Lakehead University's
Institutional Quality Assurance Process (IQAP)
2023

Lakehead University Institutional Quality Assurance Process 2023

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1.0 INTRODUCTION: THE QUALITY ASSURANCE FRAMEWORK (QAF)

Quality assurance is a shared responsibility between the Ontario Universities Council on Quality Assurance and Ontario's publicly assisted universities. This collaboration ensures a culture of continuous improvement and support for a vision of a student-centred education based on clearly articulated program learning outcomes. Quality assurance processes result in an educational system that is open, accountable, and transparent. Quality assurance of university academic programs has been adopted around the world and is widely recognized as a vital component of every reputable educational system. Considerable international experimentation in the development of quality assurance processes, along with increasing pressure for greater public accountability, has raised the bar for articulating Degree Level Expectations and learning outcomes in postsecondary education. (QAF 2021-)

The first Quality Assurance Framework was developed by the Ontario Council of Academic Vice-Presidents, to ensure quality assurance of all graduate and undergraduate programs offered by Ontario's publicly assisted universities. The final version of the Quality Assurance Framework (QAF) was approved by the Council of Ontario Universities (COU) in April 2010. In 2018 an external review was conducted of the 2010 QAF, with recommendations made to, "expand the focus of quality assurance beyond that of the institutions demonstrating compliance with the established standards of quality to that of encouraging investments in quality improvement" (QAF 2021). Following the external review, the Quality Council conducted several rounds of consultation to refine the QAF based on the external reviewer recommendations, with the new Quality Assurance Framework approved in 2021.

The provincial quality assurance authority is called the [Ontario Universities Council on Quality Assurance](#) (the Quality Council or QC). The Quality Council's work is supported by an Appraisal Committee and an Audit Committee. Its operations are managed by a secretariat and headed by the Executive Director of Quality Assurance. The universities have vested authority in the Quality Council to make the final decision on whether, following the Council-mandated appraisal of any proposed new undergraduate or graduate program, such programs may commence.

1.1 Responsibilities of Institutions for Quality Assurance

The Quality Assurance Framework ([QAF, 2021](#)) identifies the responsibilities of institutions, with every publicly assisted Ontario university that grants degrees and diplomas being responsible for ensuring the quality of all of its programs of study, including modes of delivering programs and those academic and student services that affect the quality of the respective programs under review, whether or not the program is eligible for government funding. Institutional responsibility for quality assurance extends to:

- new and continuing undergraduate and graduate degree and graduate diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the university, and;
- programs offered in partnership, collaboration or other such arrangement with other postsecondary institutions including colleges, universities, or institutes.

Lakehead University is committed to the principles that guide quality assurance in Ontario as outlined in the Quality Assurance Framework (QAF 2021). The following 8 categories frame the 15 principles:

1. Experience of the Student
2. Oversight by an Independent Body
3. Autonomy of Universities
4. Transparency
5. Increased Responsibility for Quality Assurance
6. Continuous Monitoring and Quality Improvement
7. Expert Independent Peer Review
8. Appropriate Standards

The QAF also outlines the requirements, based on best practices, associated with each of the 5 Protocols that form the basis upon which universities build their own Institutional Quality Assurance Processes (IQAP):

1. Protocol for New Program Approvals
2. Protocol for Expedited Approvals
3. Protocol for Major Modifications (Program Renewal and Significant Change)
4. Protocol for the Cyclical Review of Existing Programs, and
5. Audit Process

As part of "encouraging investments in quality improvement" (QAF 2021), continuous improvement is a fundamental element of the new Quality Assurance Framework, resulting in important additions to internal processes. As the QAF (2021) states:

> One fundamental element of accountability is continuous improvement, which signals that quality assurance is never static. Continuous improvement is the ultimate goal of the ongoing and fluid work of universities as they create living documents that meet evolving standards and measures of quality in their programs. Ontario's Quality Assurance Framework is designed to ensure that the educational experiences students have are engaging and rigorous, but also that the programs through which those experiences are provided are routinely monitored and, if necessary, revised. Continuous improvement of those facets of education that most directly impact the academic experiences of Ontario students is fundamental to quality assurance and, thus, continuous improvement factors significantly in the Quality Assurance Framework. Throughout the New Program and Cyclical Program Review Protocols, continuous improvement is a required goal, especially in the areas of program-level learning outcomes and the assessment of the student achievement of these learning outcomes. The monitoring of a new program and the outcomes of a Cyclical Program Review (i.e., the Implementation Plan) are also essential elements of continuous improvement within the New Program Approval and Cyclical Program Review Protocols.

1.2 Introduction to the Lakehead University Institutional Quality Assurance Process (IQAP)

The Policy for the Review and Approval of Academic Programs (herein referred to as "the Policy" and found [here](#)) governs the review and approval of proposed new programs and the review of existing programs at Lakehead University.

The Policy and Lakehead University's first IQAP were initially approved by the Lakehead University Senate Academic Committee (SAC) on January 17, 2011 and March 4, 2011, respectively. The Policy for the Review and Approval of Academic Programs was approved by the Lakehead University Senate on March 18, 2011. The Policy was reviewed and revised in 2016, with final Senate approval on January 23, 2017. In 2022-23, the IQAP was redesigned to align with the new Quality Assurance Framework (QAF, 2021), and was approved by SAC-QA on March 21, 2023 and then by the Senate Academic Committee on April 12, 2023.

The Policy outlines university-wide principles for the review and approval of academic programs. The Policy aligns the University's quality assurance processes detailed in the IQAP (originally ratified April 2011) and the provincially mandated QAF (2021).

The primary objective of Lakehead University's review processes is to support programs in achieving and maintaining the highest possible standards of academic excellence through continual improvement augmented by objective and constructive assessment and follow up. Program reviews (both new and existing) are intended to both improve academic programs and to demonstrate accountability to the University community and other public stakeholders. Program reviews at Lakehead University will:

- ensure rigorous standards for the development of new programs that align with the mission and academic directions of the University;
- ensure the academic standards of existing undergraduate and graduate programs, including for-credit graduate diplomas;
- ensure that programs are current with respect to developments in the discipline;
- demonstrate, through program learning outcomes and associated assessment strategies that students are achieving disciplinary and degree expectations;
- ensure continual improvement and development of programs;
- assist the faculties and Academic Units[1] in future planning by clarifying academic objectives and identifying areas of existing and emerging strengths and areas of weakness or concern; and
- evaluate the curricular and pedagogical policies and practices of the Academic Unit offering the program(s).

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[1] In this document, Academic Unit is defined as the faculty members and administrators involved in providing the program(s) or proposed program(s) in question. For interdisciplinary programs, the Academic Unit may have representatives from multiple Departments and Faculties.

1.3 Responsibility for the Institutional Quality Assurance Processes and Institutional Contact

At Lakehead University, the authority for the application of the IQAP is the Provost and Vice-President (Academic) and the institutional contact is the Deputy Provost. In cases where there is uncertainty about the nature of a program approval (e.g. New vs. Expedited vs. Major Modification) and consultation with the Deputy Provost (primarily undergraduate) and/or Dean of the Faculty of Graduate Studies (primarily graduate) has not resolved the question, the Provost and Vice-President (Academic) shall be the final arbiter for both graduate and undergraduate programs.

The Office of the Provost and Vice-President (Academic) ("The Office of the Provost") Quality Assurance webpage provides information about best practices and standardized templates to assist in meeting the program quality assurance processes. The QA webpage is intended to serve as the site containing information and links to information that support the major modification, cyclical program review, expedited review and new program approval processes for undergraduate and graduate programs.

Institutional responsibility for quality assurance extends to new and continuing undergraduate programs and graduate degree/diploma programs on all campuses whether offered in full, in part, or conjointly by any institutions federated and affiliated with Lakehead University. These responsibilities also extend to programs offered in partnership, collaboration or other such arrangement with other postsecondary institutions including colleges, universities, and institutes.

1.3.1 Senate Responsibilities in Quality Assurance

Institutional approval of proposals addressing New Programs and Major Modifications to existing programs is the responsibility of the Senate. This includes approval of proposals for the development of:
- transfer pathways between colleges or other universities and Lakehead University,
- international exchanges/agreements where the outcome is a Lakehead University degree.

Such pathways also require the development of an Articulation Agreement.

Faculties are responsible for carefully considering program proposals and for making recommendations to Senate for referral. Senate has delegated responsibility to the Senate Academic Quality Assurance Subcommittee (SAC- QA) to verify that Faculties have taken appropriate steps to ensure that programs are of high quality (i.e., robust, viable and deliverable) and in the interest of the University. The Senate Undergraduate Studies Committee (SUSC), Senate Budget Committee (SBC) and the Faculty of Graduate Studies Council (FGSC): Program/Regulations Committee are also involved in reviewing program proposals, in accordance with their terms of reference, prior to Senate approval.

1.3.2 Offices Responsible for Supporting the IQAP

The following offices are responsible to provide information in support of New Program proposals and Cyclical Program Reviews:

- The Office of Institutional Planning and Analysis provides the required institutional information and statistical data, including data summarized from the student survey of the programs under review.
- The University Library provides reports related to the library collections and services as required.
- Technology Services Centre provides a report on the Technology available to support the program.

1.3.3 Ratification of the Institutional Quality Assurance Processes

Lakehead University's IQAP documents the processes consistent with the requirements of the Ontario Universities Council on Quality Assurance. The Lakehead University Quality Assurance process is intended to be as streamlined as possible while still ensuring accessibility and transparency to the Lakehead University community. Any future substantive changes to the Lakehead University IQAP are subject to Quality Council ratification.

2.0 PROTOCOL FOR NEW PROGRAM APPROVALS

2.1 Overview

2.1.1 Objectives

The New Program Protocol is designed to ensure that in developing new programs, Lakehead University confirms that the educational experiences offered to students are engaging and rigorous, and that the approved programs through which those experiences are provided are routinely monitored and, where necessary, revised. Continuous improvement of those facets of education that most directly impact the academic experiences of Ontario students is fundamental to quality assurance.

2.1.2 Scope

The Protocol for New Program Approvals applies to both new undergraduate and new graduate programs (but not to new for-credit graduate diplomas, which go through the Protocol for Expedited Approval [see Section 3.0]) whether offered by one institution or jointly with another institution.

Lakehead University, through its Review and Approval of Academic Programs Policy (https://www.lakeheadu.ca/about/policies-procedures/policies), defines a "program" as an identified set and sequence of courses and other learning opportunities within an area of study, which is completed in full or partial fulfilment of the requirements for the granting of an undergraduate, second-entry, or graduate degree. Within the same policy, a "new program" is defined as any degree, degree program, or program of specialization, currently approved by Senate or equivalent governing body, which has not been previously approved for Lakehead University by the Quality Council, its predecessors, or any intra-institutional approval processes that previously applied. The definition for "new programs" is congruent with the QAF requirements and is expanded on in the Lakehead University IQAP. Further, Examples of what constitutes a 'new program' are provided in QC Guidance.

Other types of new programs including concentrations, minors, specializations, undergraduate diplomas and not-for-credit certificates[2] do not require Quality Council appraisal and approval but still require internal review and approval by Faculty Council(s), Senate Standing Committees (SAC, SAC-QA, SUSC or FGSC, and SBC as appropriate) and final Senate approval. These types of proposals are normally considered to be Major Modifications and must follow the process outlined in Section 4.0 of this document.

2.1.3 Process

The process involves three (3) phases, with each phase including a number of steps (see Figure 1).

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[2] These program types are defined in the University Calendar.

