CAQC-CARI Quality Assurance Audit Process
Second Audit: Final Report

April 2019

The Quality Assurance Audit Process is a joint venture, supported by the Comprehensive Academic and Research Institutions[1] (CARIs) in Alberta, the Campus Alberta Quality Council (CAQC or Council) and the Alberta Advanced Education (AE) Ministry.

Preamble

Following successful completion of the Audit Pilot Project in 2010, the 2017-2019 Audit Process was initiated with a meeting of the CARI Provosts and the co-chairs of CAQC. There was agreement that the *Process* Document from the Audit Pilot Project would guide the process and that each of the institutions would name a representative to be members of the Steering Committee. A general timeframe was established for the Audit Process and the Steering Committee agreed it would provide a recommendation to CAQC regarding the outcome of the audit following its completion. CAQC would then consider the recommendation and notify each institution with regard to its decision. At the completion of the four audits, a final report would be prepared by the Steering Committee and would be shared with the CARI group, CAQC and the Ministry.

Mandate

The initial Quality Assurance Audit Pilot Project was created to explore whether a mutually agreed-upon audit process would assist CAQC in exercising its legislated monitoring role vis-à-vis degree programs at CARI institutions in a way that fully respects the existence of internal quality assurance policies and practices within autonomous institutions. This report presents the results of the second round of audits held in 2018. The five purposes of the Audit Process were as follows:

- *to ensure criteria and processes are in place at each institution for the rigorous examination of programs and to provide external assurance that those criteria and processes are being rigorously applied;*
- *to inform CAQC's monitoring role by using streamlined procedures that respect the internal processes used in each of the institutions;*
- *to ensure the audit process will, to the extent possible, avoid unnecessary duplication of effort, and will be cost-effective for both institutions and CAQC;*
- *to inform the design of a made-in-Alberta auditing system that avails itself of leading practices found in quality assurance audit systems in other jurisdictions in Canada and in the world, and to contribute to continuous improvement in internal quality assurance at each of the institutions; and*
- *to identify leading practices within institutions' cyclical review practices that will be shared with each other and with other institutions from other sectors in the system.*

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[1] As of 1 February 2019, the Comprehensive Academic and Research Institutions (CARIs) became the Comprehensive Academic and Research Universities (CARUs).

Principles

A series of high-level principles developed for the Audit Pilot Project were confirmed to help guide the evaluation of the Quality Assurance Audit Process and assist in the preparation of the recommendations (Appendix 1 of Appendix A).

Membership

The Steering Committee consisted of a representative of each of the four CARI institutions and three members of the CAQC. The members included:

- Tammy Hopper (University of Alberta)
- Matthew Prineas (Athabasca University)
- Kevin McQuillan (University of Calgary); subsequently replaced by Florentine Strzelczyk
- Robert Boudreau (University of Lethbridge)
- Art Quinney (CAQC)
- Peter Mahaffy (CAQC)
- Paul Gooch (CAQC)
- Marilyn Patton (CAQC Secretariat): administrative support; subsequently replaced by Guy Germain

Throughout the QA Audit Process Art Quinney, CAQC's Co-Chair, served as the Steering Committee chair.

Meetings

The Steering Committee convened seven times between 2017 and 2019 with a mixture of face-to-face and teleconference meetings.

Background Work Prior to Audit Team Reviews

   a) Prospective Audit Team Members:

The Steering Committee compiled a "living list" of potential audit team members comprised of senior Canadian academic administrators and following criteria set out in the *Process* document. The list was periodically refreshed. From this list, the university to undergo an audit identified its preferred candidates, who were ratified by the Steering Committee as a whole before being contacted by the Chair of the Steering Committee about serving on an audit team. The process worked well; in the opinion of the Steering Committee, all of the audit teams formed were conscientious, rigorous, and fully engaged in their assignment.

