



ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

REPORT ON THE QUALITY ASSURANCE AUDIT OF THE UNIVERSITY OF WINDSOR

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Introduction to the Cyclical Audit for the University of Windsor

The University of Windsor is a comprehensive, student-focused post-secondary institution serving southwestern Ontario. Its progenitor, Assumption College, was established in 1857. In 1963, Assumption federated with Essex, Canterbury, Iona, and Holy Redeemer Colleges to form the University of Windsor, a non-denominational, autonomous degree-granting institution. The University has three federated and affiliated institutions: Assumption University, Canterbury College, and Iona College. In 2023, the University celebrated its 60th anniversary.

Today, the University of Windsor seeks "To empower positive change through regionally and globally engaged inquiry, learning, scholarship, creation, and research" (<https://www.uwindsor.ca/48/our-mission>). The University of Windsor offers 190 undergraduate programs, 65 graduate programs and six professional programs (Law, Business, Engineering, Education, Nursing and Social Work). The University is home to 17,994 full- and part-time undergraduate and graduate students. International students from nearly 100 countries account for more than 30% of the University of Windsor's student population. The University has over 500 faculty.

The audit of the University of Windsor described in this report was conducted using the provisions of the 2021 version of the Quality Assurance Framework (QAF) that is overseen by the Ontario Universities Council on Quality Assurance (the Quality Council). The QAF describes procedures for the academic review of proposed new degree programs and the periodic review of existing degree programs in Ontario's university sector. The Framework draws on the long experience of Ontario universities in undertaking quality assurance and brings together best practice at both the undergraduate and graduate levels. All Ontario universities have agreed to abide by this Framework, and each university has developed Institutional Quality Assurance Processes (IQAP) that comply with the QAF and provide each university with an internal policy for the conduct of quality assurance. In 2018, the QAF and the Quality Council underwent an external review. This led to a revised Quality Assurance Framework being approved in 2021, and the Ontario universities revised their IQAPs accordingly.

The QAF provides Ontario universities with autonomy over their quality assurance processes. However, the Quality Council has the authority to audit their quality assurance activities periodically. The purpose of the audit is to determine whether each university's quality assurance practices are in compliance with its IQAP and the QAF, and to guide the university on needed remediation in any areas that are out of compliance. The audit process is part of the universities' accountability to stakeholders (prospective students, students, graduates, parents, employers, the provincial government, taxpayers, and public at large) to provide evidence that each university's degree programs not only meet national and international academic standards but also strive continuously to improve quality.

The first cycle of audits under the 2010 QAF commenced in 2012, and was completed in 2020, with two to three universities being audited in each year. The University of Windsor was in the third group of universities undergoing an audit in 2014-15. The second cycle of audits

commenced in 2022, and the University of Windsor is again one of the third group being audited in 2024-25.

The auditors followed the Audit Process as described in the Quality Assurance Framework (QAF 6.2, please refer to Appendix A). The Quality Assurance Secretariat selected the three auditors from the Audit Committee's membership (see brief biographical information in Appendix B) and, along with one of those auditors, provided an orientation to the University's Key Contact and other relevant stakeholders at the outset of the audit process. Upon receipt of the preliminary university documents, the Audit Team selected and reviewed a sample of programs for audit from the New Program Approval Protocol and the Cyclical Program Review Protocol. The process involved a desk audit using the University's Institutional self-study, records of the sampled programs, and associated documents, followed by a site visit. During the site visit on November 20 – 22, 2024 (see Appendix C for the site visit schedule), auditors met with the University's senior leadership, those with important roles in the quality assurance process, and representatives from those programs selected for audit. Additionally, the auditors met with University representatives who were currently in the process of creating a New Program Proposal and an academic unit currently engaged in their Cyclical Program Review. Following the audit, the auditors prepared a report, with Recommendations and Suggestions, subject to a multi-stage review process and final approval by the Quality Council.