Figure 1: Review and Approval Process for New Undergraduate and Graduate Program Proposals

Lakehead University Review & Approval
- Office of the Provost
- Academic Unit(s) and respective Faculty Council(s)
- Senate Standing Committees
- Senate
- External Review and Report

Quality Council Review & Approval
- Quality Council Appraisal Committee renders decision
- Quality Council informs University

Program Implementation and Follow-up
- Academic Unit
- Faculty Dean(s)
- Senate
- Office of the Provost
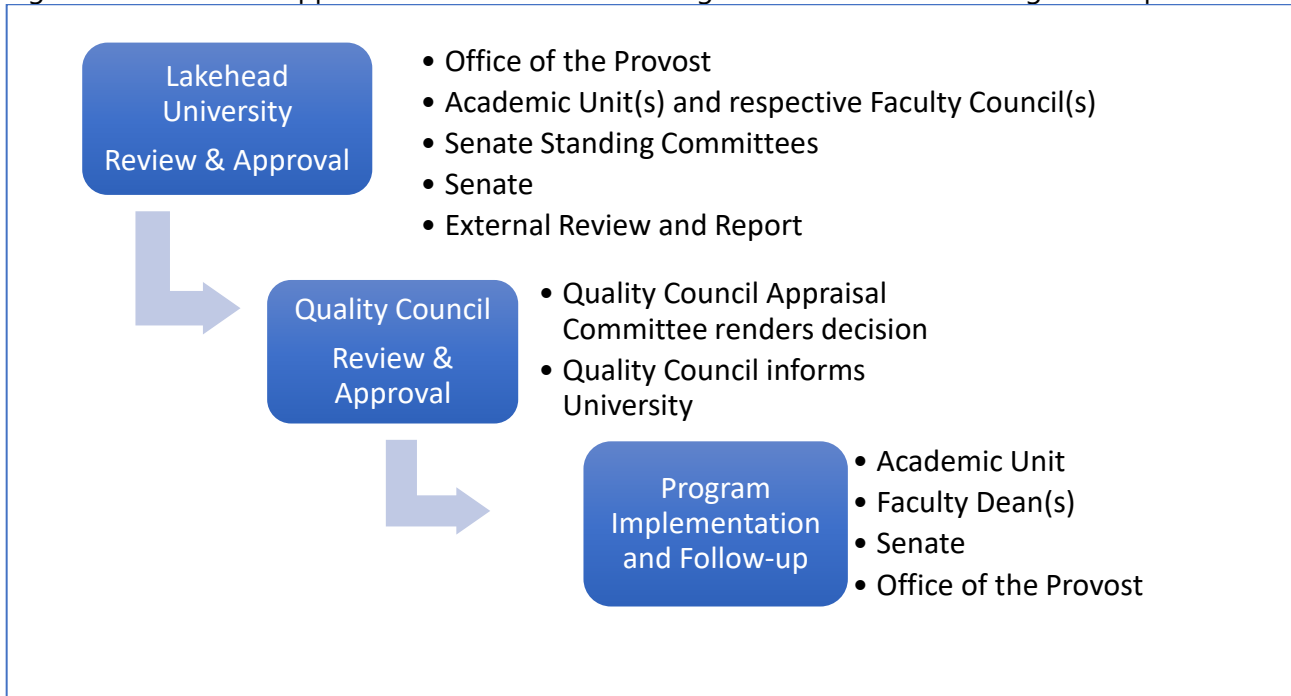
Phase 1 – Lakehead University Review and Approval

Before beginning the development of a new program proposal, the submitting academic unit will discuss their idea with the Dean to see if the proposal fits with Faculty academic priorities. Once determined, the submitting unit will contact the Deputy Provost to arrange a meeting between the Office of Institutional Planning and Analysis, the Office of the Registrar, Finance, the academic unit, the Dean and the Deputy Provost. This initial meeting provides guidance on the process and identifies the supports available to aid in the creation of the Proposal Brief.

The primary responsibility for the design of new programs lies with the academic unit. When preparing a New Program Proposal, units are responsible for the development of program objectives, the creation and clear articulation of program-level learning outcomes (see the QC Definition and Guidance for program objectives and learning outcomes), curriculum design and the development of assessment strategies to ensure student achievement of learning outcomes, and generally for the assembly of human, instructional and physical resources needed to achieve the program-level learning outcomes. The Proposal Brief must address the criteria listed in Section 2.2 (based on the evaluation criteria specified in Section 2 of the QAF).

Phase 1 includes a checklist completed by the Academic Unit confirming (via signature) that all affected parties (e.g. Institutional Planning and Analysis, the Registrar, Finance, Deputy Provost, Faculty Dean, other affected Academic Units, Career Services & Co-op (for co-op programs), University Librarian, Vice-President Research and Innovation, other Vice-Presidents if applicable) have been consulted with regard to the proposal. This checklist must be included in the Curriculum Navigator submission.

Once the Proposal Brief is complete, a Curriculum Navigator submission must be undertaken, which signals the beginning of the review process through the appropriate faculty, Senate sub-committees, and culminates in Senate approval.

Phase 2 – Quality Council Review and Approval

The second phase begins once the new program has received Senate approval, and involves the external site visit, responses to the Review Team Report, and then submission of the Proposal Brief and supporting review documents to the Quality Council for review by the Appraisal Committee. The Office of the Provost is responsible for this phase, in collaboration with the academic unit.

Once approval from the Quality Council has been received, the Office of Institutional Planning and Analysis, working in collaboration with the academic unit and the Deputy Provost, will prepare documentation to be submitted to the Ministry of Colleges and Universities for funding approval.

Phase 3 – Program Implementation and Follow-up

Following approval by the Quality Council, Lakehead University is responsible for ensuring that the implementation of the program, is completed. It should be noted that program changes are not permitted between Quality Council approval and commencement of a program. The university is also responsible for monitoring all new programs, and ensuring they are reviewed on a cyclical basis.

Table 1 details the new program review and appraisal process related to new undergraduate and new graduate programs. Individuals with primary responsibility for steps listed in the process have been identified.

Table 1: Institutional Review and Approval of New Undergraduate/Graduate Program Proposal Process

Process Phases and Steps	Responsibility for Step in Process
Phase 1	
Academic Unit discusses proposed idea with Faculty Dean.	Chair/Director/Coordinator & Dean
Academic Unit contacts the Deputy Provost, who will arrange a meeting with appropriate Administrative offices.	Chair/Director/ Coordinator & Deputy Provost
Academic Unit develops new Proposal Brief Notes: 1. A completed checklist must accompany all Curriculum Navigator submissions. 2. Incomplete Proposal Briefs will be returned to the Academic Unit	Chair/Director/ Coordinator
Program proposal submitted to Curriculum Navigator; Deputy Provost confirms appropriate workflow.	Initiator, Deputy Provost
Proposal Brief is reviewed by the Advisory Panel	Advisory Panel
Academic Unit presents new program to Faculty Council for discussion and approval.	Faculty Dean
Faculty Dean/Academic Unit consults additional Deans if changes affect programming/resources/etc. in another Faculty; if so, additional Dean(s) and Faculty council(s) approve the request in Curriculum Navigator	Faculty Dean/ Academic Unit, Additional Dean(s)
Faculty Dean refers Proposal Brief to Senate for referral to appropriate Senate committees (i.e. SAC, SAC-QA, SAC-Regulations, SUSC/FGSC and SBC).	Faculty Dean
SAC-QA reviews new program proposal; brings recommendation to approve to SAC	Chair SAC-QA
SAC considers recommendation of SAC-QA; once approved, report to Senate	Chair SAC
SUSC & SAC-Regulations (Under Grad), FGCS-Programs & Regulations (Grad) reviews courses and program regulations; once approved, report to Senate	Chairs SAC, SUSC, FGCS
SBC reviews program proposal in light of student demand, resources and sustainability; once approved, report to Senate	Chair SBC
Senate program approval	Senate
Phase 2	
Once approved by Senate, the Office of the Provost arranges the External Review External Review conducted	Office of the Provost, Academic Unit, Faculty Dean

Review Team Report submitted to Deputy Provost, is reviewed for completion and forwarded to Academic Unit and Faculty Dean	Deputy Provost
Academic Unit and Faculty Dean(s) develop separate responses; consultation with the Deputy Provost is encouraged. • Academic Unit prepares Internal Response along with any required revisions to the Proposal Brief • Submits Internal Response, revised Proposal Brief and Summary of Key Changes to the Deputy Provost • Faculty Dean(s) prepare Internal Response(s) and submit Response to the Deputy Provost	Academic Unit, Faculty Dean, Deputy Provost
Documentation forwarded to the Quality Council Appraisal Committee* (QC Checklist, Final Proposal Brief, Review Team Report, Responses – Academic Unit and Dean, Summary of Key Changes, Letters of support).	Office of the Provost, Academic Unit, Faculty Dean
QC Appraisal Committee reviews and issues recommendations	QC Appraisal Committee
Final decision of the Quality Council is conveyed to the Institution by the Quality Council's Secretariat within 45 days of receipt of final and complete submission. Note: University can appeal an unsatisfactory recommendation by the Appraisal Committee to the Quality Council.	Quality Council
Approval by Senate - Memo provided to Senate, noting changes resulting from External Review and QC decision; ensure approved version of the Proposal Brief is uploaded to Curriculum Navigator.	Office of the Provost, Senate
Phase 3	
Program proposal submitted to MTCU for their approval process. Separate application required.	Deputy Provost, VP IPA, Academic Unit, Faculty Dean
Academic Unit ensures calendar submission is consistent with QC approved program. Note: Program changes are not permitted between Quality Council approval and commencement of a program.	Academic Unit
Faculty Dean(s) and Council(s) review calendar submission (additional Deans/Councils necessary if changes affect programming/resources/etc.)	Faculty Dean(s) and Council(s)
Ongoing monitoring and first cyclical review (undergraduate and graduate). An interim monitoring report will be provided by the submitting academic unit, between the program's launch and its first cyclical review.	Provost Office and Academic Unit/Dean

Notes:
- The Program Proposal (i.e. the "request" in Curriculum Navigator) may be relegated back to Faculty Council or another previous stage by the Deputy Provost or a committee Chair for additional review by previous committee(s). This must occur when any committee review results in substantial changes to the proposal.
- Subject to the approval of the Provost and Vice-President (Academic), the University

may announce its intention to offer a new undergraduate or graduate program in advance of approval by the Quality Council. When such announcements are made in advance of Quality Council approval, they must contain the following statement; "Prospective students are advised that offers of admission to a new program may be made only after the University's own quality assurance processes have been completed and the Ontario Universities Council on Quality Assurance has approved the program."

- If the recommendation from the Quality Council is to defer the program for one year while the Institution responds to specific issues, then the new program calendar submission will be forwarded to SAC and SBC for a second review and approval, and will be reported to Senate.

2.1.4 Implementation window

After a new program (undergraduate or graduate) is approved to commence, the program will begin within thirty-six (36) months of the date of approval; otherwise the approval will lapse.

2.2 Program Proposal Brief

A Program Proposal Brief must be prepared for all new undergraduate and graduate degree programs, and for-credit graduate diploma programs. The Proposal Brief must provide, and will be evaluated based on, the information provided in this section. Submitting units are required to use the templates provided (Quality Assurance webpage) as they align with the requirements of the Quality Council, are AODA compliant and contain tables to aid in the provision of information. The Proposal Brief involves both a narrative and data to support that narrative. Where appropriate, the Proposal Brief should also include the identification of unique curriculum or program innovations, creative components, or significant high impact practices. In addition, completed Proposal Briefs must include CVs of all participating faculty members.

2.2.1 The Proposal Brief Requirements

The requirements identified within this section are applicable to both Undergraduate and Graduate program proposal briefs, unless otherwise indicated.

1. An Introduction and Rationale for the Proposed Program
a) A BRIEF overview of the history and development of the Academic Unit and the programs contained within the Unit.
b) A summary description of the proposed program. Identify unique curriculum or program innovations, creative components, or significant high impact practices. Include course descriptions for all courses (if extensive, these should be included as an Appendix).
c) A rationale for the development of the new program.
d) A discussion related to demand for the proposed program, substantiated with data and/or research (e.g. Labour Market Information, employment demand, etc.).

2. Program objectives
a) Clarity of the program's objectives.
b) Appropriateness of degree nomenclature given the program's objectives; and

c) Consistency of the program's objectives with the general framework of the University's Mission and Strategic, Academic and Research Plans as well as the University's Strategic Mandate Agreement.

3. Program requirements
a) Appropriateness of the program's structure and the requirements to meet both the program objectives and program-level learning outcomes. Include the connections between course learning outcomes and Program Learning Outcomes.
b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's undergraduate or graduate Degree Level Expectations.
c) Appropriateness of the proposed mode(s) of delivery (see [Definitions](#)) to facilitate students' successful completion of the program-level learning outcomes (Provide a few examples of the linkages between each mode of delivery and specific course or program learning outcomes).
d) Ways in which the curriculum addresses the current state of the discipline or area of study.

4. Program Content and Requirements

a) Provide an outline of the curriculum as would appear in the university calendar.
b) A table mapping the connections between course learning outcomes for required courses and PLO's.
c) Identify how the new program includes experiential learning methods (including land-based learning and community service learning assignments), if applicable.
(d-f for graduate programs only)
d) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time;
e) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate-level courses; and
f) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.
5. Assessment of teaching and learning (see [QC Guidance](#))
a) Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations.
b) Appropriateness of the Academic Unit's plans to monitor and assess:
      i. The overall quality of the program;
      ii. Whether the program is achieving in practice its proposed objectives;
      iii. Whether its students are achieving the program-level learning outcomes; and
      iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.

6. Admission requirements
a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes.
b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program (e.g., minimum grade point average,

additional languages or portfolios, and how the program recognizes prior work or learning experience).

