
- Another member of the Committee is selected to serve as Second Reader, commenting on the file and providing a recommendation regarding approval.

Following the implementation of these changes in the second half of November 2023, the feedback from the committees was immediate and positive. Members commented on a drastic reduction in the time required to prepare their presentation as second reader, compared with the previous system. (One member reported the preparation time dropped from two days to two hours.) Also, the Director and staff noticed a significant reduction in the time required to process each file in the meeting, to something between 5 and 15 minutes in most cases. Of course, this change has significantly increased the number of files, of all types, that can be processed per meeting (provided there are enough committee members to present files).

5. Duplication of effort for harmonized reviews

In order to reduce the workload, the OPE started encouraging units several years ago to combine undergraduate and graduate programs into a single harmonized review. This saves time as both levels of study can be addressed in one self-evaluation report, and only one set of external evaluators is required, with one site visit, one external report, one implementation plan, and of course one final assessment report.

However, this approach does not reduce the workload for the two Senate committees that review these materials, as one committee deals with undergraduate studies exclusively and the other deals with graduate studies. Thus, each harmonized report must be presented and reviewed twice – once by each committee.

This approach appears to rest on the assumption that professors are specialized in particular levels of study, and they are unqualified to assess reports at the other level. However, there is no real basis for this assumption, as almost all professors are engaged in teaching, supervision and evaluation at both levels. Thus, it would be desirable to find a way for harmonized reports to be reviewed only once, by committee members who can assess both levels of study at the same time.

The evidence indicates that the efficiency gain from such an approach would be substantial. For example, in the next academic year (2024-2025), the two committees are scheduled to review 18 harmonized reports and 61 non-harmonized reports (of all types). However, since the harmonized reports must be reviewed twice, there are a total of 97 presentations scheduled. Thus,

if harmonized reports could be reviewed only once, it would save the committees 18 presentations, which is equal to 19% of the total number of presentations currently required. Based on the assumption that a committee can only process four reports per two-hour meeting, these savings would be equivalent to the work of 4.5 meetings. Those savings represent either a significant reduction in the workload of committee members or a significant increase in the number of additional reports that could be processed in the same year. Certainly, given our backlog, this improvement in efficiency would be very desirable.

Of course, this type of observation is not new. As long ago as 2018, the university experimented with a joint sub-committee, comprised of members from both GPEC and SCEUP, to assess the reports related to a harmonized review. While this experiment was viewed as a success, the sub-committee approach does entail additional administrative complexity, in terms of accommodating time schedules for ad hoc meetings, soliciting members willing to serve on the sub-committee, and dealing with turnover. Instead, a permanent solution is preferable.

With this in mind, a meeting was held in January 2023 with a subset of members from both committees to explore the option of creating a single, amalgamated committee. Unfortunately, while the attendees did acknowledge the potential efficiency gains, there was also concern that this would increase the number meetings required for each member (roughly double), which was viewed as a non-starter. Subsequently, with the additional work related to the audit and the turnover in personnel, including a new Director of Program Evaluation, a new Vice-Provost, Academic Affairs, and new staff in the Office of Program Evaluation, this discussion was moved to the back burner.

Fortunately, the new team in the OPE has taken up this issue again. In the coming months, we plan to undertake a comprehensive revision of the Terms of Reference for the two existing committees (SCEUP and GPEC). Our goal is to merge these two standing committees into a single, unified body, but consisting of two teams, which will oversee both undergraduate and graduate program evaluations. These teams would preserve all the benefits enjoyed now with two separate committees – no increase in the number of meetings for each member, meetings held on different days of the week (accommodating different teaching schedules) – while making it possible to review the harmonized documents only once.

Understanding that SCEUP and GPEC are standing committees of the Senate, we recognize that this approach will require us to follow due internal governance processes. This includes abolishing the existing terms of reference for both committees and creating a new, stand-alone committee to replace them. Initial conversations with the Office of the Secretary-General will commence shortly, focusing on setting a timeline for the approval process and implementation. We anticipate that this new committee structure will be in place for the next program evaluation cycle, beginning in Fall 2025.