The following comprised the Audit Team for the University of Windsor audit:

Dr. Roelof (Rudy) Eikelboom

Dr. Douglas McDougall

Dr. Alice Pitt

Dr. Christopher Evans, Quality Council Secretariat support

Ms. Cindy Robinson, Quality Council Secretariat support

The audit process is complex and time-consuming for all sectors of the University, from staff and students, to faculty and administration. It was clear to the auditors that, despite budget challenges, the University is strongly committed to quality assurance principles and practices. The Institutional self-study was prepared collaboratively with multiple inputs from stakeholders in the University and reflected a forward-looking concern with continuous academic improvement. The University of Windsor provided auditors with extensive and virtually complete audit documentation well before the site visit. Requests for additional information and documentation were handled in a timely manner.

The new programs selected for the audit included two master's programs, one of which was a joint program across two Faculties. The University of Windsor bundles its Cyclical Program Reviews by Academic Administrative Units, so one quality assurance activity selected included two undergraduate degrees and the second included an undergraduate and graduate (Master's) program. The final two Cyclical Program Reviews were selected from single-department faculties and included programs from undergraduate to PhD level. One was also a discipline

that involved accreditation requirements. In the spring of 2024, the University of Windsor submitted copies of records documenting the quality assurance activities for the six quality assurance activities selected and the Institutional self-study. The auditors then conducted a desk audit using the University's Institutional self-study and the records of the sampled programs, together with associated documents.

The site visit, an intense series of meetings over three days, was very well planned, and auditors commend those responsible for organizing the meetings and offer thanks for the hospitality and assistance they received throughout their stay.

[**The Quality Assurance Context at the University of Windsor**](#)

The University of Windsor's first IQAP was approved by the Quality Council in June 2011 and was based on the requirements of the 2010 version of the Quality Assurance Framework. The IQAP underwent minor modifications in 2013, 2014, and 2016. The Quality Council updated the Quality Assurance Framework in 2021 after an external review of its practices. In response, the University of Windsor revised its IQAP, which was approved by its Senate in April 2022 and by the Quality Council in May 2023.

The Provost and Vice-President (Academic) is responsible for administrating and applying the IQAP and delegates the day-to-day responsibility to the Associate Vice-President (Academic) (AVPA). The University of Windsor quality assurance administrative structure involves two parts; the Office of Quality Assurance (OQA) which reports to the AVPA, and secondly, the Program Development Committee (PDC), a standing committee of the University Senate, supported by the University Secretariat. The AVPA also chairs a New Program Steering Committee that gives advice on the initial stages of a new program proposal. The OQA is responsible for all quality assurance activities, both for new program proposals and Cyclical Program Reviews (CPR), to the point in the process when internal responses to the external review have been made. All the documents are then forwarded to the Secretariat for the PDC to review. For new program proposals, the PDC makes Recommendations for final internal approval by the Senate. With CPRs, after the documents are received by the Secretariat, a subcommittee of the PDC prepares and then the PDC approves the Final Assessment Report and Implementation Plan (FAR/IP), which are provided to the Senate for Information. The PDC is responsible for monitoring the completion of the IP.

The OQA, the AVPA, and the Center for Teaching and Learning (all three universally praised during the site visit) have been active in improving the culture around quality assurance by holding workshops and updating templates, as well as meeting with units proposing new programs and units undergoing CPRs. The New Program Steering Committee is mentioned below as a possible best practice. The reworking of the CPR Orientation Workshop has been seen as a positive step, as it brings in individuals who have recently completed the CPR in their unit to provide advice and comments. Resources such as the Curriculum Mapping Aid and Curriculum Services Repository are providing a comprehensive resource hub. There have also been several efforts to increase student involvement in the quality assurance processes, such

as through the provision of a standardized student survey and Curriculum Project Engagement grants that hire student to improve curriculum practices.

However, difficulties remain revolving around limited resources and complex processes for quality assurance. A pandemic, a cyberattack, and a change in underlying data management software delayed improvements in the quality assurance processes. Data and time management remain a problem and were mentioned by many during the site visit (see Recommendation 1).

The University is working with its new 2023 IQAP based on the 2021 QAF. It was clear from site visit comments by units currently undergoing a CPR that, while still daunting, the process was much better organized. There appears to have been a shift in the culture, with recent and current reviews being seen more as an opportunity for self-examination and ongoing improvements in their programs than as an exercise in compliance. While much is being accomplished in improving the culture of quality assurance at the University, only with the sustained support of all, and the continued wise deployment of limited resources can the transition from compliance to continuous improvement be maintained.