7. Resources

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

a) Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment.

b) As applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience.

c) If applicable, provision of supervision of experiential learning opportunities.

d) Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the university.

e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including:

     i) Library Resources

     At least three (3) months in advance of the anticipated date of the review, the Academic Unit will submit a request for this report to the University Librarian.

     ii) Computer Facilities and Information Technology Support

     At least three (3) months in advance of the anticipated date of the review, the Academic Unit will submit a request for this report to TSC (insert in the proposal as an appendix) on the University's computer facilities and technology support.

     iii) Classroom, Laboratory and Research Equipment and Facilities

     List equipment rooms and common laboratory facilities. List major equipment available for use and commitments/plans (if any) for the next seven (7) years.

f) Space for Faculty and Students:

Provide details for the current faculty and general office space, along with the commitments/plans (if any) for additional and/or different space over the next seven (7) years. Indicate where and how much study space the undergraduate students will have access to. Describe any future plans for relocation or space expansion.

g) If necessary, additional institutional resource commitments to support the program in step with its ongoing implementation.

h) Proposed Budget. The budget template is provided by, and is to be completed with input from, Institutional Planning and Analysis and Finance

8. Resources for graduate programs only

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

a) Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation, and foster an appropriate intellectual climate;

b) Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students; and
c) Evidence of how supervisors will provide financial support to domestic and international students.
d) Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status of the faculty.

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

2.3 External Evaluation and Review Process

2.3.1 Site Visit

Following review and approval of the New Program Proposal Brief by the appropriate Senate committees (SAC-Quality Assurance [SAC-QA], SAC-Regulations, Senate Academic Committee [SAC], Senate Undergraduate Studies [SUSC], Faculty of Graduate Studies Committee [FGSC] – Programs and Regulations, and the Senate Budget Committee [SBC]) and approval of the Senate, an external review will be arranged.

External review of a new doctoral program proposal must incorporate an on-site visit.

A new masters program proposal will normally be conducted on-site, but certain new master's programs (e.g., professional master's programs, fully online, etc.) may also be conducted by desk review, virtual site visit or an equivalent method if both the Provost (or delegate) and external reviewers are satisfied that the off-site option is acceptable. An on-site visit is required for all other proposed master's programs.

External review of a new undergraduate program proposal will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk review, virtual site visit or an equivalent method (see QC Definitions) if the external reviewers are satisfied that the off-site option is acceptable. The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives.

2.3.2 Review Team

The review team for both new undergraduate and graduate programs will be comprised of two external reviewers. Each member of the review team will receive an honorarium in recognition of their time and sharing of their expertise.

The External Reviewers will normally hold the rank of associate or full professor, or the equivalent. They will have suitable disciplinary expertise, qualifications and program management experience, including an appreciation of pedagogy and learning outcomes (See

QC Guidance for suggestions on the selection of reviewers and for a definition of arm's length.) As the Guidance indicates, external reviewers should have a strong track record as academic scholars and ideally should also have had academic administrative experience in such roles as undergraduate or graduate Program Coordinators, Department Chair, Dean, Graduate Dean or associated positions.

All members of the Review Team must be at arm's length from the Academic Unit under review. This means that reviewers cannot be current or recent collaborators, former supervisors, advisors or colleagues of members of the Academic Unit. Arm's length does not mean that the reviewer must never have met or even heard of a member of the program. It does mean that reviewers should not be chosen who are likely, or perceived, to be predisposed to view the program or Academic Unit either positively or negatively.

The Quality Council provides guidance on what may or may not meet the definition of "arm's length". Examples of what does not violate the arm's length requirement:
- Appeared on a panel at a conference with a member of the program
- Served on a granting council selection panel with a member of the program
- Author of an article in a journal edited by a member of the program, or of a chapter in a book edited by a member of the program
- External examiner of a dissertation by a doctoral student in the program
- Presented a paper at a conference held at the university where the program is located
- Invited a member of the program to present a paper at a conference organized by the reviewer, or to write a chapter in a book edited by the reviewer
- Received a bachelor's degree from the university (especially if in another program)
- Co-author or research collaborator with a member of the program more than seven years ago
- Presented a guest lecture at the university
- Reviewed for publication a manuscript written by a member of the program

Examples of what does violate the arm's length requirement:
- A previous member of the program or department under review (including being a visiting professor)
- Received a graduate degree from the program under review
- A regular co-author and research collaborator with a member of the program, within the past seven years, and especially if that collaboration is ongoing
- Close family/friend relationship with a member of the program
- A regular or repeated external examiner of dissertations by doctoral students in the program
- A recent doctoral supervisor (past several years) of one or more members of the program
- A previous external reviewer for a Cyclical Program Review or a New Program Proposal in the department/unit in question. Whilst this is preferable, in cases where it is not ideal, at least one of the external reviewers must not have previously reviewed a program in the department/unit.

2.3.2.1 Process for selecting the Review Team

The submitting Academic Unit must develop a list of proposed reviewers and circulate it to all members associated with the New Program Proposal to ensure compliance with these guidelines.

Once approved within the Academic Unit, the Head of the proposing Academic Unit will submit to SAC-QA (via the Deputy Provost, Chair of SAC-QA), information relative to the proposed external reviewers using the External Reviewer Nomination Template (Quality Assurance webpage). SAC-QA will review the list of proposed reviewers and select the required external reviewer(s). All contact with the proposed reviewers will be through the Office of the Provost only. A record of communication with the reviewers and a record of all information and documentation made available to the reviewers will be tracked through the Office of the Provost.

2.3.3 Review Team Roles and Responsibilities

Prior to the start of the Site Visit, the Review Team will be provided with the Proposal Brief, the CVs of all Faculty members, along with a report template that has been developed based on the IQAP and the Quality Assurance Framework evaluation criteria and presents a general framework for the report.

When the site visit commences, the Deputy Provost will review the process with the Review Team to ensure that they:
- Understand the role and obligations as External Reviewers;
- Identify and commend the program's notably strong and creative attributes;
- Describe the program's respective strengths, areas for improvement, and opportunities for enhancement;
- Recommend specific steps to be taken to improve the program, distinguishing between those the program can itself take and those that require external action;
- Recognize the Institution's autonomy to determine priorities for funding, space, and faculty allocation, and
- Respect the confidentiality required for all aspects of the review process.

2.3.4 Review Team Site Visit

The Review Team will normally spend two (2) days visiting the Academic Unit. They will meet with:
- prospective students
- faculty and staff within the Academic Unit
- the Dean and Chair/Director/Coordinator responsible for the program(s)
- the Chair/Director/Coordinator of any collateral Academic Units (for joint or inter-departmental programs)
- the Dean of Graduate Studies (when a graduate program is involved)
- the Deputy Provost
- the Provost and Vice-President (Academic)
- the University Librarian, Vice-Provost of Student Affairs and Registrar, International, and

Research as appropriate
- others as recommended by the Dean(s) and Chair/Director/Coordinator.

Opportunities to visit teaching, learning and research facilities will be provided.

2.3.5 Review Team Report

The Review Team shall normally submit one report to the Deputy Provost within six (6) weeks following the Site Visit or desk audit that appraises the standards and quality of the proposed program and addresses the evaluation criteria set out in the QAF. The Review Team will also be invited to acknowledge any clearly innovative aspects of the proposed program along with recommendations on any essential or otherwise desirable modifications. The report will remain confidential to the Office of the Provost, the relevant Dean(s), and to the Academic Unit.

2.4 Internal Response to Report

Within four (4) weeks of receiving the Review Team Report on the New Program Proposal, the Academic Unit, and the relevant Dean(s) shall prepare separate Internal Responses to the Review Team Report using the template provided (Quality Assurance webpage), consulting with the Deputy Provost as necessary. The responses must clearly address the Review Team's comments and recommendations along with any required revisions. Academic Units are required to discuss their Internal Response, first collaboratively within their Academic Unit, and then with the relevant Dean(s).

It is essential that the proposing academic unit and the relevant Dean(s) provide fulsome and clearly designated separate responses to the External Review Report and recommendations. An exception to this requirement for separate responses is in the case of single-department Faculty, where the Dean is essentially the Divisional Head.

Any subsequent amendments to the New Program Proposal should be made through track changes, and a summary report of changes made must be developed. A track changes copy, clean copy and summary report of changes must all be submitted to the Office of the Provost. These documents will be reviewed by the Office of the Provost and may be sent back if they are incomplete.

The Internal Responses and the final revised Proposal Brief shall be submitted and filed with the Deputy Provost; the revised Proposal Brief will be uploaded to Curriculum Navigator. The Office of the Provost will keep a record of all communication and any approvals, requests for additional information, new deadlines, etc. related to the Internal Responses.

2.5 Institutional approval

Based on the Proposal, the External Review Report(s) and the internal responses to both, and in accordance with the IQAP, the university will determine whether the Proposal meets its quality assurance standards and is thus acceptable or not, or needs further modification. The University may stop the approval process at this or any subsequent point.

Following approval by Senate, all required documentation is forwarded to the Quality Council Appraisal Committee by the Office of the Provost.

2.6 Submission of New Program Proposal to the Quality Assurance Secretariat

After completion of all requirements, the Office of the Provost will submit the Proposal, together with all required reports and documents, to the Quality Assurance Secretariat.

2.6.1 Appraisal process

The Secretariat confirms that the Proposal and associated reports and internal responses are included in the submission. Once confirmed, the Secretariat moves the process to the Appraisal Committee.

The Appraisal Committee reviews the following elements of the submission:
  a) Overall sufficiency of the External Review Report(s);
  b) Recommendations and suggestions made by the external reviewers, including on the sufficiency and quality of the planned human, physical and financial resources;
  c) Adequacy of the internal responses by the unit and Dean(s) to the recommendations, or otherwise for single department Faculty; and
  d) Adequacy of the proposed methods for Assessment of Teaching and Learning given the proposed program's structure, objectives, program-level learning outcomes and assessment methods.

Based on this review, the Committee may seek further information from the university.
If no further information is required, the Appraisal Committee will make a recommendation to the Quality Council.

After considering the recommendation of the Appraisal Committee, the Quality Council will make one of the following decisions:
  a) Approved to commence;
  b) Approved to commence, with report;
  c) Deferred for up to one year during which time the university may address identified issues and report back;
  d) Not approved

The decision of the Quality Council will normally be made within 45 days of receipt of the university's submission.

While the QC may approve the program to commence, they may do so with a note; this note will identify issue(s) that are to be considered at the time of the program's launch, or for its first cyclical program review, or for audit. It is the responsibility of the Provost's Office to share this requirement with the Dean and the academic lead of the new program. It is then the responsibility of the academic lead of the program to ensure the note requirements are subsequently addressed at the identified time.

In the case where the decision is to approve commencement of a program **with report**, it is the responsibility of the Provost's Office, working in collaboration with the Dean and the academic lead of the new program, to provide the report to the Quality Council by the requested date. As

the QAF explains (footnote 3), the requirement for a report is typically the result of a provision or facility not currently in place but considered essential for a successful program and planned for later implementation. The with report condition does not imply a lack of quality in the program, does not hold up the implementation of the new program, and is not subject to public reference on the Quality Council's website.

Once received, the Quality Council Appraisal Committee will review the report, conduct any necessary consultation, and make one of the following recommendations to the Council that the program be:
a) Approved to continue without condition;
b) Approved to continue, but the Council requires additional follow-up and report within a specified period, prior to the initial cyclical review; or
c) Required to suspend admissions for a minimum of two years. The Quality Council will then specify the conditions to be met in the interim in order for admissions to the program to resume.

The University has an opportunity to appeal decisions of the Quality Council, as outlined in Section 7.2 of the QAF ; however, once made, decisions of the Quality Council are final and binding.

2.6.2 Public announcement of new programs

Subject to approval by the Provost and Vice-President (Academic), the university may publicly announce its intention to offer a new undergraduate or graduate program in advance of receiving approval by the Quality Council. When such announcements are made at this stage, they must contain the following statement: "Prospective students are advised that the program is still subject to formal approval."

2.7 Ongoing Monitoring and First Cyclical Review – Undergraduate and Graduate

The monitoring of a new program facilitates continuous improvement, which is an essential goal of quality assurance. An interim monitoring report will be provided by the submitting academic unit, between the program's launch and its first cyclical review. The report will be provided at the end of the fourth (4th) year, as cyclical program reviews take place every eight (8) years.   By this time, the first cohort of undergraduate or PhD program students, or at least two cohorts of master's program students, will have completed the program, allowing time for student feedback and faculty reflection.

The process for monitoring new programs includes the following elements:
- The Provost Office will be responsible for notifying the academic unit that a monitoring report is due, one year in advance.
- The review will be led by the Chair/Director/Program Coordinator (undergraduate programs) or Graduate Coordinator (graduate programs), who will be responsible for ensuring the monitoring report is submitted to their Dean; the Dean will be responsible for submission to the Provost Office.
- The report should be collaboratively constructed within the academic unit, seeking review from both faculty and students.