This approach, consistent with the governance models adopted by other universities (for example Carleton, Queens, and the University of Guelph), will significantly reduce the workload on committee members while maintaining rigorous academic oversight and quality assurance. The

consolidation will allow for more efficient reviews, addressing the backlog and optimizing resource allocation, without increasing the number of meetings for individual members.

6. Activating Deans' responsibilities – proactive management of timelines

The IQAP of the university (2024 version) provides the following guidance regarding the role of Deans in the quality assurance process.

The Dean of the Faculty whose program is being reviewed takes part in the review process at several stages.

- a) The Dean is notified of which programs are scheduled for review in the following year;
- b) The Dean ensures that someone is appointed to produce the self-evaluation report and that each step of the review process is completed within the set deadlines;
- c) The Dean meets with the external reviewers during the site visit and provides comments on the external reviewers' reports to the appropriate committee;
- d) The Dean receives a copy of the final assessment report from the Provost and Vice-President, Academic Affairs at the end of the process, approves the progress report on implementation of the recommendations, and ensures the progress report and follow-up reports are submitted within the set deadlines.

In practice, while most Deans are aware of most of the items on this list, few (if any) are aware of their role in ensuring that “each step of the review process is completed within the set deadlines.” Yet, without their assistance, there is little that the OPE can do to control delays in the process within the units. However, in fairness to the Deans, it is also true that the OPE has never undertaken to educate them about this issue, nor has it provided the type of regular reporting that would alert them to problems when they arise, so they could take appropriate action.

To rectify this oversight, the OPE is working to create a regular report which will keep the Deans up to date on the progress of their units undergoing cyclical review. In the report, each program is assessed with a three-colour system (green, yellow, and red), according to three performance metrics: (i) on-time performance, (ii) timeliness of communications with the OPE, and (iii) evidence of progress. Programs assessed as green are (i) on-time, (ii) communicating well, and (iii) making progress toward completion of the process. Programs assessed as yellow are (i) late (missed a deadline), but (ii) communicating well, and (iii) making progress toward completion. Programs assessed as red are (i) late (missed a deadline), (ii) communicating poorly or not at all, and (iii) not progressing toward completion of the process.

At present, the colour coding of units is based on two main deadlines: (i) the eight-year limit for the approval of the Final Assessment Report, and (ii) the due date established in the FAR for the submission of the Progress Report. (Deadlines for units that are required to submit Follow-up Reports will also be reflected in the colour coding.) However, the OPE recognizes the limitations of this approach, given the long periods between the commencement of the review process for a unit and the two deadlines which could trigger a change in colour. In effect, by the time the Dean is made aware of a problem, it will be too late to intervene in a way that can avoid having the unit miss a deadline.

For this reason, (i) the OPE refers to the current prototype report as reactive, and (ii) the reporting system has not yet been implemented. Instead, the OPE is working on a proactive reporting system for managing files.

The proactive reporting system involves creating a suite of intermediate milestones within the external evaluation process – from the initiation of work on the self-evaluation report (SER) to the approval of the FAR. While these milestones will be purely for internal management purposes, they will allow the OPE to signal potential problems much earlier in the process, so the Dean can support the unit in making a course correction to avoid ultimately missing a deadline. This system will take advantage of the granularity embedded in the new Master Tracker to monitor a unit's progress and respond quickly when delays emerge.

The anticipated date for implementation of the proactive management system is September 2025.

7. Data services

At present, the standard timeline for completion of the external evaluation process is two years. The first year is devoted to completion of the SER, while the second year is devoted to the external visit, External Evaluators' Report, creation of the Implementation Plan, and completion of the Final Assessment Report.

A major part of completing the SER involves the presentation and analysis of data provided to the unit on new enrolments, total registration, demographic breakdowns, progression through the program, and many other topics. The university's Institutional Research and Planning office (IRP) provides the data in the form of Excel tables, and the unit is required to decide how they wish to present it – e.g. in charts, graphs, tables, etc. – and then undertake the necessary work to put these formats into effect. Some units have professors with skills in working with data, but many do not. But even for those with the necessary skills, this work proves to be very detailed and time consuming. Some units may hire students to assist with this work, but ultimately the decisions still need to be made by professors on the review team, and they must train and supervise students who have been hired to do this work.