Findings Arising from the Quality Assurance Audit of the University of Windsor

The findings of this Audit are based on the following:

- The report of the 2014-15 Cyclical Audit and the University's one-year response;
- Request from the Quality Council to the Audit Committee, August 2024;
- Advice from the Appraisal Committee of the Quality Council on areas where it had observed a pattern in the University's application of its IQAP during the development of its past new program proposals;
- The University's 2024 Institutional self-study;
- A scan of quality assurance-related pages on the University's website;
- The desk audit of documentation provided by the University for four programs that have undergone CPRs and two new programs that have undergone appraisal for approval; and,
- Information gathered at the three-day site visit meetings with groups and individuals at the University of Windsor.

The findings of this audit led to a series of Commendations and Best Practices, Recommendations, and Suggestions. Further details on these findings can be found in the subsequent sections of this Report.

The 2014-2015 Audit

There were 11 Recommendations and 11 Suggestions in the 2014-2015 audit. At this first audit, the University was required by the Quality Assurance Framework to provide a one-year follow-up to document on how they had addressed the audit's Recommendations. The University

responded in April 2016. In June 2016, the auditors concluded that the University of Windsor's response demonstrated compliance with the Audit Report's Recommendations.

Three Recommendations of the previous audit were related to the University's process for new program approvals which the University has followed, and in fact, a best practice noted in the present audit resulted from actions the University has taken to address these Recommendations.

Several Recommendations dealt with the Cyclical Program Review process. In the one-year follow-up, the auditors commended the University on addressing these Recommendations. They commented several times, (including in three Suggestions, in their original report) that formal sign off be included for the self-study to make sure that all required steps were included. In particular, the auditors were concerned about sign off by other academic units involved in programs that transcended Academic Administrative Unit (AAU) boundaries and they recommended that all academic units be consulted in developing the self-study. While Suggestions and subsequent audit follow-up comments do not require compliance, the repeated nature of these comments suggest a theme that might be explored more fully (Recommendation 3).

Implications of the Institutional Self-study

The 2021 Quality Assurance Framework (QAF) requires that, in advance of the site visit, the University provide the Audit Team with an Institutional self-study that presents a reflection on the quality assurance processes at the University. Windsor is to be commended on the rich process it used to develop its Institutional self-study. A special team was formed to prepare the University for the audit and it organized several University-wide and Ontario-wide surveys to a variety of stakeholders to prepare the self-study. The draft document was circulated to many individuals involved in quality assurance, and the review by the final large focus group resulted in a robust self-study.

After commenting on how the University responded to the Recommendations and Suggestions of the 2014 Cyclical Audit, the self-study looks more generally at changes and improvements to the University of Windsor quality assurance processes but also highlighted some ongoing difficulties. It permitted the Audit Team to frame some of its questions at the site visit.

One concern that was mentioned in the Institutional self-study (and at the site visit) is the lack of a University-wide comprehensive data strategy. This lack manifests in the nature and formatting of the data provided to AAUs, the absence of a document management system, and in the lack of workflow management software. Data reports currently come from multiple sources, are sometimes inaccurate or outdated, and in need of being reworked by the OQA before being beneficial to the AAUs (Recommendation 1).

Finally, in the Institutional self-study, the University asked for comments on several issues addressed in turn below.

1. Asking for advice on better building a culture of quality assurance and the importance of continuous improvement, especially for programs that also undergo accreditation processes.

There are two issues to address: first, continuing the movement to a culture of improvement from one of compliance, and second, integrating CPRs with accreditation.

The Audit Team, during the site visit, heard that the recent CPRs were seen by the AAUs as being more concerned with review and improvements of the various programs, rather than simply being a matter of compliance. The Team compliments the OQA and Centre for Teaching and Learning (CTL) in their ongoing efforts to transition to a culture of continuous improvement. The Recommendations and Suggestions around CPR in this report are also targeted on continuing this good work on transitioning the culture at the University from compliance to more forward-looking improvements and enhancements (Recommendations 1 and 4). See also [Advice on Continuous Improvement and Self-reflection](#).