- The review must consider the following elements:
    - Evaluation of the program's success in realizing its objectives, requirements and outcomes, as originally proposed and approved;
    - Identification of any changes that have occurred since the proposal;
    - Responses to any notes provided by the Quality Council Appraisal Committee at the time of program approval, and;
    - Consideration of the outcomes of the interim monitoring report and identification of any additional areas to be considered in the first cyclical review of the new program.
- The report should be completed using the template provided ([Quality Assurance webpage](#)), and be submitted to the Dean no later than June 1st of the submitting year.
- The Dean is responsible for reviewing the report and providing a response identifying any areas of concern to the academic unit. The Dean will provide a copy of their response and the monitoring report to the Provost Office.
- The monitoring report and decanal response will be included as part of the cyclical program review.

The first cyclical review of any new program must be conducted no more than eight years after the date of the program's initial enrolment.

2.8 Selection for Cyclical Audit

New undergraduate and/or graduate programs that have been approved within the period since the conduct of the previous Audit are eligible for selection for the university's next Cyclical Audit (see the [Quality Council's Audit Protocol](#)). An Audit cannot reverse the approval of a program to commence.

3. PROTOCOL FOR EXPEDITED APPROVALS

3.1 Overview

3.1.1 Objectives

The process associated with the Protocol for Expedited Approvals is intended to enable universities to secure Quality Council approvals more efficiently for changes that are considered less wide-ranging than New Program Proposals. The Expedited protocol provides an efficient process to ensure that new graduate diploma programs, or smaller programmatic changes, can be launched to meet upcoming term application deadlines, and more generally, to support innovation. The approval of submissions made through this Protocol is expedited because such proposals are not required to go through external review, and the authority for final approval rests with the Quality Council's Appraisal Committee.

3.1.2 Scope

Proposals for new for-credit graduate diplomas (Types 2 and 3) are to be submitted for approval through the Protocol for Expedited Approvals. However, this Protocol can also optionally apply to requests for the Quality Council's consideration of a new field(s) in a graduate program, as well as requests for its consideration of a proposed major modification to an existing program.

This Protocol applies to the following proposal types:
  a) New for-credit graduate diplomas (Types 2 and 3) (see QC Definition); and
  b) New standalone degree program arising from a long-standing field in a master's or doctoral program that has undergone at least two Cyclical Program Reviews and has at least two graduating cohorts.
  c) The only time that the Expedited Approval process would apply at the Undergraduate level is for a Major Modification to an undergraduate program that Lakehead decides to submit to the Quality Council's Appraisal Committee for expedited approval.

3.1.3 Process

The expedited program review and appraisal process involves three (3) phases - each phase includes a number of steps for undergraduate and graduate programs (Figure 2).

Phase 1 – Lakehead University Review and Approval
The primary responsibility for the design of a programs lies with the academic unit. When preparing a Proposal, units are responsible for the development of program objectives, the creation and clear articulation of program-level learning outcomes (see the QC Definition and Guidance for program objectives and learning outcomes), curriculum design and the development of assessment strategies to ensure student achievement of learning outcomes, and generally for the assembly of human, instructional and physical resources needed to achieve the program-level learning outcomes.

Once the Proposal Brief is complete, a Curriculum Navigator submission must be undertaken, which signals the beginning of the review process through the appropriate faculty, Senate sub-committees, and external review by the Quality Council, and culminates in Senate

approval.

Phase 2 – Quality Council Review and Approval
The second phase begins once the program has received Senate approval, and involves submission of the Proposal Brief and supporting review documents to the Quality Council for review by the Appraisal Committee. The Office of the Provost is responsible for this phase, in collaboration with the academic unit.

Phase 3 – Program Implementation and Follow-up
Following approval by the Quality Council's Appraisal Committee,, Lakehead University is responsible for ensuring that the implementation of the program, is completed. It should be noted that program changes are not permitted between Quality Council approval and commencement of a program. The university is also responsible for monitoring all new programs, and ensuring they are reviewed on a cyclical basis.

Figure 2: Expedited program review and approval process for Undergraduate and Graduate Programs
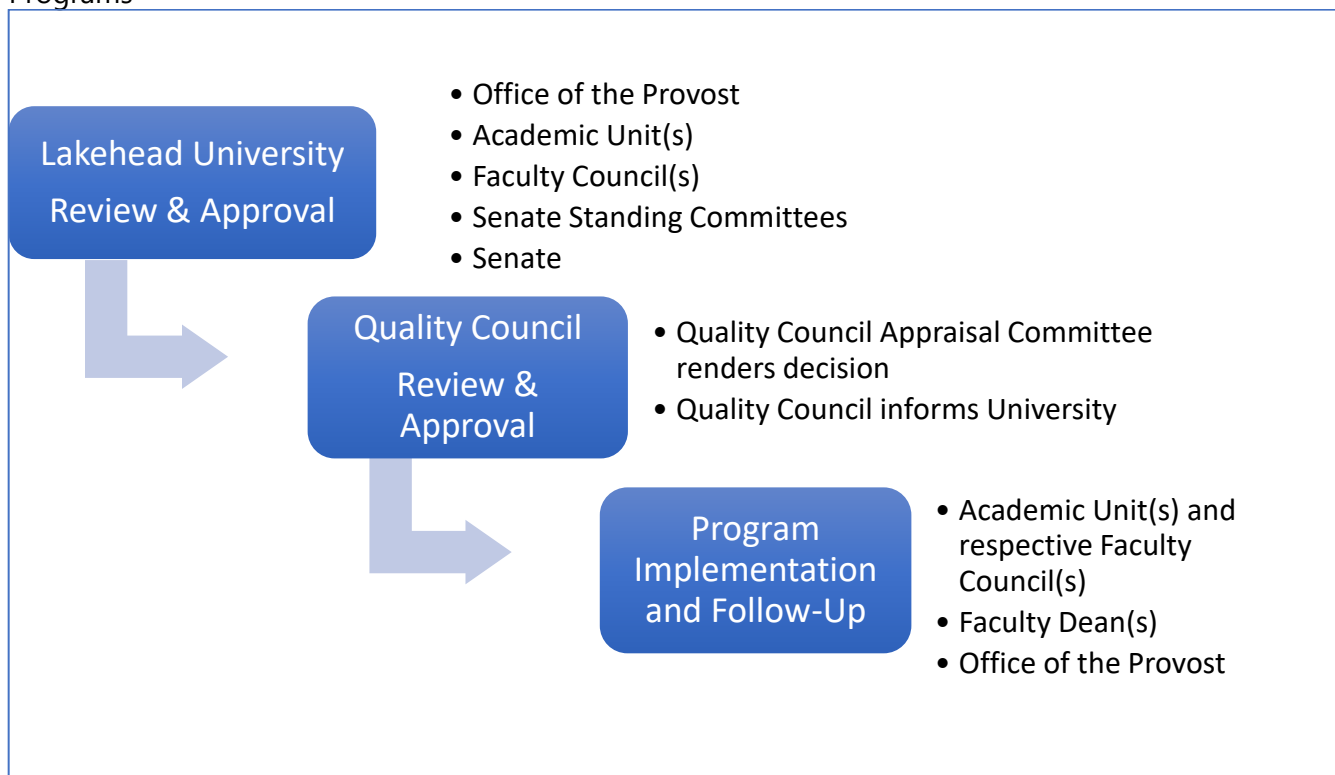

Table 2 outlines the detailed steps involved in the Expedited Review and Approval Process related to undergraduate and graduate programs, respectively. In each of the tables the individuals with primary responsibility for steps listed in the process have been identified.

Table 2: Expedited Review and Approval Process

Process Phases and Steps	Responsibility for Step in Process
Phase 1	
Academic Unit contacts the Deputy Provost, who will arrange a meeting with appropriate Administrative offices.	Chair/Director/ Coordinator & Deputy Provost
Academic Unit develops new Proposal Brief using the Expedited Program template Notes: 1. A completed checklist must accompany all Curriculum Navigator submissions. 2. Incomplete Proposal Briefs will be returned to the Academic Unit	Chair/Director/ Coordinator
Program proposal submitted to Curriculum Navigator; Deputy Provost confirms appropriate workflow.	Initiator, Deputy Provost
Proposal Brief is reviewed by the Advisory Panel	Advisory Panel
Academic Unit presents new program to Faculty Council for discussion and approval.	Faculty Dean
Faculty Dean/Academic Unit consults additional Deans if changes affect programming/resources/etc. in another Faculty; if so, additional Dean(s) and Faculty council(s) approve the request in Curriculum Navigator	Faculty Dean/ Academic Unit, Additional Dean(s)
Faculty Dean refers Proposal Brief to Senate for referral to appropriate Senate committees (i.e. SAC, SAC-QA, SAC-Regulations, SUSC/FGSC and SBC).	Faculty Dean
SAC-QA reviews new program proposal; brings recommendation to approve to SAC	Chair SAC-QA
SAC considers recommendation of SAC-QA; once approved, report to Senate	Chair SAC
SUSC & SAC-Regulations (Under Grad), FGCS-Programs & Regulations (Grad) reviews courses and program regulations; once approved, report to Senate	Chairs SAC, SUSC, FGCS
SBC reviews program proposal in light of student demand, resources and sustainability; once approved, report to Senate	Chair SBC
Senate program approval	Senate
Phase 2	
Documentation will be forwarded to the Quality Council Appraisal Committee (QC Checklist, Final Proposal Brief, Letters of support).	Office of the Provost, Academic Unit, Faculty Dean
QC Appraisal Committee reviews and issues recommendations	QC Appraisal Committee

Final decision of the Quality Council is conveyed to the Institution by the Quality Council's Secretariat within 45 days of receipt of final and complete submission. Note: University can appeal an unsatisfactory recommendation by the Appraisal Committee to the Quality Council.	Quality Council
Approval by Senate - Memo provided to Senate, noting changes resulting from QC decision; ensure approved version of the Proposal Brief is uploaded to Curriculum Navigator.	Office of the Provost, Senate
Phase 3	
Academic Unit ensures calendar submission is consistent with QC approved program. Note: Program changes are not permitted between Quality Council approval and commencement of a program.	Academic Unit
Faculty Dean(s) and Council(s) review calendar submission (additional Deans/Councils necessary if changes affect programming/resources/etc.)	Faculty Dean(s) and Council(s)
Ongoing monitoring and first cyclical review (undergraduate and graduate). An interim monitoring report will be provided by the submitting academic unit, between the program's launch and its first cyclical review.	Provost Office and Academic Unit/Dean

3.2 Expedited Program Review Proposal Brief

In addition to the criteria for new program proposals outlined in Section 2.2, the Expedited Proposal Brief will describe the new graduate diploma program, new field(s), or the significant change(s) being proposed (including, as appropriate, reference to program-level learning outcomes, faculty and resources, and a brief account of the rationale for the changes).

Submitting units are required to use the template provided (Quality Assurance webpage) as it aligns with the requirements of the Quality Council, is AODA compliant and contains tables to aid in the provision of information.

3.2.1 Expedited Approval Process

Once the submission has been reviewed and approved through Lakehead University's Senate process, the Proposal Brief and associated documents will be submitted to the Quality Council Secretariat for review by the Appraisal Committee.

After reviewing the submission, conferring with the proposing university, and receiving further information as needed, the Council's Appraisal Committee will come to its decision:
    a)   Approved to Commence;
    b)   Approved to Commence, with Report; or
    c)   Not Approved

This step will normally be completed within 45 days of receipt of the university's submission, provided that the submission is complete and in good order. Where additional information is required by the Appraisal Committee, one of the three possible outcomes (see above) will be

made within a further 30 days of receipt of a satisfactory response. The Quality Assurance Secretariat will convey the decision of the Appraisal Committee to the Quality Council for information, and then to the university.

Once approval has been received from the Quality Council, the program can commence.

3.3 Ongoing Monitoring and First Cyclical Review

The monitoring of a new program facilitates continuous improvement, which is an essential goal of quality assurance. An interim monitoring report will be provided by the submitting academic unit, between the program's launch and its first cyclical review. The report will be provided at the end of the fourth (4th) year, as cyclical program reviews take place every eight (8) years, in the same process as outlined in the protocol for New Programs (Section 2.7).

3.4 Selection for Cyclical Audit

Programs created or modified through the Protocol for Expedited Approvals are not normally selected for the institution's Cyclical Audit.

4. PROTOCOL FOR MAJOR MODIFICATIONS (PROGRAM RENEWAL AND SIGNIFICANT CHANGE)

4.1 Overview

A fundamental element of accountability in quality assurance is continuous improvement, which requires ongoing reflection and assessment of curriculum in order to address evolving standards and measures of quality in academic programs. Academic units may undertake major modifications to:

- implement the outcomes of a cyclical program review;
- reflect the ongoing evolution of the discipline;
- accommodate new developments in a particular field;
- facilitate improvements in teaching and learning strategies;
- respond to the changing needs of students, society, and industry; and/or
- respond to improvements in technology.