Another complicating factor is the date when the units receive their data packages. At present, for units beginning to work on the SER in September, the practice is to delay supplying the data until February – five months later. This approach is justified because it enables IRP to provide data for the latest academic year – i.e. the one which began in September. The assumption is that the units will then be able to complete their reports in the four months remaining and submit them in June. Under this timeline, the external reviewers will receive the SER the following fall, by which time the last year covered in the data will be only one year old.

Unfortunately, this timeline is not realistic. Many units use the delay in receiving the data as an excuse to delay beginning work on the SER, perhaps with a mistaken belief that it won't require much effort to complete it. Then they discover how much work is involved, and they push the completion back until the next fall or winter. By that time, the most recent data in the report is one year old. But with the next steps taking several months – i.e. review by the Senate

committee, revisions, scheduling of a date for the site visit – it follows that the external evaluators don't receive the SER until the next fall, by which time the most recent data in the report is two years old.

With these problems in mind, the Director of Program Evaluation met with the Manager of IRP in August 2024 for discussions on accelerating the timeline. Fortunately, two easy solutions presented themselves.

First, the Manager of IRP explained that, several years earlier, the practice was to provide the units with data both in table form and pre-formatted into a standard selection of charts and graphs. The idea was the units could use the standard charts and graphs if they wished, or they could make their own, if they preferred different formats. For reasons which were not discussed, this practice was dropped several years ago but it can easily be revived. As the manager of IRP explained, once the templates for the standard charts and graphs are in place, they will be automatically created when the data tables are filled, so it does not add much to the ongoing demands on IRP staff.

Second, for similar reasons, there should be no difficulty in providing the units with their data packages at other times of the year. In the end, it was agreed to supply the units with two data packages – first in September, with the most recent data one year old, and second in February, with the up-to-date data from the fall. This will allow the units to start work on the SER in September, and then, if they wish, make minor adjustments later, to account for the updated data, when the second pack is received. Importantly, this adjustment work will only require (i) deleting the original charts, (ii) copying and pasting in the new ones, and (iii) adjusting some language in the text of the report if the new data requires it.

Moreover, this adjustment work can take place anytime up to two weeks before the site visit. It certainly does not need to take place before the Senate committee's review of the report, and therefore the timeline does not need to be delayed. Also, it goes without saying, there is no obligation for units to make this adjustment, although it is true that external examiners frequently ask for the most recent data available if they don't find it in the report.

Both of these changes – preformatted selection of charts and graphs, and first delivery of data packages in September – can be implemented immediately, i.e. for units beginning work on the SER in September 2024. With these changes, the OPE is optimistic that units will be able to complete the SER more quickly.

8. Conflicting timelines

There is a major incoherence at present between the timeline that is communicated to the academic units for completion of the SER and the timeline that is required to complete the Lead Analyst's process for SWOT, PLO creation/revision, and curriculum analysis. Further, the Lead Analyst's process is currently offered to the units as an option, not a requirement. The optional nature of the SWOT/PLO/CA process, as well as the incoherence of the timelines, creates confusion for the units and delay for those units which do choose to work with the Lead Analyst.

As part of the 2024-2025 evaluation cycle, 15 units were tasked with preparing their self-evaluation reports over the course of the 2023-2024 academic year. All 15 units chose to use the Lead Analyst's services, to varying extents. Four units requested his full support (for SWOT, PLO creation/revision, and curriculum analysis). In total, 12 SWOTs, 11 PLO assessments, and 7 curriculum analyses were conducted with the Analyst's assistance and supervision for this group of units.

As mentioned in the previous section, the standard timeline for completion of the external evaluation process is two years, with the first year devoted to completion of the SER, and the second year devoted to the remaining steps (external visit, External Evaluators' Report, creation of the Implementation Plan, and completion of the Final Assessment Report). However, in its current form, the Lead Analyst's process also requires one year. As this process only provides a subset of the material required for the SER (less than 50%), the conflict is apparent.