The relation between the CPRs and accreditation reviews is complicated by the differences in requirements and timelines of each process, making overarching suggestions difficult. Some universities have linked the timing of the accreditation review and CPR. By holding these reviews close together (within a year of each other) it is often possible to use the same data for both processes. But in a recent Key Contacts discussion on this issue (February 2025) other universities have explicitly decoupled these two reviews. In the Guidance to the QAF, the section on [Cyclical Program Reviews and Accreditation Reviews: Key Differences and Guidelines for Alignment](#) provides more details about these requirements. Clearly, this is a system wide issue that continues to receive attention both by the Key Contacts and by the Quality Council.

2. How best to deal with joint programs that involve multiple institutions, especially for international collaboration.

The Audit Team noted that, in the 2023 IQAP, the University has added an Appendix F, which has many good suggestions for international collaborations. There are also suggestions available about quality assurance of joint programs in the [2021-2022 Omnibus Report on Quality Assurance Key Contact Meetings](#) pages 9-11. There are also specific comments in the Guidance to the QAF [Approval of New and Review of Existing Joint Programs Offered by Two or More Ontario Institutions](#). The first footnote in the latter document notes the Quality Council maintains a directory of bodies whose post-secondary assurance processes are recognized and accepted as being comparable to our own.

3. Strategies for reducing the administrative workload for CPR and New Program Proposal (NPP).

The University has continuously been improving its templates for these processes, and recent CPRs have been viewed positively by the AAUs as an opportunity to reflect on program

improvements. As the focus of CPRs moves from compliance and review of the previous seven years to one that is forward looking and directed towards continuous improvement, there may be ways to further refine the templates, making them more flexible and focused. The Audit Team has several Recommendations (1, 3, and 4) and Suggestions (1, 2, 6, and 8) that together would reduce the workload of CPRs and NPPs. It might also be useful to consult with faculty members who have acted as external reviewers at other institutions for suggestions on how to further streamline these processes.

4. Identification of risks associated with under-resourcing the Office of Quality Assurance

The quality assurance processes at the University of Windsor were described by some at the site visit as “lean and complex” and recognized as a less-than-ideal combination. With limited staffing in the Office of Quality Assurance, considerable institutional knowledge resides with a single individual. This is clearly a situation that could be problematic for all quality assurance processes if, for whatever reason, that person was no longer involved. There is clearly a desire by many, at all levels of the University, to support and strengthen processes that lead to the continuous improvement of the academic programs, but without an appropriately resourced central office this becomes much more difficult. The universal praise the auditors heard for the Office of Quality Assurance suggests that their work is deemed to be important to the AAUs.

5. Advice and exemplar institutions on coordinating multiple offices involved in the quality assurance support.

The University of Windsor is unique in the way it has divided responsibilities between the AVPA office and the University Secretariat. This may lead to a more complex structure than might be ideal. In this light, the concerns, noted in the Institutional self-study that the handover of responsibility to the University Secretariat after the internal responses to the external review were received, resulted in a lack of awareness of the role of the FAR and IP in the review process on the part of the AAUs. This confusion seemed to be reflected in some of the comments made by Heads of AAUs during the site-visit (See Suggestions 12 and 13). A structural review might identify a more streamlined quality assurance process.

Recommendations and Best Practices (QAF 6.2.7)

Recommendations

The Recommendations section is where individuals, programs, or administrative units that have demonstrated characteristics leading to strong quality assurance practices, or a culture of continuous improvement are recognized.

As the first Recommendation in the 2014-15 Audit Report was to ensure that students were engaged in quality assurance, the current auditors commend the multiple ways that the University has increased student involvement in the quality assurance processes. The Audit Team noted that funding was available to hire students to help with curriculum mapping and review. There are also students with specific academic experience who worked in the OQA, helping with data analysis and helping make the data meaningful to the AAU undergoing CPR.

This is seen as an innovative way to involve students. Some departments have student mentoring practices where upper-year students mentor first-year students in the program. These upper-year students can then contribute to developing and evaluating the CPR self-study and later can meet with the external reviewers. Another self-study described a portal of anonymous comments on student experience, as well as a new staff position entitled Student Success Co-ordinator. During the site visit, we learned that, in that unit, the self-study had been provided to all students with an invitation to sign up for the student meeting with external reviewers if they wanted to make comments.