Such modifications provide an opportunity for continuous improvement, ultimately improving the student learning experience, a key priority for Lakehead University. As such, academic units are required to report on their curricular changes as part of their Cyclical Program Review reporting (see Section 5.4.3).

4.1.2 Objectives

The fundamental purpose of the identification of Major Modifications to existing programs, and their submission through a robust quality assurance process, is to assure the University Community and the public of the ongoing quality of all of Lakehead University's academic programs. Most major modifications to existing programs do not require submission to the Quality Council for approval (see exceptions noted in Section 4.4). Lakehead University, however, is required to submit an annual report to the Quality Council listing all of the programs with Major Modifications approved over the past year. The Quality Council reviews these reports to ensure compliance with the Quality Assurance Framework.

4.1.3 Scope

The distinction between Major Modifications and New Programs can be difficult to determine. The QAF identifies that Major Modifications typically include, but are not limited to, one or more of the following:

a) requirements that differ significantly from those existing at the time of the previous cyclical program review;

b) significant changes to the program-level learning outcomes that do not, however, meet the threshold of a new program;

c) significant changes to the program's delivery, including to the program's faculty and/or to the essential physical resources as may occur, for example, where there have been changes to the existing mode(s) of delivery (e.g., different campus and/or online / hybrid delivery);

d) change in program name and/or degree nomenclature, when this results in a change in learning outcomes; and/or

e) addition of a single new field to an existing graduate program. Note that universities are not required to declare fields for either master's or doctoral programs. Note also that the creation of more than one field at one point in time or over subsequent years may

need to go through the Expedited Protocol (see QC Guidance).

The Quality Council Guidance document offers assistance in distinguishing between Major Modifications and New Programs.

4.1.4 Lakehead Definition of Major Modification

At Lakehead University, in addition to the Major Modifications as outlined in the Quality Assurance Framework (Section 4.1.3 above), the following changes will constitute a Major Modification:

a) Changes in Program Content
- A major program content change that entails the addition, deletion, replacement, or major changes to courses comprising a substantial proportion of the program.
- Modifications to existing core and/or elective courses or their replacement by new core and/or elective courses.
- For this purpose, a substantial proportion should be considered to mean:
  - at least 20% of the total program requirements, or
  - at least 50% of the requirements in any single year of the program.
- For example, in a program that requires students to complete 20 full course equivalents (20 FCE), a change to more than 4 FCE in total, or changes to more than 2.5 FCE in a given year, would be considered to be substantial and would be defined as a Major Modification.

b) Changes in Program Structure
- A major program structure change that entails a substantial shift of credits between components of the program.
- Program structure changes may include:
  - a substantial shift between theoretical courses and experiential components (for example; practicum, clinical placements, field experiences, laboratories),
  - a substantial shift between core and elective courses, and/or a substantial shift between different core disciplines or year levels.
- For this purpose, a substantial shift should be considered to mean that at least 20% of the total program requirements, or at least 50% of the requirements in any single year of the program, are moved between different program components.

c) Development of Transfer pathways and International Exchanges/Agreements
- Transfer pathways between colleges or other universities and Lakehead as well as those involving international exchanges/agreements where the outcome is a Lakehead University degree are all considered as a Major Modification.

d) Changes in Program Learning Outcomes
- Lakehead University expects that program learning outcomes will continue to be reviewed and refined as part of the ongoing development of programs. However, significant changes to the list of program learning outcomes will likely also be associated with significant changes to the requirements of a program as described above and therefore constitute a Major Modification.

e) Significant Resource Changes
- Significant changes to the faculty engaged in delivering the program and/or to the essential physical resources will only be considered to be a Major Modification when

these changes prevent the approved program from being delivered as developed and previously approved.

f) Program Closure
    - Closure of an academic program is considered a Major Modification.
    - Please Note: program closures (meaning closure to new enrolment) will take effect in the second year following submission and approval (i.e. if the major modification is submitted at the July 1st deadline in 2023, the program would be closed for Fall 2025).
        o   The two-year time period allows for program marketing and recruitment to cease, and for the program to be removed from the Ontario Universities Application Centre.
    - All program closures will be reported in the Annual Report to the Quality Council.

4.1.5 Responsibility for Determination of Major Modification

If there is uncertainty as to whether a particular change is minor, major, or is actually a new program, the Deputy Provost and the Dean of the Faculty of Graduate Studies will be the initial arbiter(s) for undergraduate and graduate programs, respectively. The Quality Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol for New Program Approvals.

4.2 Internal Review and Approval Process for Major Modifications

Major Modification submissions require the development of a Proposal Brief (see 4.2.1), are subject to Senate approval, and are to be submitted through Curriculum Navigator. Table 3 outlines the detailed steps involved in the Review and Approval Process for Major Modifications to undergraduate and graduate programs. The individuals with primary responsibility for steps listed in the process have been identified.

Table 3: Institutional Review and Approval of Undergraduate/Graduate Program Major Modifications

Process Phases and Steps	Responsibility for Step in Process
Academic Unit develops Proposal Brief. Full consultation with the Deputy Provost and any other affected Academic and/or Administrative Unit is necessary when developing the Proposal Brief. Notes: 1. A completed checklist must accompany all Curriculum Navigator submissions. 2. Incomplete Proposal Briefs will be returned to the Academic Unit.	Chair/Director/ Coordinator
Program proposal is submitted to Curriculum Navigator; appropriate workflow is confirmed by the Deputy Provost.	Initiator, Deputy Provost
Proposal Brief is reviewed by the Advisory Panel	Advisory Panel

Academic Unit presents Proposal Brief to Faculty Council for review and approval.	Chair/Director/ Coordinator, Faculty Dean
Faculty Dean/Academic Unit consults additional Dean(s) if changes affect programming, resources, or other, in another Faculty; if so, additional Dean(s) and Faculty Council(s) approve the request in Curriculum Navigator.	Faculty Dean/ Academic Unit, Additional Dean(s)
Faculty Dean refers Proposal Brief to Senate for referral to appropriate Senate committees (i.e. SAC, SAC-QA, SAC-Regulations, SUSC/FGSC and SBC).	Faculty Dean
SAC-QA reviews Proposal Brief; brings recommendation to approve to SAC	Chair SAC-QA
SAC considers recommendation of SAC-QA; once approved, report to Senate	Chair SAC
SUSC & SAC-Regulations (Under Grad), FGCS-Programs & Regulations (Grad) reviews courses and program regulations; once approved, report to Senate	Chairs SAC, SUSC, FGCS
SBC reviews Proposal Brief in light of student demand, resources and sustainability; once approved, report to Senate	Chair SBC
Senate program approval	Senate
Approval by Senate.	Senate
Reported annually to Quality Council	Office of the Provost

Note: the Program Proposal (i.e. the Curriculum Navigator request) may be relegated back to Faculty Council or another previous stage by the Deputy Provost or a committee Chair for additional review by previous committee(s). This must occur when any committee review results in substantial changes to the proposal.

4.2.1 Major Modification Proposal Brief

The following criteria form the minimum requirements for a Major Modification submission, as outlined by the Quality Council:

- A detailed description of the changes being proposed;
- A rationale for the changes;
- An illustration of how the proposed changes are in alignment with the program objectives and program-level learning outcomes. Where appropriate, changes in program learning outcomes need to be clearly articulated;
- An assessment of the impact the proposed modification will have on the program's students. Input from current students and recent graduates of the program should be considered as part of the development of the Proposal, with the Proposal including a statement on the way in which the proposed major modification will improve the student experience (see QC Guidance).

While Major Modification Templates ([Quality Assurance webpage](#)) have been developed, due to the variability and complexity of major modifications, Academic Units are strongly encouraged to contact the Deputy Provost to discuss the proposed changes.

4.2.2 Major Modification Proposal Brief - Changing Mode of Delivery

When changing the mode of delivery of a program to online for all or a significant portion of a program that was previously delivered in-person, in addition to the elements identified in Section 4.2.1, the following criteria is required as part of the Proposal Brief for the proposed major modification:

a) Maintenance of and/or changes to the program objectives and program-level learning outcomes;
b) Adequacy of the technological platform and tools;
c) Sufficiency of support services and training for teaching staff;
d) Sufficiency and type of support for students in the new learning environment; and
e) Access.

4.3 University request for review of a Major Modification

Major modifications to existing programs do not require submission of a Proposal Brief to the Quality Council. However, the university may, at its discretion, request that the Quality Council review a proposal for a major modification to an existing program. Unless the Quality Council determines that the proposed modification is, in fact, a new program, the review of the proposal will occur through the Expedited Approval Process. Accordingly, the submitting unit will need to follow the parameters set out in Section 3.0 Expedited Approval Protocol.

4.4 Other Program Changes – Minor Modifications

Academic units may make changes to their program that do not necessarily rise to the level of a Major Modification and would be considered as a minor modification. Such changes may include:

- changes to an existing Specialization, Concentration or Minor that constitute less than 20% of the total number of courses associated with the Specialization, Concentration or Minor;
- changes to an existing for credit micro-credential(s) (see [QC Definitions](#)) – only proposals for the introduction or modification of a micro-credential that are part of a New Program require oversight by the Quality Council and must follow the procedures for New Programs as outlined in Section 2.0. All other not-for-credit micro-credential developments must follow the submission and quality assurance process as outlined in Non-credit Framework in the Community Zone, and;
- changing the name of a program only (no other changes to the program including changes in program objectives, program learning outcomes, courses (required or elective) in the program or mode of delivery).

Modifications considered as minor changes to curricula are to be submitted through Curriculum Navigator to Senate for referral to the appropriate Standing Committees using existing Lakehead University review and approval processes. Academic Units are strongly

encouraged to discuss proposed changes with the Deputy Provost, who holds the authority to determine whether a modification is minor or major.

4.4 Selection for Cyclical Audit

Major modifications are not normally selected for the institution's Cyclical Audit.

5.0 PROTOCOL FOR CYCLICAL PROGRAM REVIEWS

5.1 Overview

The [Quality Assurance Framework](#) (QAF, 2021) identifies that the Cyclical Program Review of existing programs is the key quality assurance process aimed at assessing the quality of existing academic programs, identifying ongoing improvements to programs, and ensuring continuing relevance of the program to stakeholders. The self-study and external assessment provide internal and external perspectives on the institutional goals, program's objectives, program-level learning outcomes, and graduate outcomes. Degree Level Expectations, combined with the expert judgment of external disciplinary scholars, provide the benchmarks for assessing a program's standards and quality. The internal review of the externals' reports by the university identifies changes needed to maintain the quality of the academic programs through the Final Assessment Report, which includes an Implementation Plan. Primary responsibility to execute the Implementation Plan lies with the leadership of the program (program coordinator, academic unit chair or director).

5.1.1 Objectives

The Protocol for Cyclical Program Reviews is designed to ensure that the educational experiences students have are engaging and rigorous, and that the programs providing those experiences are routinely monitored and, if necessary, revised. Continuous improvement of those facets of education that most directly impact the academic experiences of students is fundamental to quality assurance and, thus, continuous improvement factors significantly in the Protocol for Cyclical Program Reviews.

5.1.2 Scope

The Protocol for Cyclical Program Reviews applies to all Lakehead University undergraduate and graduate degree programs, graduate diplomas, and includes all joint, multi-disciplinary, inter-disciplinary, and inter-institutional programs delivered on the Thunder Bay, Orillia and Georgian Campuses. In the cases where a degree program has connections with another academic unit's program, only the core degree program will be reviewed. Some examples include:

- degrees that have Concurrent Education programs (e.g., Honours Bachelor of Environmental Science (Geography Major)/Bachelor of Education I/S), only the core degree (Geography) will be reviewed, not the Education portion
- degrees that have joint majors (e.g. Honours Bachelor of Arts (English and History Majors) only the core degree program under review (English) will be reviewed, not the History portion
- degree programs that have double degrees with another academic unit (e.g., Honours Bachelor of Outdoor Recreation / Bachelor of Science (Natural Science Major)) only the degree program under review (Outdoor Recreation) will be reviewed, not the Science degree portion
- graduate diplomas will be reviewed alongside their core degree (e.g., Kinesiology Masters Graduate Programs and the Graduate Diploma in Professional Kinesiology)

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

For clarity, Lakehead University, through its Review and Approval of Academic Programs Policy (hyperlink to be provided once updated), defines a "program" as an identified set and sequence of courses and other learning opportunities within an area of study, which is completed in full or partial fulfilment of the requirements for the granting of an undergraduate, second-entry, or graduate degree.

5.1.3 Process

The cyclical review of existing programs involves two (2) phases (see Figure 3).