There has been discussion in the OPE of expanding the timeline for completion of the external evaluation to more than two years, in order to accommodate the Lead Analyst's process. Indeed, the Manager of IRP has pointed out that increasing the timeline to 2 ½ years would not negatively affect the currency of the data in the September data packages, as these are based on data which are available in the previous February.

However, while we are open to considering the option of lengthening the timeline, we believe the first step should be to review all processes, including the Lead Analysts' process related to SWOT, PLOs and curriculum analysis, to identify potential opportunities to speed things up. With shortened processes, we may also be in a position to consider making some of the Lead Analyst's process mandatory instead of optional.

This review of timelines began in May 2024 and is currently ongoing. We anticipate that some changes will be ready to implement as soon as the current cycle, while others will take more time.

9. Involving students in the creation of self-evaluation reports

The Audit Report (p.9 Best Practice) states that "the University of Ottawa's Faculty of Social Science offers undergraduate students the opportunity to be engaged in the preparation of a program's self-study as a course credit." In fact, a small number of units have tried this approach. Meanwhile, the Lead Analyst for SWOT, PLOs, and Curriculum Assessment regularly encourages units who work with him to hire a student to assist with many of the steps involved, and many of them follow that advice. Typically, in this approach, the student is hired in a work-study position, with the cost of the contract shared between the university and the unit.

No doubt both approaches benefit the unit in reducing the workload for the members of the review team. However, both also suffer from significant inefficiencies which, to date, have limited their impact. Specifically, all the responsibility for engaging a student falls on the unit, including search and recruitment. Then the student must be trained (usually by the Lead Analyst)

to complete the necessary tasks. All of these steps entail additional work for the unit and the Lead Analyst, which translate into further delay. Finally, once these investments in the student have been made, he/she is only available for the limited duration of the contract. With the next file, the same process unfolds, with the same upfront investments by the unit and the Lead Analyst.

A better approach would be proactive, with the creation of a team of students ready and available to assist units when needed. A proactive approach would improve efficiency by allowing the OPE to take advantage of economies of scale in recruitment and training, as well as creating pathways in which each student would be available to work on more than one file (reduced training expenditure per file). These efficiencies would be expected to translate into faster completion of files.

Such an approach would require: (i) standardized job description(s), (ii) an annual program of advertising, recruitment and training, and (iii) students available to assist with multiple files/units. These steps would be managed by the Office of Program Evaluation, rather than the individual units.

Remuneration of students could take either of the two forms described above – cash or course credit. Given the current absence of funds within the OPE’s budget, remuneration on a cash basis would have to continue as before, through work-study positions. It may be possible for the OPE to arrange these positions proactively, then charge the units for the hours they use.

Alternatively, students in this program could be recognized with course credits. To date, course credit in the Faculty of Social Science has been in the form of Directed Reading courses. Moving forward, it may be worthwhile considering the creation of a specific course (or courses) focused on experiential learning for students interested in careers in the field of program evaluation. We note with interest that both the Faculty of Education and the Department of Psychology in the Faculty of Social Sciences offer graduate microprograms in Program Evaluation. There may be interest on their part in the creation of internships or experiential learning courses with the OPE which students could take for credits toward their microprogram.

Further discussions are required to assess the feasibility of these approaches.

10. Special cases

At the beginning of the last academic year (2023-2024), the following eight files were classified in a manner which, in the new Master Tracker, corresponds as red (late, not communicating, not progressing):

1. ARTS-EAS-UG-2018-2019
2. SSOC-ANT-G-2018-2019
3. SCIEN-OMT-UG-2019-2020
4. SCIEN-BCH-UG-2019-2020
5. SCIEN-BPS-UG-2019-2020

6. ARTS-TRA-H-2020-2021
7. GENIE-CEG-UG-2020-2021
8. INT-SYS-GRAD-2021-2022

Several of the causes why these files fell behind were related directly to the issues discussed above, and several were unique to the unit. In particular, the following causes have been identified:

- Insufficient attention from the faculty (and insufficient follow-up by the OPE): 1, 6
- Ignored email communications: 7
- COVID-19: 3, 4, 5
- Insufficient human resources in the unit: 3, 8
- Administrative oversight: 2