During the site visit, the Audit Team heard repeated commendations for the CTL and OQA (but concern about limited (1.3-person) staffing in OQA). The support the OQA and CTL provided was universally highly praised. They are considered the essential units for support. The OQA is the face of quality assurance at Windsor. Several AAUs noted that the support of these offices facilitate their ability to efficiently complete their self-study. It was also evident from the comments that the OQA was viewed as significantly shifting the perception of CPR from compliance to forward looking program improvement.

The University of Windsor has a practice of bundling all the programs in a department or AAU into a single CPR. This makes for possible efficiencies in the amount of work necessary but can make the process seem daunting with many parts needing to be addressed. At the beginning of the CPR process, the AAUs are provided with a Delegation Document to help build a team approach to the preparation of the self-study. There may be others in the AAU besides the Head who can better complete specific parts of the self-study, such as undergraduate and graduate program advisors. Having a team approach to the CPR, as clearly implied by the Delegation Document, makes the unit-level approach more manageable and increases the awareness of quality issues and makes buy in to the resulting recommendations from the FAR/IP much more likely.

Best Practices

Best practices are specific systems, processes, structures and actions that enhance the effectiveness of the application of the University's IQAP or contribute to the University's efforts toward a culture of continuous improvement that could be applied more broadly across the University, or at other institutions.

The Appraisal Committee of the Quality Council, in its advice and comments to the Audit Team, commented on the University of Windsor's new program submissions and noted that they had a relatively low number of requests for additional information concerning assessment of teaching and learning. In the site visit, the Audit Team heard how new program proposals were supported at the beginning of the approval process by a New Program Steering Committee when the Notice of Intent (NOI) is first submitted.

The New Program Steering Committee (NPSC) includes the Associate Vice-President Academic (Chair), and representatives from the University Secretariat, the Registrar, the Center for Teaching and Learning, and Student Accounts. It provides structured support for groups developing a new program proposal. The NPSC receives the NOI, which includes enough detail and occurs early enough, so the committee is able to offer substantial, meaningful feedback to the group making the proposal. The NPSC can also identify difficulties the proposal may face going forward. This early support by experienced administrators and teaching specialists means

that full new program proposals are developed in a way that makes their ultimate success easier and more likely.

While many universities have a notice of intent process at the start of a new program proposal, Windsor's approach to supporting these initiatives is exemplary and suggests it might be a case study for a future Key Contact meeting.

Recommendations to the Institution

The auditors identified some failures to comply with the IQAP and misalignment between the IQAP and the required elements of the Quality Assurance Framework. As a result, they include in this report four Recommendations that Windsor University must address.

The University of Windsor must:

RECOMMENDATION 1: Strengthen the data support provided for all the quality assurance activities.

The Institutional self-study reported the need to improve data provision and analysis, and this was also a message the Audit Team heard repeatedly from multiple parties at the site visit. The auditors suggest there are two related issues here. The first is the timely and accurate provision of data to AAUs preparing CPRs but second is making sure that the data provided maps onto the requirements of the QAF Section 5.1.3. This is so that the self-study can be written in a manner that is forward looking and aims to continuous improvement rather than being backward looking emphasising compliance.

The auditors recognized the work the OQA is doing in acting as a central point from which the departments can receive the data needed for the self-study (something that could be explicitly noted in the IQAP section 7). However, as the data is originally provided by at least three offices – Institutional Analysis, Registrar's Office, and IT Services – with differing reasons for preparing the data, the data often needs to be reworked to be applicable to the requirements of quality assurance. Given staffing resources available in the OQA, the reworking of data from these sources is being done on a piecemeal basis. While hiring students to help with this data recasting shows the University recognizes the problem, this cannot be a permanent solution. The lack of a university-wide data strategy has also resulted in data that is delayed when requested, sometimes appears inaccurate, and difficult to understand, slowing the process of completing the self-studies (see Recommendation 4). It was evident to the auditors that the AAUs were supportive of the opportunity provided by the CPRs to improve their programs, but the frustrations expressed about data provision suggest a major impediment to successful, timely completion of the required self-study.