Phase 1 – Cyclical Program Review
The first phase addresses the review, analysis, and approval steps that must happen at Lakehead University and culminates in the presentation of an Executive Summary and Final Assessment Report (FAR) as an item of information to Senate. The Executive Summary and Implementation Plan are placed on the university's Quality Assurance webpage, with copies provided to the university's governing body.

Phase 2 – Follow up
The Follow-up phase involves the implementation and ongoing monitoring of the Implementation Plan during the years leading up to the next program review; the Final Assessment Report and the Implementation Plan are the key outcomes resulting from a Cyclical Program Review. The required program changes identified in the Implementation Plan become the basis of a continuous improvement process through monitoring of key performance indicators. Primary responsibility to execute the Implementation Plan lies with the leadership of the program (at the academic unit level) with identified timelines and communication strategies.

Figure 3. Cyclical program review process – Undergraduate and Graduate programs

Lakehead University Cyclical Program Review Process
- Office of the Provost
- Academic Unit(s) and respective Faculty Dean(s)
- If Graduate program - Office of Graduate Studies
- External Review and Report
- Senate Academic Committee (SAC-QA)
- Senate for information
- Report to Quality Council

Lakehead University Follow-up Process
- Academic Unit(s) and respective Faculty Dean(s)
- If Graduate program - Office of Graduate Studies
- Office of the Provost
- Executive Summary and Implementation Plan posted on Provost's QA website.

Each Phase includes a number of steps, and these are outlined in Table 4, as they pertain to both undergraduate and graduate programs. In each case, individuals with primary responsibility for steps listed in the process have been identified.

Table 4: Cyclical Review of Existing Undergraduate and Graduate Programs –Review and Appraisal Process

Phase 1 - Cyclical Program Review Process	Responsibility for Step in Process
Initiation of review by the Office of the Provost. Academic Units and Faculty Dean(s) are normally advised one (1) year prior to the scheduled program review and provided with information on the process and the deadlines by which the Self-Study must be completed and submitted to the Deputy Provost. Communication with the Academic Unit and Faculty Dean(s) and any other Academic and/or Administrative Unit associated with the review (including communication regarding preparation for the review) will be documented by the Office of the Provost.	Deputy Provost
Academic Unit completes Self-Study (in consultation with appropriate Dean(s) and the Deputy Provost).	Academic Unit Chair/Director/Program Coordinator/Faculty Dean(s)
External Evaluation – Site Visit arranged and conducted.	Deputy Provost

Review Team Report received, reviewed for completion, and forwarded to head of Academic Unit and to Dean(s).	Deputy Provost
Academic Unit and Faculty Dean(s) develop separate responses to the Review Team Report and are submitted to the Deputy Provost; consultation with Deputy Provost is encouraged.	Academic Unit Chair/Director/Program Coordinator/Faculty Dean(s)
Final Assessment Report and Implementation plan prepared by Deputy Provost, in consultation with Chair/Director/Coordinator and Dean(s).	Deputy Provost
Review of Final Assessment Report by Senate Academic Committee – Quality Assurance (SAC-QA) (Head of Academic Unit and Dean(s) may be invited to participate in discussion).	Chair SAC-QA
SAC-QA brings recommendation to Senate Academic Committee (SAC).	Chair SAC-QA
Executive Summary prepared.	Deputy Provost
SAC submits Executive Summary, Final Assessment Report and Implementation Plan provided to Senate for Information	Chair SAC
Dean Faculty of Graduate Studies (FGS) reports on graduate program review completion as an item of information at Faculty of Graduate Studies Senate Committee.	Dean FGS
Executive Summary and Implementation Plan placed on University webpage.	Deputy Provost
Annual report to Quality Council	Deputy Provost
Phase 2 - Institutional Follow-Up Process	Responsibility for Step in Process
Implementation and ongoing monitoring, with midterm reports on progress.	Academic Unit/Dean(s)/Deputy Provost/Provost
Schedule next review within 8 years of previous cyclical review.	Deputy Provost

5.1.4 Schedule of Reviews and Reporting

The schedule of Cyclical Program Reviews is set through the Office of the Provost. The Deputy Provost holds authority for updating the review schedule as necessary. As part of setting the review schedule, the specific program(s) being reviewed will be identified, and where there is more than one mode or site involved in delivering a specific program, the distinct versions of each program that are to be reviewed will also be defined. The review schedule for Lakehead University's full complement of undergraduate and graduate degree and diploma programs is posted on the university's Quality Assurance webpage. This schedule includes all joint, multi-disciplinary, inter-disciplinary, and inter-institutional programs delivered on the Thunder Bay, Orillia and Georgian Campuses.

The undergraduate and graduate program review schedule is based on an eight (8) year cycle and has been designed to place the undergraduate and graduate program reviews within the

same academic year where possible and desirable. Lakehead University encourages blended or concurrent reviews in Academic Units when they will result in more efficient use of resources and have academic merit. Frequently, there are interactions between the undergraduate and graduate programs that are well served by blending the review process. Where programs are evaluated together, the quality of each academic program and the learning environment of the students in each program must be explicitly addressed in the self-study documents and similarly within the external reviewers' report.

Schedules for professional accreditation have also been considered in the review schedule planning stage.

Subsequent program reviews will be scheduled within an interval that does not exceed eight (8) years.

As noted in Section 2.7, the first cyclical review of any new program must be scheduled to take place no more than eight years after the date of the program's initial enrolment. Additionally, the Self Study document must include the interim monitoring report and decanal response, from the 4 year review.

The Academic Unit and Faculty Dean will be notified of the upcoming Cyclical Program Review by the Office of the Provost in the academic year prior to the scheduled review. This correspondence will include a timeline for submission of the Self-Study. The Self-Study is provided to the Review Team at least one (1) month in advance of the Site Visit.

An omnibus report on Cyclical Program Review activity will be submitted annually to the Quality Council for review. An Executive Summary of the process along with the Implementation Plan and associated monitoring reports will published on the Provost's website (Quality Assurance webpage) for each completed cyclical review.

5.2 Self-study

The Self-Study is the heart of the review process and is intended to provide an opportunity for a reflective and analytical assessment of past achievements, present strengths, weaknesses, opportunities and future plans associated with the program(s). The Self-Study provides the opportunity to direct attention to the program's objectives, its learning outcomes, the curriculum, the teaching and learning methodologies employed, and the relevance of assessments of student performance in determining whether students have achieved what was intended. Close coordination with the Deputy Provost and Dean(s), starting with the development of the Self-Study, helps to ensure the effectiveness of the entire cyclical review process.

All faculty members in the program shall be provided with the opportunity, and are encouraged to participate in, the self-appraisal process, and to provide feedback on a final draft of the Self-Study. The involvement of program faculty, staff and students and the formal mechanism by which they are involved and participate in the review process and in the preparation of the Self-Study, must be described as part of the Self-Study (Please see the QC Guidance for creating an

effective self-study and for ways to involve students). The input of others deemed to be relevant and useful (for example, graduates of the program, representatives of industry, associated professions, practical training programs, employers, etc.) may also be solicited and included. In the case of professional programs, the views of employers and professional associations will be solicited and made available to the external reviewers through either existing accreditation reports, or additional materials to supplement the self-study. The documentation required for a cyclical program review includes three volumes:

- Volume 1 - The Self Study
  - o The requirements for this volume are outlined in section 5.2.1
- Volume 2 – Course outlines
  - o This volume includes the most recent course outline for each of the courses listed in the calendar for each of the programs being reviewed. A summary table that indicates the last term in which each course was taught, the instructor and the enrolment must be included.
- Volume 3 – Curriculum Vitae
  - o This volume includes a current CV for each full-time member of the Academic Unit, using the Lakehead University standard CV template (located on the Faculty and Staff Resources site). The CVs of part-time faculty members and adjuncts who contribute to the teaching and/or thesis supervision in the Academic Unit should also be included.

5.2.1 Self Study Criteria

The information required for the Self-Study is based on Section 5.1.3 of the Quality Assurance Framework (QAF) that identifies the requirements for a Self-Study and Section 5.1.3.1, which provides the Evaluation Criteria. Both are provided below.

Submitting units are required to use the appropriate template for the Self Study, found on the Quality Assurance webpage. The template is designed to include all the requirements and evaluation criteria as set out by the QAF (2021).

In cases where the cyclical program review involves different program levels (for example, graduate and undergraduate), program modes, or programs offered at different locations, Volume One may include separate chapters for each discrete program.

5.2.1.1 Requirements

The following elements for the preparation and writing of the self-study are required:
1. Description of how the self-study was written, including how the views of faculty, staff and students were obtained and considered;
2. Inclusion of the evaluation criteria and quality indicators identified for each discrete program being reviewed;
3. Program-related data and measures of performance, including applicable provincial, national and professional standards (where available), with a notation of all relevant data sources;
4. Description of how concerns and recommendations raised in previous reviews have since been addressed, especially those detailed in the Final Assessment Report,

Implementation Plan and subsequent monitoring reports from the previous Cyclical Review of the program;

5. For the first Cyclical Review of a new program, the steps taken to address any issues or items flagged in the monitoring report for follow-up (see Section 2.7), and/or items identified for follow-up by the Quality Council;

6. Where appropriate, any unique curriculum or program innovations, creative components, or significant high impact practices;

7. Areas that the program's faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change; and

8. Assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review.

5.2.1.2 Evaluation Criteria

Each Self Study must address the evaluation criteria as set out below. External Reviewers are also required to report on these criteria.

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

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

3. Program requirements for graduate programs only
   a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the time required;
   b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses; and
   c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

4. Assessment of teaching and learning (see QC Guidance)
   a) Appropriateness and effectiveness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and
   b) Appropriateness and effectiveness of the plans to monitor and assess:
      i. The overall quality of the program;
      ii. Whether the program continues to achieve in practice its

objectives;

    iii.   Whether its students are achieving the program-level learning outcomes; and

    iv.   How the resulting information will be documented and subsequently used to inform continuous program improvement.

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

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

7. Resources for graduate programs only
   Given the program's class sizes and cohorts, as well as its program-level learning outcomes:
   a) Evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation;
   b) Where appropriate to the program, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students; and
   c) Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty.

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

c) For students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates.

5.3 External Evaluation

5.3.1 Review Team Composition

All cyclical program reviews will normally[3] include a Site Visit with a Review Team comprised of both external and internal reviewers. There will be two external reviewers for the review of undergraduate and graduate programs; normally, one reviewer will be from within the Ontario University sector, and the other from another Canadian province or territory. The External Reviewers will normally hold the rank of associate or full professor, or the equivalent. They will have suitable disciplinary expertise, qualifications and program management experience, including an appreciation of pedagogy and learning outcomes (See QC Guidance for suggestions on the selection of reviewers and for a definition of arm's length.) As the Guidance indicates, external reviewers should have a strong track record as academic scholars and ideally should also have had academic administrative experience in such roles as undergraduate or graduate Program Coordinators, Department Chair, Dean, Graduate Dean or associated positions.

The internal reviewer is to be selected from a list of Academic Units that will be undergoing their Cyclical Program Review within the following two years, as provided by the Deputy Provost. The internal reviewer will normally be selected from outside the submitting Academic Unit's Faculty (and if applicable, outside of the interdisciplinary group). The internal reviewer's role is primarily to serve as host and interpreter of the university's context and culture, and is not expected to serve as an author of the Review Team report.

All members of the Review Team must be at arm's length from the program under review (refer to Section 2.3.2 for further information). Each member of the review team will receive an honorarium in recognition of their time and sharing of their expertise.

Additional discretionary members may be assigned to the Review Team where deemed appropriate and necessary. Such additional members might include relevant qualified and experienced people selected from industry or the professions and/or student members.

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[3] The external review of a doctoral program must incorporate an on-site visit. External review of undergraduate programs will normally be conducted on-site, but the Provost and Vice President (Academic) (or delegate) may propose that the review be conducted by desk review, virtual site visit or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable (see Guidance). The Provost and Vice President (Academic) (or delegate) will also provide a clear justification for the decision to use these alternatives. Certain master's programs (e.g., professional master's programs (see Definition), fully online, etc.) may also be conducted by desk review, virtual site visit or an equivalent method if both the Provost and Vice President (Academic) (or equivalent) and external reviewers are satisfied that the off-site option is acceptable. An on-site visit is required for all other master's programs (see QAF - 5.2 External Evaluation).

Decisions to add members to the Review Team will be made by the Deputy Provost based on consultation with the appropriate Dean(s) and Chair(s)/Director(s) of the Academic Unit(s) involved.

5.3.2 Selecting the Review Team

The Chair/Director of the Academic Unit or individual responsible for the program(s) being reviewed, in consultation with colleagues associated with the program(s) under review, will prepare a list of external and internal nominees using the Review Team Nominations form (Quality Assurance webpage). Each member must review the form to confirm that they are at arm's length from those listed. Please note, all contact with potential review team members will be made by the Office of the Provost.