The Steering Committee decided that for each audit it would be beneficial if one of its members from a university not undergoing the current audit shadowed the team as a silent observer to see first-hand and in detail the unfolding of the process and to answer questions from audit team members about the process. Our practice was to assign this role to the Steering Committee member whose internal institutional review processes were the subject of the next audit in the series of four.

b) Framework for Audit Teams:

This document (see Appendix 2 of the *Process* document below) was a revised version of the original Framework and was an instrument used by all audit teams. The Framework appears to have been effective in guiding audit teams' efforts and in shaping their reports.

c) Tasks and Timelines:

To assist management of the project, the CAQC Secretariat developed and kept an up-to-date "tasks and timelines" document that enabled the Steering Committee to track its work and ensure sufficient lead time and sequencing were provided for the various tasks that needed to be done and outcomes realized in overseeing the entire project.

Audit Team Site Visits

Each of the CARI institutions provided suggestions to the Steering Committee as to programs/units that had gone through their own quality assurance process for consideration by an audit team site visit. The Steering Committee subsequently selected the programs/units reviews (three exemplars for each institution) to be evaluated by an audit team. The programs/units included:

University of Lethbridge
- Bachelor of Health Sciences (Public Health)
- Mathematics
- Master of Science in Management

University of Calgary
- Faculty of Law
- Faculty of Science
- Faculty of Veterinary Medicine

Athabasca University
- Bachelor of Arts
- Master of Science in Information Systems
- Doctor of Business Administration

University of Alberta
- Faculty of Agricultural, Life and Environmental Sciences
- Faculty of Rehabilitation Medicine
- School of Public Health

The Steering Committee also ratified the audit team members and established, through consultation with each CARI institution, the dates of the site visits:

University of Lethbridge:

Site Visit: 18-19 April 2018

Audit Team Members:
- Janice Ristock (Provost and Vice President (Academic), University of Manitoba);
- Olive Yonge (Vice Dean, Faculty of Nursing and former member of CAQC);
- Ernie Barber (former Interim Provost and Vice President Academic, University of Saskatchewan);
- Kevin McQuillan was the Steering Committee member who shadowed this audit team.

University of Calgary:

Site Visit: September 26-27 June 2018

Audit Team Members:
- Jeff Johnson (Professor and Associate Dean (Education), School of Public Health, University of Alberta);
- Tom Chase (Provost and Vice President (Academic), University of Regina);
- Deborah MacLatchy (Professor of Biology and President and Vice-Chancellor, Wilfrid Laurier University);
- Matthew Prineas was the Steering Committee member who shadowed this audit team.

Athabasca University:

Site Visit: 21-23 October 2018

Audit Team Members:
- Neil Besner (Former Provost and Vice President Academic, University of Winnipeg and former member of CAQC);
- Michele Jacobsen (Professor in the Learning Sciences and Associate Dean, Graduate Programs in Education, University of Calgary);
- Bryan Hogeveen (Associate Professor of Sociology and Associate Dean, Faculty of Graduate Studies and Research, University of Alberta);
- Tammy Hopper was the Steering Committee member who shadowed this audit team.

University of Alberta:

Site Visit: 10-11 December 2018

Audit Team Members:
- Bill Flanagan (Dean and Professor of Law, Queen's University);
- Bob Brennan (Professor and Department Head, Schulich School of Engineering, University of Calgary);
- Peter King (Professor Emeritus of Computer Science and Former Department Head, University of Manitoba);
- Florentine Strzelczyk (Deputy Provost, University of Calgary);
- Bob Boudreau was the Steering Committee member who shadowed this audit team.

Each site visit began with an orientation given by the Steering Committee Chair to reaffirm the purposes of the audit. The audit team then met with various members of the CARI institution (including where possible individuals involved with the programs/units' quality assurance exemplars).

Each audit team submitted a report following the guidelines in the Framework document, and the CARI institution prepared a written response to it, as outlined in the *Process* document. The Steering Committee, through its Chair, conveyed concise high-level summary comments on the findings and conclusions it had reached when considering the report and the response to it.