By August 2024, all of these files had been either completed, or reactivated and classified as yellow (late, but communicating well and making progress). In particular:

1. ARTS-EAS-UG-2018-2019 – Program suspended.
2. SSOC-ANT-G-2018-2019 – Missing Action Plan and signatures supplied, progress report approved, and cycle completed.
3. SCIEN-OMT-UG-2019-2020 – OPE provided assistance with search for external evaluator candidates, site visit completed, and external report received.
4. SCIEN-BCH-UG-2019-2020 – Process was dropped during the lockdown. A new team has been put in place and work is beginning on the drafting of the SER.
5. SCIEN-BPS-UG-2019-2020 – Process was dropped during the lockdown. A new team has been put in place and work is beginning on the drafting of the SER.
6. ARTS-TRA-H-2020-2021 – The Dean has approved the plan of action, and a date has been fixed for the review of the Final Assessment Report.
7. GENIE-CEG-UG-2020-2021 - Communications with external reviewers restored, next steps completed, Final Assessment Report approved May 2024.
8. INT-SYS-GRAD-2021-2022 – Communication restored with the program supervisor, SER completed and reviewed by the Senate committee, site visit is being prepared.

As a result of this progress, all active files in the Master Tracker are now identified as either green or yellow – none are red. Of the yellows, most of the delays are short enough that they do not imperil the timeline for beginning the next cycle. These units will simply have a shorter deadline for submitting their Progress Report, following which the next cycle will begin as scheduled.

However, there are three files for which this is not the case. These are:

- SCIEN-OMT-UG-2019-2020
- SCIEN-BCH-UG-2019-2020
- SCIEN-BPS-UG-2019-2020

Given where these files are in their process, it is not clear they will be able to start the next cycle on schedule. It is also not surprising that all three of these units had deadlines that fell within the COVID-19 lockdowns, as program evaluation almost certainly fell down the list of priorities during that time. Indeed, in the case of OMT (Ophthalmic Medical Technology), the program director and other technical staff that run much of the program were furloughed for the duration of the lockdown. Meanwhile, all programs experienced continual upheaval as the university changed teaching methodologies and technologies two years in a row (fall 2020 and fall 2021). These changes came, of course, on top of all the other stresses related to the lockdowns, including faculty members who were required to work from home while simultaneously supervising children who were also confined to home.

While we regret that they will not likely be able to start their next cycle on time, we believe it would be best to plan constructively for this, rather than waiting to see what happens. With this in mind, we would like to request that the three units in question be allowed an extra year before their next cycle begins. The proposal is summarized in the table below.

Adjustment of the Schedule for the Next Cycle of External Review – Selected Programs

| program | current schedule | | proposed schedule | |
|------------------------|------------------|------------|-------------------|------------|
| | start | completion | start | completion |
| SCIEN-OMT-UG-2019-2020 | 2026 | 2027-2028 | 2027 | 2028-2029 |
| SCIEN-BCH-UG-2019-2020 | 2026 | 2027-2028 | 2027 | 2028-2029 |
| SCIEN-BPS-UG-2019-2020 | 2026 | 2027-2028 | 2027 | 2028-2029 |

Start: Refers to the initiation of work on the Self-Assessment Report
 Completion: Refers to deadline for approval of the Final Assessment Report

C. Completion of Progress Reports for New Programs (CC2)

This concern is acknowledged and accepted. The senior Coordinator in the Office of Program Evaluation explains that the problems identified with interim monitoring reports for new programs were due to two factors: (i) lack of a succinct template for the report, and (ii) lack of clarity regarding who, within the university’s quality assurance personnel, was responsible for ensuring compliance with the requirement.

These problems have now been corrected, as follows. First, a new, succinct template has been created to guide the unit in completing the interim monitoring report.

Second, a new allocation of responsibilities among two senior personnel in the provost’s office (of which one is the senior Coordinator in the Office of Program Evaluation) has now been implemented. Previously, one was responsible for new programs, academic regulations, and partnership agreements with colleges, while the other was responsible for cyclical program review and course evaluations. It has now been recognized that the new program file is a better fit with cyclical program review, as the processes are functionally similar. Thus, one Coordinator

is now responsible for these areas, while the other is responsible for academic regulations, partnership agreements with colleges, and course evaluations. With this change, and the new Master Tracker system, it will be a simple matter to ensure that requirements for interim monitoring reports will be entered into the system and brought to completion within the required timeline.