The Chair/Director of the Academic Unit or individual responsible for the program(s) being reviewed will submit the completed Review Team Nominations form to the Senate Academic Committee – Quality Assurance, via the Deputy Provost. The submitter is attesting, via electronic signature on the nomination form, that the nominees meet all requirements for reviewers including that each nominee is arm's length from the academic unit under review.

The Review Team Nominations form requires the following information:
- External Reviewers
  - names and relevant background information for at least four (4) Associate or Full Professors employed in other Universities in Ontario;
  - names and relevant background information for at least four (4) Associate or Full Professors employed in other Universities in other provinces or territories in Canada;
- Internal Reviewers
  - names and relevant background information for at least four (4) Associate or Full Professors employed at Lakehead University from outside the program review Faculty (or interdisciplinary group).

SAC-QA will review the list and select the reviewers to be invited to participate in the review. All contact with the proposed reviewers will be made by the Office of the Provost. A record of communication with the reviewers and a record of all information and documentation made available to the reviewers will be tracked through the Office of the Provost.

5.3.3 Review Team Roles and Responsibilities

Prior to the start of the Site Visit, the Review Team will be provided with the following:
- The three volumes that comprise the Self-Study documentation
- The Report Guide and Template (Quality Assurance webpage), developed based on the IQAP and the Quality Assurance Framework evaluation criteria, which presents a general framework for the report.
- The Internal Reviewer Guide (Quality Assurance webpage), identifying the roles and responsibilities of the Internal Reviewer.
- Institutional Documents, including the University's Strategic Plan, Academic Plan, and relevant sections of the Lakehead University Calendar.

- o Additional information related to the Faculty or Academic Unit may be distributed as requested by the Dean(s) or the Review Team.

When the site visit commences, the Deputy Provost will review the Guides with the Review Team to ensure that they:
- Understand the role and obligations as External Reviewers;
- Understand the role and obligations as the Internal Reviewer;
- Identify and commend the program's notably strong and creative attributes;
- Describe the program's respective strengths, areas for improvement, and opportunities for enhancement;
- Recommend specific steps to be taken to improve the program, distinguishing between those the program can itself take and those that require external action;
- Recognize the Institution's autonomy to determine priorities for funding, space, and faculty allocation – if the external reviewers' report includes commentary on issues related to these elements, indicate the requirement to have such recommendations be tied directly to issues of program quality or sustainability, and;
- Respect the confidentiality required for all aspects of the review process.

5.3.4 Review Team Site Visit

The Review Team will normally spend two (2) days visiting the Academic Unit, as well as have an opportunity to tour the academic and research spaces associated with the program under review. The length of the visit may be extended for reviews involving multiple programs. In cases where programs are delivered on both the Thunder Bay and Orillia/Georgian campuses, the in-person visit will take place on one campus, and a virtual visit of the other campus will be incorporated. The Chair/Director of the program under review, in consultation with their Dean and Deputy Provost, will determine the optimal location for the site visit.

For each program review, the Review Team will meet with the following:
- Dean of the Faculty in which the program under review is located
- Chair/Director/Coordinator responsible for the program(s),
- Chair/Director/Coordinator of any collateral Academic or Administrative Units (for joint or inter-departmental programs),
- Faculty members associated with the program (and as appropriate, and at the discretion of the unit, Contract Lecturers)
- Dean of Graduate Studies (graduate programs only)
- Deputy Provost
- Provost and Vice-President (Academic)
- University Librarian and associated Library Liaison
- Office of Research designate
- Vice-Provost Teaching and Learning
- Vice-Provost Student Affairs and Registrar (undergraduate programs only)
- Vice-Provost International (when appropriate)
- Current Students
- Community / Industry partners
- Alumni

- others as recommended by the Dean(s) and Chair/Director/Coordinator

Students who are invited to meet with the Review Team will be provided with information by the Academic Unit to prepare them for their meeting with the Review Team (templates are provided by the Office of the Provost). The students will also be provided with information or links to information on the outcome of the quality assurance process they have participated in.

5.3.5 Review Team Report

The Review Team shall submit one report using the Report Guide and Template, to the Deputy Provost within six (6) weeks following the Site Visit. The report must address the substance of both the Self-Study and the evaluation criteria set out in the Quality Assurance Framework, as summarized below:

a) Address the substance of the self-study, with particular focus on responding to the evaluation criteria detailed therein;

b) Identify and commend the program's notably strong and creative attributes;

c) Describe the program's respective strengths, areas for improvement, and opportunities for enhancement;

d) Provide evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs;

e) Make at least three recommendations for specific steps to be taken that will lead to the continuous improvement of the program, distinguishing between those the program can take and those that require external action; and

f) Identify the distinctive attributes of each discrete program documented in the self-study in those cases where a unit chooses to simultaneously review more than one program / program level (for example, graduate and undergraduate), program modes, and/or programs offered at different locations.

The Deputy Provost will review the submission to ensure the report addresses these elements. If it does not fully address the criteria, the report will be discussed with the Review Team for modification or amendments.

The reports will remain confidential to the Office of the Provost, the relevant Dean(s), and to the associated Academic Unit. (Note: SAC-QA will have access to a copy of the Review Team Report along with the Final Assessment Report and Executive Summary as part of their final review.)

5.4 Internal perspective

5.4.1 Academic Unit and Decanal Response

Within two (2) months of receiving the Review Team Report, the Academic Unit in consultation with their faculty and staff colleagues, will prepare a response to the Review Team Report, using the Internal Response template (Quality Assurance webpage). The Internal Responses must address the following:

- The plans and recommendations proposed in the Self-Study report;
- The recommendations advanced by the Review Team in its report;
- The program's response to the Review Team Report including clarifications or

corrections of statements contained in the Review Team Report, and agreement and/or disagreement with specific comments made by the Review Team and/or with their recommendations.

- The resources, financial and otherwise, that would be provided in supporting the implementation of selected recommendations; and
- A proposed timeline for the implementation of any of those recommendations. The response may also address how recommendations should be implemented.

As part of their response, Academic Units must also prepare an Implementation Plan (IP) that identifies and prioritizes those recommendations that are selected for implementation. The Implementation Plan will identify:

1. the group or individual responsible for providing resources needed to address recommendations from the external reviewers or action items identified by the university;
2. who will be responsible for acting on those recommendations; and
3. specific timelines for acting on and monitoring the implementation of those recommendations.

Academic Units are required to discuss their response to the Review Team Report and Implementation Plan with the relevant Dean(s). Once complete, the academic unit will share their Internal Response document with the Dean(s) (copying the Office of the Deputy Provost); the Dean(s) will provide their separate/dated response, within the same document[4]. The Dean(s) must also review and approve the proposed Implementation Plan. The Dean's Internal Response(s) are to be submitted directly to the Deputy Provost.

All Internal Responses will be reviewed by the Deputy Provost and may be sent back if they are incomplete.

The Office of the Provost will keep a record of all communication and any approvals, requests for additional information, new deadlines, etc. related to the Internal Responses.

5.4.2 Final Assessment Report and Implementation Plan

A Final Assessment Report (FAR), providing a synthesis of the external evaluation and internal responses and assessments, will be drafted by the Deputy Provost, with input and support from the Chair/Director of the Academic Unit responsible for the program(s) and the appropriate Dean(s).

The Final Assessment Report will:

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[4] It is essential that the academic unit and the relevant Dean(s) make clearly separate responses to the External Review Report(s) and recommendations. The exception to this requirement for separate responses is in the case of single-department Faculty (or equivalent), where the Dean is essentially the academic lead.

1. Identify significant strengths of the program;
2. Identify opportunities for further program improvement and enhancement with a view towards continuous improvement;
3. List all recommendations of the external reviewers and the associated separate internal responses and assessments from the unit and from the Dean(s);
4. Explain why any external reviewers' recommendations not selected for further action in the Implementation Plan have not been prioritized;
5. Include any additional recommendations that the unit, the Dean(s) and/or the university may have identified as requiring action as a result of the program's review;
6. Include a confidential section where warranted (for example, where personnel issues need to be addressed); and
7. Identify who will be responsible for approving the recommendations set out in the Final Assessment Report.

The Final Assessment Report will also include the Implementation Plan developed by the Academic Unit and approved by the respective Dean(s).
An Executive Summary, excluding any confidential information, will be developed by the Deputy Provost, and will be published on the university's Quality Assurance website along with the associated Implementation Plan.

5.5 Institutional Reporting and Follow-up

5.5.1 Senate Process

The Senate Academic Committee-Quality Assurance (SAC-QA) is responsible for ensuring that the Final Assessment Report (FAR) and Implementation Plan (IP) reflect the Review Team Report, and the Academic Unit's Internal Response. The individual(s) responsible for the program(s), along with the Dean(s) who were involved with the review, may be invited to speak to SAC-QA regarding the FAR and IP.

Upon acceptance, SAC-QA will forward the FAR (excluding all confidential information), IP and Executive Summary (prepared by the Deputy Provost) to the Senate Academic Committee (SAC) along with a recommendation for approval. The Chair of SAC will then submit the Executive Summary and Implementation Plan as an item of information for Senate, informing them that Executive Summary and Implementation Plan will be available on the university's Quality Assurance webpage.

The Dean of Graduate Studies will also report on the completion of graduate program reviews as an item of information at the Faculty of Graduate Studies Council.

The Executive Summary and Implementation Plan will be posted on the university's Quality Assurance webpage for public access. Note that other documents (Self-Study, Data Package prepared by IPA, Review Team Report and Response to the Review Team Report) are not publicly accessible.

Through the University Secretariat, information regarding the availability of the Executive Summary and Implementation Plan will be provided to the Board of Governors

5.5.2 Decanal Responsibility

The Dean of the Faculty, in consultation with the appropriate Chair/Director/Coordinator, in which the program(s) reside, shall be responsible for monitoring the Implementation Plan. Where a program straddles two (2) or more Faculties, the responsibility will be with the Deans of the Faculties involved.

Academic units are required to report on their progress to their Dean, at the midterm point (year 4) between reviews. The details of progress made will be presented in the Deans' Annual Reports and filed with the Office of the Provost.

5.5.3 Academic Unit Responsibility

The approved Final Assessment Report (excluding all confidential information, as appropriate), Executive Summary and Implementation Plan will be provided to the Academic Unit for their records and to inform their continual improvements. As wise practices suggest, academic units are requested to post their Executive Summary and Implementation Plan on their website to improve accessibility and transparency for current and potential students.

Academic Units will provide a report on their progress to their Dean, at the midterm point between reviews. The Office of the Provost will notify the academic unit in the fall term of year 4, that a report is due at the end of the academic year (winter term). Using the template (Quality Assurance webpage) provided, units will be required to not only report on their progress implementing the recommendations of the review, but also other curricular or program changes (including any Major Modifications or minor changes) they have undertaken as part of their commitment to continuous improvement.

5.5.4 External reporting requirements

Through the Office of the Provost, an annual report will be submitted to the Quality Council that lists the past year's completed Final Assessment Reports, Implementation Plans and monitoring reports and provide an attestation by the Deputy Provost that all IQAP-required Cyclical Program Review processes have been followed. The report will also include a link to Lakehead University's webpage that holds the completed Executive Summaries and Implementation Plans.

The annual report and related Cyclical Program Review processes will occasionally be reviewed for compliance by the Quality Council; if issues are found, the Quality Council may decide to initiate a Focused Audit.

5.6 Use of Accreditation and other external reviews in the Institutional Quality Assurance Process

Though there are commonalities between professional accreditation and cyclical program review processes, each of these have differing requirements with regards to evaluation criteria

and reporting. As such, accreditation will remain segregated from the cyclical program review process.

5.7 Reviews of Multi or Inter-disciplinary Programs

All programs that have multi or inter-disciplinary content, but that exist as an independent, free-standing entity within Lakehead University, usually with a core faculty devoted to the program, will be fully reviewed through the undergraduate or graduate program review process under the same arrangement as any single-disciplinary program. The Review Team will be composed to reflect the multi or inter-disciplinary program content.

All undergraduate inter-disciplinary and multi-disciplinary programs with double majors or double degrees will be reviewed as part of the core contributing programs.

All undergraduate inter-disciplinary and multi-disciplinary programs that are made available to students by combining offerings from two (2) or more disciplines that do not have; a) dedicated core faculty and/or b) the status of a department or center will be affiliated with a "parent" Academic Unit with responsibility to ensure that the programs under its aegis undergo a periodic review.