General Observations from the Four Audits

1. It was clear from each of the audit reports that the four CARI institutions demonstrated a strong commitment to quality assurance.
2. The Quality Assurance Audit Process was very well served by four highly competent and committed audit teams. The process of selecting the audit teams worked well. In future, each audit team must have gender balance and be appropriately diverse. In addition, the chair of the steering committee, together with the Secretariat, will select the chair of the audit team in advance of the audit visits.
3. The principles and *Process* document were crucial to the success of the Audit Process.
4. The orientation sessions were valuable to the process in emphasizing and delimiting the mandate and scope for each of the four audit teams.
5. The joint CAQC-CARI approach to the Audit Process provided valuable expertise and sound oversight to and for the entire project.
6. The inclusion of an institutional representative as a nonparticipant observer (shadow) on the audit team was viewed as helpful by the audit team and a useful experience by the four institutional representatives.
7. The support provided by the CAQC Secretariat was invaluable to the overall success of the Audit Process. The *Task and Timelines* document was found to be most helpful.
8. The choice of program/unit reviews to ensure diversity worked well. The audit process provided an opportunity to identify and share effective quality assurance practices with other institutions.
9. The experience from this round of audits will inform future audit processes in which there is a potential expansion of the audit process to other institutions in Alberta.

Fulfillment of the Five Purposes

1. *"to ensure criteria and processes are in place at each institution for the rigorous examination of programs and to provide external assurance that those criteria and processes are being rigorously applied"*

   Each of the four audit team's reports concluded criteria and processes were in place for the rigorous examination of programs and provided assurance that criteria were being rigorously applied. It was evident that each of the institutions was regularly reviewing their quality assurance processes, and in some cases, had made substantial changes since that last audit process.

2. "*to inform CAQC's monitoring role by using streamlined procedures that respect the internal processes used in each of the institutions*"

   The Quality Assurance Audit Process was very effective in enabling CAQC to fulfill its monitoring role with regard to the CARI institutions. The joint CAQC-CARI approach respected the autonomy of the CARI institutions while providing a transparent process to produce valuable outcomes.

3. *"to ensure the audit process will, to the extent possible, avoid unnecessary duplication of effort and will be cost-effective for both institutions and CAQC"*

   The overall success of the Audit Process was viewed differently by some of the CARI institutions with respect to the cost/benefits required to carry out the audit. The CAQC viewed the audit process as being very effective in meeting the monitoring requirement of its mandate. In the final analysis, there was agreement by members of the Steering Committee that the audit process added value to the quality assurance process at each of the institutions.

4. *"to inform the design of a made-in-Alberta auditing system that avails itself of leading practices found in quality assurance audit systems in other jurisdictions in Canada and in the world, and to contribute to continuous improvement in internal quality assurance at each of the institutions"*

   The *Process* document for the audit process was confirmed by the current Steering Committee to guide the audits. Feedback from the audit teams was quite positive with respect to the audit process and no significant changes were recommended. The procedures outlined in the *Process* document are similar to those used in other provinces.

5. "*to identify leading practices within institutions' cyclical review practices that will be shared with each other and with other institutions from sectors in the system*"

   The four audits revealed that each of the CARI institutions developed and implemented sound quality assurance policies and procedures. In each case, the audit team also made recommendations they believed would enhance the institutional processes in place. It was clear that each of the CARI institutions has essential differences that must be taken into account in their quality assurance policy and procedures. The principles that guide quality assurance in each of the institutions are similar but the policies and procedures reflect the diversity of the institutions.