D. FARs and IPs Posted and Distributed in a Timely Manner (R1)

Page 7 of the Audit Report states that “only a small fraction of the programs scheduled for Cyclical Program Review over the last five years have any material posted” on the University’s website. Thus, Recommendation 1 requires that the University “ensure that all Final Assessment Reports and Action Plans are posted on the University’s website and distributed” in the required manner, both on a moving forward basis as well as for the last eight years. Further, the Audit Team drew attention to the fact that, as a cost saving measure, the QAF allows the University to post the FAR in the form of an executive summary rather than the full report.

Effective spring 2023, the University adopted this advice for translating and posting only the executive summary of the FAR (plus Action Plan) on the website. As a result, we are pleased to report that, of the 9 FARs approved during the 2023-2024 academic year, 7 have been posted and the remaining 2 are expected to be posted shortly.

Further, the OPE has reviewed the records for the eight-year period 2015-2016 to 2023-2024 (inclusive). Within this interval, 144 programs/units¹ completed evaluations (FARs approved), of which 97 have been posted on the website, leaving 47 which still remain to be translated into separate English and French versions and posted. Many of these outstanding cases date from the 2015-2016 and 2016-2017 academic years.

The OPE’s plan is to ensure that all reports are posted on a timely basis moving forward, while completing the retroactive cases over a three-year period.

E. Consultation of Staff and Students in the Self-Evaluation Report (R2)

It is important to note that the current practice is to include the results of the End-of-Program Survey and the University Alumni Survey in the data packages which are distributed to the academic units for the preparation of the SERs. Thus, at a minimum, the units do already have this information which enables them to take into account feedback from students and alumni in their SER. It may arise that the units do not mention this in their discussion of how they created the report. Therefore, the OPE should take measures to remind units to mention this input in their description of the process. This could be accomplished with the insertion of a reminder in the appropriate section(s) of the SER template.

¹ In some cases, FARs correspond with individual programs, while, in other cases, they correspond with multiple programs within an academic unit.

Also, this recommendation dovetails well with the plan to add milestones into the SER process for proactive management, as one of these is a milestone for completion of a SWOT consultation. Our Lead Analyst has a specific SWOT process for units which choose to work with him. We anticipate more units choosing this path as the conflicting timelines are resolved (see section C.b.9 above), and we will also be considering whether some or all of the Lead Analyst's SWOT process will be made mandatory.

F. Variants for External Reviews (R3)

The background information given for Recommendation 3 states that a desk audit was chosen for a new program review, which required approval by the Vice-Provost Academic Affairs. Our research indicates this review involved the proposed Bachelor of Fine Arts in Acting, in 2018. The senior Coordinator in the OPE recalls that this alternate format was approved verbally by the Vice-Provost. However, clearly, for the purpose of verification, permanent documentation must be created and deposited in the permanent file. The OPE will be careful to ensure that this practice is followed in the future.

G. Alignment of Measures with the Suggestions from the Audit

The OPE appreciates the list of helpful suggestions provided in the Audit Report. In fact, many of them have proven to be very useful and we have adopted them, in whole or in part. Meanwhile, others have not been adopted, for various reasons. We provide here a brief response to each of the eleven suggestions.

SUGGESTION 1: Consider undertaking a review of the academic administrative structure overseeing quality assurance, and the distribution and depth of staffing that supports quality assurance.

It is somewhat difficult to respond to this suggestion, due to the extent of turnover in quality assurance positions in the Provost's office since October 2022. In particular, the positions of Provost, Vice-Provost Graduate Studies, Vice-Provost Academic Affairs (i.e. undergraduate studies), and Director of Program Evaluation, as well as some senior support staff, have all seen changes in personnel during this period. Nonetheless, there has been a recognition that the administrative support for the OPE was not sufficiently continuous in the past, and this has been addressed with the filling of a second full-time Coordinator position, as well as a re-allocation of responsibilities among both Coordinators. Also, other project-based specialists within the Provost's office are allocated to the OPE on an as-needed basis to assist with the organization of site visits by the external evaluators. Finally, the creation of new tools and addition of platforms has lessened the workload and increased overall efficiency.