5.8 Reviews of Joint Degree Programs

A Joint Degree Program is a program of study offered by two (2) or more universities, or by a university and a college or institute, in which successful completion of the requirements is confirmed by a single degree document (QAF, 2021). The review of all Lakehead University Joint Degree Programs will be included in Lakehead University's Cyclical Program Review Schedule. The process for reviewing joint degrees varies, dependent upon the partnering institutions, as outlined below.

5.8.1 Joint Degree Programs with other Universities

The following elements will be followed in the case of Joint Degree Programs with other universities (for example the Joint PhD in Education).

Self Study and Site Visit
- Responsibility for leading the development of the Self-Study and for managing the subsequent review will be held by the university which houses the current Joint Degree Program Director or Lead.
- The Head of the Academic Unit, or individual designated with responsibility for the joint degree program at Lakehead University, will assist in the development of the single Self-Study in consultation with faculty, staff and students at each of the partner institutions.
- The Self-Study brief will clearly explain how input was received from faculty, staff and students at each partner institution.
- Input related to the selection of reviewers will be provided by each partner institution.
- All members of the Review Team will visit the campus housing the current Joint Degree Program Director or Lead; a virtual visit of the other campuses will be incorporated.
- The Review Team will consult with faculty, staff, and students at each partner institution.

Review Team Report and Follow-up
- Feedback on the Review Team Report will be solicited from participating Academic and Administrative Units at each partner institution.
- The Internal Responses to the review will be coordinated by the university housing the current Director or Lead, and will be completed in consultation with the appropriate Chairs/Director/Coordinator and the Deans at each of the participating institutions.
- The Internal Responses to the Review Team Report will be submitted through the regular Lakehead University approval process outlined in Section 5.4.

Final Assessment Report and Implementation Plan
- Preparation of a single FAR and Implementation Plan requires input from each partner institution and will be forwarded for approval and follow-up as described in Section 5.4.
- The FAR and Implementation Plan will be posted on the university's Quality Assurance webpage.
- An appropriate monitoring process for the Implementation Plan will be developed through consultation with each of the partners.
- The Final Assessment Plan and Implementation Plan will be jointly submitted to the Quality Council and signed by each of the partners.
- The Final Assessment Report and Implementation Plan and other review-related documentation are to be shared with any incoming program Chair/Director early in the assumption of the person's new role.

5.8.2 Joint Degree Programs with Colleges

The self-study, site visit, external reviewers' report, internal responses and preparation of a Final Assessment Report and Implementation Plan will follow Lakehead University's IQAP for program review in the case of Joint Degree Programs with Colleges (for example Lakehead Georgian Partnership programs). The process is outlined below.

Self-Study and Site Visit
- The cyclical program review for partnership programs will be conducted at the same time as the Lakehead University academic unit core program.
- Responsibility for leading the development of the Self-Study and for managing the subsequent review will be held by the Lakehead University academic unit which houses the partnership degree program.
- The Chair/Director of the home Academic Unit and the lead of the partnership program are responsible for the development of the Self-Study in consultation with faculty, staff and students at each of the partner institutions.
- The Self-Study document can either be a single document or two separate documents, determined by the academic unit in consultation with the Dean and Deputy Provost.
- The Self-Study brief will clearly explain how input was received from faculty, staff and students at each partner institution.
- Input related to the selection of reviewers will be provided by each partner institution.
- The Review Team will visit both campuses (a virtual site visit of one campus may be undertaken when geography is a factor) consulting with faculty, staff, and students at each partner institution.

Review Team Report and Follow-up (FAR, IP and Monitoring)

- Feedback on the Review Team Report will be solicited from appropriate Academic Units at each partner institution, and will be coordinated by Lakehead University.
- Preparation of a single FAR and Implementation Plan requires input from each partner institution and will be forwarded for approval and follow-up as described in Section 5.4.
- The Final Assessment Report and Implementation Plan will be posted on Lakehead University's website.
- The Final Assessment Report and Implementation Plan will be submitted to the Quality Council by Lakehead University.
- The self-study, external reviewer's report, Final Assessment Report and Implementation Plan will be shared with the joint institution, for information.
- An appropriate monitoring process for the Implementation Plan will be developed through consultation with the partners, with Lakehead having responsibility to ensure monitoring is undertaken. The lead for the partnership degree will provide a report on their progress to their Dean, at the midterm point between reviews. The Office of the Provost will notify the academic unit in the fall term of year 4, that a report is due at the end of the academic year (winter term). Using the template (hyper link) provided, units will be required to not only report on their progress implementing the recommendations of the review, but also other curricular or program changes they have undertaken as part of their commitment to continuous improvement.

5.9 Reviews of For-Credit Diploma and Certificate Programs

Diplomas and certificates, where offered for credit, will be reviewed on the same cycle as their "home" program; they will normally be reviewed in conjunction with a related degree program, or concurrently with programs reviewed from the same Academic Unit.

5.10 Selection for Cyclical Audit

Cyclical Program Reviews that were undertaken within the period since the conduct of the previous institutional audit are eligible for selection for the university's next Cyclical Audit.

6. AUDIT PROTOCOL

6.1 Overview

All publicly assisted universities in Ontario have committed to participating in an audit process. Details of the audit process are outlined in [Section 6 of the Quality Assurance Framework](#). Lakehead University is dedicated to continuous improvement, transparency and public accountability, and as such, is committed to continuous evaluation of the impacts of its quality assurance activities and processes. To maintain accountability to our principal stakeholders, and in particular our students, the University will participate in an audit of its quality assurance activities on an 8-year cycle, under the terms outlined in the QAF. The University also agrees to participate in a Focused Audit, as requested by the Quality Council.

6.1.2 Objectives

The objective of the audit is to determine whether or not the institution has acted in compliance with the provisions of its IQAP as ratified by the QC for the review and approval of academic programs, and to ensure transparency and accountability in the development and review of academic programs. The Cyclical Audit will also monitor the degree to which the university has:
a) Improved/enhanced its quality assurance processes and practices;
b) Created an ethos of continuous improvement; and
c) Developed a culture that supports program-level learning outcomes and student-centered learning.

6.1.3 Scope

The Cyclical Audit will:
- Review institutional changes made in policy, process, and practice in response to the recommendations from the previous audit;
- Confirm that Lakehead University's practice is in compliance with its IQAP as ratified by the Quality Council and note any misalignment of its IQAP with the QAF;
- Review institutional quality assurance practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews, and:
- Provide an opportunity to identify best practices and areas for improvement.

6.2 Cyclical Audit: Process

6.2.1 Pre-orientation and Institutional Self Study

One year prior to its scheduled Cyclical Audit, Lakehead University will participate in an orientation provided by the Quality Assurance Secretariat and a member of the Audit Team. This orientation will be attended by the Deputy Provost and the Administrative and Quality Assurance Assistant, who are responsible for Quality Assurance at Lakehead University.

6.2.2 Assignment of Auditors

Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, will conduct the Cyclical Audit. These auditors will be at arm's length from the university undergoing the audit. Members of the Quality Assurance Secretariat accompany the auditors on their site visit and constitute the remainder of the Audit Team.

6.2.3 Institutional Self-study

The Deputy Provost is responsible for preparing the institutional self-study, and using the suggested template, will present and assess Lakehead University's quality assurance processes, including challenges and opportunities, within its own institutional context. The self-study will be prepared and submitted to the Quality Assurance Secretariat in advance of the desk audit and forms the foundation of the Cyclical Audit. The self-study will pay particular attention to any issues flagged in the previous audit.

6.2.4 Selection of the Sample of Quality Assurance Activities for Audit

The Audit Team will select a sample of programs for audit that represents the New Program Approval Protocol (normally two examples of new programs developed under this Protocol) and the Cyclical Program Review Protocol (normally three or four examples of programs that have undergone a Cyclical Program Review).

Lakehead University has determined that accreditation will occur separately from the Cyclical Program review process, and as such, the Record of Substitution or Addition compiled for programs that are also subject to accreditation will not apply.

Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications (Program Renewal and Significant Change) are not normally subject to audit.

A small sample of new programs still in development and/or cyclical program reviews that are still in progress may also be selected, in consultation with the university. In such cases, the auditors will meet with the program representatives to gain a better understanding of current quality assurance practices in the institution.

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

6.2.5 Desk Audit of the University's Quality Assurance Practices

In preparation for a scheduled on-site visit, the auditors undertake a desk audit of the university's quality assurance practices. Using the university's self-study and records of the sampled programs, together with associated documents, this audit tests whether the

university's practice is compliant with its IQAP, as ratified by the Quality Council. In addition, the audit will note any misalignment of its IQAP with the QAF.

The documentation to be submitted for audit will include:

a) The relevant documents and other information related to the programs selected for audit, as requested by the Audit Team;

b) The record of any revisions of the university's IQAP, as ratified by the Quality Council; and

c) The annual report of any minor revisions of the university's IQAP that did not require Quality Council re-ratification.

d) Universities may provide any additional documents at their discretion.

During the desk audit, the auditors will also determine whether the university's web-based publication of the Executive Summaries, and subsequent reports on the implementation of the review recommendations for the programs included in the current audit, meet the requirements of Framework Section 5.4.1.

6.2.6 Site Visit

After the desk audit, auditors normally visit the university over two or three days. The principal purpose of the on-site visit is to:

- get a sufficiently complete and accurate understanding of the university's application of its IQAP in its pursuit of continuous improvement of its programs;
- answer questions and address information gaps that arose during the desk audit
- assess the degree to which the institution's quality assurance practices contribute to continuous improvement of its programs.

In the course of the site visit, the auditors speak with the university's senior academic leadership including those who the IQAP identifies as having important roles in the QA process. The auditors also meet with representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. The university, in consultation with the auditors, establishes the program and schedule for these interviews prior to the site visit.

6.3 Audit Report

Following the conduct of an audit, the auditors prepare a report that will be considered "draft" until it is approved by the Quality Council. The report, which is to be suitable for subsequent publication, comments on the institution's commitment to the culture of engagement with quality assurance and continuous improvement and:

a) Describes the audit methodology and the verification steps used;

b) Comments on the institutional self-study submitted for audit;

c) Describes whether the university's practice is compliant with its IQAP as ratified by the Quality Council, on the basis of the programs selected for audit;

d) Notes any misalignment of its IQAP with the QAF;

e) Responds to any areas the auditors were asked to pay particular attention to;

f) Identifies and records any notably effective policies or practices revealed in the course of the audit of the sampled programs; and

g) Comments on the approach that the university has taken to ensuring continuous

improvement in quality assurance through the implementation of the outcomes of cyclical program reviews and the monitoring of new programs.

The Audit Report includes recommendations that the Quality Council take one or more of the following steps, as appropriate:
   a) Direct specific attention by the auditors to the issue(s) within the subsequent audit, as provided for in Framework Section 6.2.4;
   b) Schedule a larger selection of programs for the university's next audit;
   c) Require a Focused Audit;
   d) Adjust the degree of oversight and any associated requirements for more or less oversight (see Guidance);
   e) Require a Follow-up Response Report, with a recommended timeframe for submission; and/or
   f) Any other action that is deemed appropriate.

Ultimately, the Audit Report includes an assessment of the overall performance of the university and contains recommendations to the Quality Council, as appropriate, based on that assessment; it may also include Suggestions, Recommendations, and/or Cause(s) for Concern. Once the Audit Report has been finalized (with fact checking completed) and approved by the Quality Council, the Audit Report, absent any confidential information, will be published on both the Lakehead University and the Quality Council websites.

6.3.1 Institutional Follow-up Response Report

When requested, a Follow-up Report is completed, which outlines the steps taken to address any recommendations and/or causes for concern. Upon approval by the Audit Team and Quality Council, the Follow-up Report is published on both the Lakehead University and the Quality Council websites.

6.3.2 Focused Audit

A Focused Audit may be requested at the discretion of the Quality Council at any time if the Quality Council has concerns about the quality assurance processes at the institution. For example:
   • if an Audit Report has identified at least one Cause for Concern, the Report will describe the deficiencies related to the aspect(s) of the university's quality assurance processes in question. The Audit Committee will then recommend to the Quality Council that the specific area(s) of concern may require closer scrutiny and further support through a Focused Audit.
   • if the Quality Council has concerns about the university's quality assurance processes.

A Focused Audit may take the form of a desk audit and/or additional site visit. The Audit Committee will also recommend to the Quality Council a proposed timeframe within which the Focused Audit should take place. Note, a Focused Audit does not replace the Cyclical Audit.

The report:
a) Describes the Focused Audit methodology and the verification steps used;

b) Responds to the area(s) of focus the auditors were asked to pay particular attention to; and
c) Indicates whether the Cause(s) for Concern has been satisfactorily addressed, or whether any further action is required.
d) May also include Suggestions, Recommendations, and/or Cause(s) for Concern.

The reports resulting from a Focused Audit will be published on on both the Lakehead University and the Quality Council websites