Recommendations

- The audit process should be continued and each institution's ("institutions" refers to all institutions who have met the CAQC criteria for audit status) quality assurance processes would be reviewed every 5-7 years.
- The audit process should be developed to interface as much as possible with all levels of institutional quality assurance processes with the goal of avoiding duplication and adding value to the quality assurance evidence base. It has become critical to post-secondary institutions operating in an open international market that they provide timely and objective evidence of the quality of their academic programs. Post-secondary institutions in Canada have generally established a number of levels of quality assurance processes, e.g., *internal* program/unit cyclical reviews, *internal* quality assurance process reviews, and/or *external* accreditation and quality assurance reviews by legislated authorities or professional regulatory bodies. In many countries, additional evidence of quality of post-secondary institutions and their programs is provided through national quality assurance processes that meet international standards of quality excellence. Canada does not have such a system in place but relies on provincial processes to provide this evidence.
- The audit process must be done as a partnership between the institutions and CAQC with an oversight group such as the Audit Steering Committee and should be guided by words such as: negotiation/collaboration/partnership. The primary responsibility and accountability for quality assurance must rest with the institution, but there is a need to have external validation of internal processes. External audit processes are enhanced through the use of peer review that meets the need for external evidence.
- The *Process* document was invaluable and is central to the process and should be maintained. Clear guidelines facilitated the success of the audit process and while minor changes might be considered, operationally it is most important to ensure that everyone understands the purposes of the audit, including the reviewers. However, while a one-size-fits-all approach should be avoided, the general features of the audit should be the same for all institutions.
- The choice of completed program/unit reviews to audit is important and should be selected based on a discussion between the institutions and the oversight group. In practice, the Steering Committee found that three exemplars was an appropriate number, but more important was the recency of the completed reviews.
- Some kind of seal of approval for institutions to use should be considered by CAQC and all audit-eligible institutions. If a seal of approval mechanism is implemented, an invitation could be extended to all institutions who work with CAQC to use this seal on their website/documents.
- CAQC should ensure that other Alberta post-secondary institutions are made aware that the four CARI members would be quite willing to provide consultation about their internal QA processes.

Conclusion

The joint audit process in place for this round of audits is viewed by the Steering Committee as a viable process to be continued for future quality assurance monitoring.

Appendix A

CAQC-CARI QUALITY ASSURANCE PROCESS AUDIT

**A Process for the Audit of the Internal Quality Assurance Processes
at Comprehensive Academic and Research Institutions (CARI)**

1.0   PREAMBLE

Throughout this document, "review" is used when referring to a CARI sector institution's own internal processes for ensuring the quality of its own programs/units, while "audit" is used when referring to the external assessment processes. It is understood that some institutions ("institution" refers hereafter to the four universities from the CARI sector) undertake stand-alone program reviews and some undertake program reviews as part of broader unit reviews. In what follows, the word review means a program review, whether or not this forms part of a broader unit review.

It is an expectation of the Ministry that degree-granting institutions will have internally approved processes requiring the cyclical review of degree programs, both at the undergraduate and graduate level. While respecting the autonomy and accountability of Board-governed institutions and the commonalities and differences among institutional review processes, the audit has the following purposes:

- to ensure criteria and processes are in place at each institution for the rigorous examination of programs and to provide external assurance that those criteria and processes are being rigorously applied;
- to inform CAQC's monitoring role by using streamlined procedures that respect the internal processes used in each of the institutions;
- to ensure the audit process will, to the extent possible, avoid unnecessary duplication of effort and will be cost-effective for both institutions and CAQC;
- to inform the design of a made-in-Alberta auditing system that avails itself of leading practices found in quality assurance audit systems in other jurisdictions in Canada and in the world, and to contribute to continuous improvement in internal quality assurance at each of the institutions; and
- to identify leading practices within institutions' cyclical review practices that will be shared with each other and with institutions from other sectors in the system.

The audit process is guided by the set of principles noted in Appendix 1.

2.0   AUDIT PROCESS OBJECTIVES

The main objectives of an audit are to ascertain that the institution:

(a) has a quality assurance process for internal review of its degree programs that meets the Minister's expectations; and
(b) applies its quality assurance process for its degree programs and addresses review findings with an appropriate response.