SUGGESTION 2: Consider developing a comprehensive monitoring and reporting system to track each step in the cyclical reviews of its undergraduate and graduate programs in order to ensure timely completion of these reviews.

This suggestion has been adopted with the development of the Master Tracker database in Smartsheet. See section C.b.2 above for details.

SUGGESTION 3: Consider establishing timelines for all steps of the Cyclical Program Review process so that the reviews can be completed expeditiously.

This suggestion has been embraced fully, as discussed above in section C.b.7 on proactive management of timelines. Implementation of this approach is expected to roll out in September 2025.

SUGGESTION 4: In Faculties where some quality assurance responsibilities are delegated to Vice-Deans, consider seeking ways to ensure that a Dean's responsibility for the fiscal and academic health of the Faculty's programs is supported by appropriate briefings on quality assurance activities.

This suggestion has been embraced fully, as discussed above in section C.b.7 on activating the Dean's responsibilities and proactive management of timelines.

SUGGESTION 5: Consider ways in which to encourage more of those developing New Program Proposals to utilize the expert advice of the Teaching and Learning Support Services staff.

This suggestion has been less prominent in our recent deliberations, as the constrained financial environment at present means there are few new programs in the pipeline. However, the importance of the Lead Analyst's guidance in the creation/revision of Program Learning Outcomes and development of the corresponding curriculum is acknowledged. Indeed, our discussions above in section C.b.9 on streamlining and harmonizing the timelines for these processes with the timelines of the OPE makes it clear that we will be in a position to better use the Lead Analyst's services, including where it would be appropriate to make it mandatory that units use these services, rather than leaving it as an option. Another step in this direction occurred effective July 2024, with the transfer of the Lead Analyst from Teaching and Learning Support Services into the Office of Program Evaluation. This change in reporting has already facilitated closer collaboration between the Director and staff of the OPE with the Lead Analyst, especially in the ongoing review of timelines and processes for SWOT/PLO/Curriculum services.

SUGGESTION 6: Consider offering faculty members the option of attending quality assurance-based information sessions. (Issue of lack of support among faculty members.)

We do indeed offer an orientation to the process for each incoming cohort of units that are beginning a new cycle of cyclical evaluation. These orientations are targeted at the members of the team conducting the review. While in principle it may be advantageous to invite all faculty to attend these orientations, in practice it is not likely to accomplish much, as faculty are busy and therefore not likely to attend unless they are directly involved.

While it is true that a certain proportion of the professoriate – typically those who have never participated in program evaluation – probably do think it is a waste of time, our experience suggests that the bigger obstacle to the timely completion of tasks by academic units is inadequate tracking of progress by the OPE and the involvement of the Deans in ensuring progress by the units. These items are now being addressed, as discussed in section C.b.7 on activation of Deans’ responsibilities and proactive management of timelines.

SUGGESTION 7: Consider translating and posting on its website only the Action Plan and the FAR Executive summary rather than the complete FAR document.

This suggestion has been adopted. See the discussion in section E on the posting of Final Assessment Reports on the university’s website.

SUGGESTION 8: Consider modifying its IQAP to identify who confirms that the External Reviewers chosen for a New Program review or for a Cyclical Periodic Review are indeed arm's length.

This seems like a reasonable suggestion that should be considered at the next update of the IQAP.

SUGGESTION 9: Consider developing a Conflict-of-Interest policy for the University’s committees responsible for quality assurance.

Indeed, the current practice is that members of a committee recuse themselves when their home department is involved in a cyclical review. Still, the point is well taken that this practise should be formalized and included in the next version of the IQAP.

SUGGESTION 10: Clarify in its IQAP that it is the relevant Senate Committee on Program Evaluation that approves the final draft of a program's Self-study before it goes to the External Reviewers.

This suggestion will be taken under advisement at the time of the next revision of the IQAP.