The audit process will be directed by a Steering Committee comprised of representatives appointed by Provosts and Vice-Presidents (Academic) at the four CARIs, and members of CAQC. The Steering Committee will be supported by the CAQC Secretariat and chaired by one of the Co-chairs of CAQC.

3.0   AUDIT PROCESS

3.1   Time Frame of the Audit

The four audits will be conducted as expeditiously as possible with a completion target of June 30, 2019 following a schedule developed by the Steering Committee.

The Steering Committee will work with each institution to determine both the schedule for the audit, including the site visit, and the information and documentation to be provided.

3.2   Audit Team

An audit team will normally consist of three members with senior academic administrative experience and with experience in participating in institutional review processes. One of the members will be from another Alberta CARI sector institution. The Steering Committee will create a list of possible auditors from suggestions from the four institutions and from CAQC members on the Steering Committee that may be supplemented throughout this round of audits. Prior to making the final decision on who will be invited to serve on the audit team, the Steering Committee will ask the institution undergoing the audit to prioritize the complete list of potential auditors and identify any potential conflict of interest. The Steering Committee will make every effort to include as Audit Team members those who have been highly ranked in the prioritized lists provided by the institution. The audit team will select its own team lead. (See the attached Framework to guide the work of the audit team).

Once the institution has commented on the customized list of possible auditors and has provided its comments and preferences, the Steering Committee will ratify the list to be used for recruitment. Once recruitment is complete, the Steering Committee Chair will notify the institution, the Steering Committee and members of the audit team of the membership.

A Steering Committee member from a CARI sector institution not being audited will accompany the audit team on the site visit as an observer but will not participate actively either in the interviews or in writing the report. The CARI member of the audit team cannot be from the same university as the Steering Committee member shadowing the team.

The Steering Committee member shadowing the audit teams should be present for the full site visit, including team meetings. Although the primary role of this person will be to observe as a member of the audit team, on rare occasions that person might be consulted by the team about the audit pilot project process.

3.3   Submission of Documentation Relevant to an Institution's Policy and Practice

At least four weeks prior to the audit site visit, the institution will make the following documents, available electronically to the CAQC Secretariat and audit team members:

- Institution's mandate and strategic plan
- policy or other documents describing the institution's quality assurance process for cyclical program reviews;
- a self-study including
  - the context for the QA process which should be laid out by provision of recommendations from the previous QA process audit, the institution's response, and actions taken to address recommendations, and
  - a critical self-assessment of the institution's QA processes for monitoring degree programs, including any changes to those processes since the last audit;
- documentation as noted in 3.4 for each of the three exemplars; and
- a draft audit site visit schedule.

3.4 Sampling of Completed Reviews for Audit

From the list of completed reviews conducted by the institution, the Steering Committee will select a minimum of three in order to examine how the institution is applying its approved internal review process. In its selection, the Steering Committee will consider the diversity of types and levels of degrees offered by the institution, the exemplars used in the previous audit, the timing of the exemplar, and the preferences of the institution.

For each of the three sample completed program or unit reviews the institution should provide the following:

- the policy/process in effect at the time of the review;
- a summary of process dates;
- the site visit itinerary;
- the unit's or program's self-study (normally without appendices, containing CVs and similar information);
- the external team's review report; and
- the institution/unit's response to the review, including, when pertinent follow-up actions have been taken in light of the review.

The documentation will be available electronically to the audit team and the CAQC Secretariat four weeks in advance of the site visit. Other relevant documents will be made available on site and on a confidential basis to the audit team at its request.

3.5 Site Visit

The institution undergoing the audit will name a contact who will be responsible for working with the audit team with respect to logistical arrangements (travel, accommodation, etc.).

The audit process will include a site visit to the institution so that the audit team can speak both with members of the senior administration responsible for implementing the cyclical review process, and with the deans whose program reviews were selected for sampling by the audit team. The site visit will begin the afternoon or evening before the two-day on-campus portion of the visit with an orientation/briefing session by the Steering Committee Chair, the Steering Committee institutional member who is participating as an observer, and a member of the CAQC Secretariat. These same individuals will attend the final session with the audit team.

3.6 Audit Report

Using the materials provided by the institution as well as insights gained from the site visit, the audit team will prepare a report to the Steering Committee. First and foremost, the report should address the two objectives of the audit process identified in section 2.0 of this document. Second, the report should identify strengths and weaknesses in the internal quality assurance processes it has examined and should provide recommendations for improvement, if there are any. Finally, the audit team should identify leading policies or procedures or effective practices in an institution's internal review process that might be shared with other institutions. Normally, the report should be forwarded electronically to the Steering Committee via the CAQC Secretariat within three weeks of the conclusion of the site visit.

3.7 Institution's Written Response

The audit report will be forwarded by the CAQC Secretariat to the institution for a written response, in which the institution will have an opportunity to comment on the audit report and to respond to the findings and recommendations of the audit team. Normally the response should be forwarded electronically within three weeks.

3.8 Outcome

The audit team's report and the institution's response will be reviewed by the Steering Committee and then sent to CAQC along with the Steering Committee's recommendation. CAQC, in consultation with the Steering Committee, will then convey the outcome to the institution whose internal review processes for its degree programs were the subject of the audit.

4.0 EVALUATION OF AUDIT PROCESSES

Following the completion of the 18-month audit process, the Steering Committee will review the process and what has been learned from it, and will make a recommendation, perhaps with modifications, for future CAQC-CARI joint audit processes. The Steering Committee will carry out an appropriate evaluation of the audit process.

Appendix 1

Quality Assurance Audit Process Principles

Principle 1:   Visible and credible evidence of robust quality assurance criteria and processes is vital to each of the institutions in Campus Alberta, to Council and the Ministry, and to the national and international reputation of Alberta degrees.

Principle 2:   The primary responsibility and accountability for academic and institutional quality assurance rests with post-secondary institutions themselves.

Principle 3:   The on-going monitoring of quality assurance criteria and processes should be carried out so as to maximize the opportunity for affirming, and adding value to, the internal quality assurance processes at each institution through peer evaluation and sharing of best practices from other institutions in Alberta and elsewhere.

Principle 4:   Credible quality assurance should be dynamic, responsive, and have peer evaluation as a central feature.

Principle 5*:*   Monitoring of QA processes should be streamlined, avoid unnecessary duplication of effort, and the benefits should be commensurate with the costs and effort.

Appendix 2

Audit Steering Committee - Terms of Reference for Audit Teams

Background

Item 2.0 of the Quality Assurance Audit Process Steering Committee process document speaks directly to the objectives of the Audit:

2.0 "…. to ascertain that the institution:
   (a) Has a quality assurance process for internal review of its degree programs that meets the Minister's expectations; and
   (b) Applies its quality assurance process for its degree programs and addresses review findings with an appropriate response."

Item 3.6 details the Audit Report:

3.6 Using the materials provided by the institution and insights gained during the visit, the audit team prepares a report.
   "First and foremost, it should address the two objectives" (set out above)

   Second, it should identify "strengths and weaknesses in the internal quality assurance processes it has examined and should provide recommendations for improvement, if there are any."

   "Finally, the audit team should identify leading policies and procedures or effective practices in an institution's internal review process that might be shared with other institutions."

Framework

The following framework to assess the two items (2.0 Process and 3.6 Review findings) has been constructed based on these directions.

1. **Overall Process**
   a. Does the process reflect the institution's mandate and strategic plan?
   b. Is the scope of the process appropriate?
   c. Are the internal quality assurance processes adaptable to the needs and contexts of different units (e.g., faculties or departments or credential level)?
   d. Were there any quality assessment issues raised by the institution in its self-study that the institution asked the assessors to address?

2. **Review Findings**
   a. Were the responses to the sample program review findings adequate?
   b. Do the review findings move through appropriate institutional governance processes and are they appropriately disseminated?
   c. Does the process promote continuous quality improvement and inform future decision making?