SUGGESTION 11: Review the process for cyclically reviewing joint programs and, where appropriate, revise the governance structure to enable the creation of a stand-alone program, and undertake an appropriate quality assurance process to confirm viability of the stand-alone program.

This suggestion raises important questions regarding the governance of joint programs, as well as the conditions for the creation of stand-alone programs for units which previously functioned jointly. Carleton University, which is the University of Ottawa’s primary partner in joint institutes, undertook an analysis of issues related to Joint Graduate Programs in 2023-2024. The Vice-Provost of both institutions met to discuss this analysis in the Summer 2024, and a discussion between the Faculties of Engineering of both institutions is now planned for October 2024. Also, we are aware that Carleton recently

navigated a successful dissolution of a joint program with another university, leading to the creation of a stand-alone program. This will provide a useful point of reference in the event such a situation arises with one of our joint institutes in the future. Meanwhile, we will continue our discussions with Carleton to strengthen our governance procedures.

H. Action Plan and Timelines for Completion

The following table summarizes the Causes for Concern and the Recommendations provided in the Audit and the actions and timelines proposed by the university’s Office of Program Evaluation, as discussed in the previous sections of the report.

| What? | Cause of problem | Remedial action | Timeline |
|---|--|---|---|
| Cause for Concern 1: Excessive delays in Cyclical Program Reviews. | Absence of comprehensive tracking system. | Creation of Master Tracker in Smartsheet | Completed – in service January 2024. |
| | Insufficient membership of Senate review committees. | Reformulation of the recruitment process. | Completed – in service since spring 2024. |
| | Delays in responses from participants to email messages from OPE staff. | Protocols for staff experiencing delays. | Completed – in service since spring 2024. |
| | FAR process too time consuming. | Modification of the FAR template and process. | Completed – in service November 2023. |
| | Duplication of effort for harmonized reviews. | Create one Senate review committee with two teams. | Development of proposal and implementation 2024-2025. |
| | Deans not involved in managing timelines. | Proactive management of timelines and activation of Dean’s role. | September 2025. |
| | Academic units lack sufficient data skills in the creation of SERs. | IRP to provide standard set of graphs and charts in data pack. | September 2024. |
| | Conflicting timelines between OPE and Lead Analyst. | Review LA’s practices to identify opportunities to accelerate completion. | Consultations in 2024-2025 with progressive implementation – Process completed by September 2025. |
| | Inefficient methods of engaging students to help academic units with SERs. | Proactive student team ready and able to assist units when required. | Consultations 2024-2025 – implementation 2026-2027. |

| | | | |
|---|---|---|---|
| | Special cases (3 units) – COVID 19 lockdowns. | Request delay of one year for beginning next cycle. | Request sent to QC October 2024. |
| Cause for Concern 2: Interim Reports for New Programs not always completed. | Template for the report not succinct. | Modification of template for report. | Completed – January 2024. |
| | Lack of clarity which staff member is responsible for ensuring compliance. | Re-organization of staff responsibilities. | Completed – July 2024. |
| | Lack of adequate tracking system. | Implementation of Master Tracker. | Completed – January 2024. |
| Recommendation 1: Ensure FARs and IPs posted on the website in a timely manner. | High cost of translating documents into the other language (French or English). | Post only the executive summary of the FAR. | Action implemented Spring 2023. Files up-to-date since 2021-2022. Complete backlog of 47 files over next 3 years – completion 2027. |
| Recommendation 2: Ensure staff and students are consulted in the creation of SERs. | Units that rely on End-of-Program Survey and University Alumni Survey in their SERs forget to include these groups in their description of the process. | Modify SER template to remind units to mention student and alumni feedback based on these surveys in the description of the process. | September 2025. |
| | Some units do not conduct SWOT analysis. | Add a milestone for SWOT in the new proactive management system. | September 2025. (See action above on proactive management.) |
| Recommendation 3: Ensure the IQAP's procedure for approval is followed in cases of alternate formats for external reviews. | Use of alternate formats without record of approval. | Provost or delegate to approve alternate formats when circumstances require, consistent with the IQAP. Justification to be explained, and documentation recorded and filed. | As needed. |