Related to the concern about the provision of timely accurate data is the need to make sure that the data provided maps well onto the requirements expressed in the QAF. Several individuals expressed the concern that they were sometimes overwhelmed by data that appeared to be only tangentially related to the template for the self-study. In one of the programs reviewed in

the desk audit, there was a fifty-page table of courses from other AAUs taken by students in the program without any rationale or discussion of why this table was included. Reviewing the data provided to the AAUs to make sure it is relevant to the forward-looking evaluation of the program is needed.

It is also important that this data be used in a way that leads to improvements of the programs. It appeared that most of the data was analyzed in a historical manner reflecting on the past performance of the programs rather than being used to explore trends that are important from a forward-looking perspective that would lead to suggestions on how to improve the program. There should be guidelines or support provided to the AAUs on how to use the data to explore future directions that programs might profitably explore.

The Audit Team is of the view that the data issues are indirectly responsible for some of the other issues that have led to Recommendations and Suggestions in this Audit Report. Data issues were mentioned by some AAUs as being partially responsible for the delays in preparing the self-study. The backwards review nature of the data presented may lead AAUs to see this as more an exercise in compliance than a forward looking way to improve their programs.

While we understand the University has been reviewing its data strategy, we see this as essential to providing the support necessary to successfully address quality assurance issues and urge the University to complete and implement a revised and updated data strategy.

RECOMMENDATION 2: Ensure that the process for monitoring the University's new programs, as detailed in its IQAP and required by QAF 2.9.2, is implemented.

The University of Windsor's 2023 IQAP states that monitoring of new programs "includes an interim monitoring report to be produced by the Dean and submitted to the Office of Quality Assurance when the next cyclical review is longer than four years out."

At the site visit, program participants said that they had not been formally monitoring new programs. The only formal assessment of how new programs were doing was if the Quality Council required a report, and this was deemed a monitoring report. This is problematic as the reports that the Quality Council requests are usually focused on a particular issue, such as hiring of new faculty, rather than being a full consideration of all aspects of the new program. In the absence of a request from the Quality Council, the current practice is that the Dean monitors new programs, but without documentation, and there is no process for sign-off on monitoring reports. Thus, in the New Program Proposals that were reviewed in the desk audit, there were no monitoring reports.

The Audit Team was provided with the University's recently developed New Program Monitoring Report template, which is in the process of being implemented. The template addresses the monitoring requirements as noted in the University's 2023 IQAP. This template requires also sign-off by the Department Head or Director, and the Dean. However, while the new template was provided, the auditors were unable to observe its application in practice. (It was also noted

that, while the IQAP requires a monitoring report this monitoring requirement for new programs is missing from the Quality Assurance flowchart in Table 2 of the 2023 IQAP. The monitoring of CPRs is noted in footnote 2.)

RECOMMENDATION 3: Develop a better process for tracking documentation related to its quality assurance that includes a sign-off for each process step.

In its review of the documentation provided, the Audit Team noted that, on occasion, the documentation lacked clarity on approvals and how certain decisions were made. In some of the desk audits, it was not clear who was responsible for approving the self-study so a sign off by the Dean would clarify this step. The selection process of choosing and approving external reviewers and verifying that they are at arm's length is sometimes missing, particularly if a second round of external reviewer suggestions was needed.

The Audit Team heard from several people that only a few individuals were fully aware of the quality assurance processes. This lack of awareness makes it difficult to manage workflow, and relying on a small staff to operate and maintain a complicated record system can introduce risks. Having an effective and appropriate tracking process for documentation is one key to successful quality assurance.

Suggestions for digital tools and resources used by other universities can be found in the [Quality Council's 2021-22 Omnibus Report](#) (see page 13 onwards).

RECOMMENDATION 4: Ensure that the self-studies are prepared and completed in a timely manner, so that the integrity of the CPR schedule is maintained.

A significant concern of the Quality Council was systemic CPR delays. In their orientation sessions for CPR, the OQA suggests that the entire process generally should take about 20 months. In fact, for the CPR's that the Audit team reviewed, the time from initial notice for the CPR until the FAR/IP was posted ranged from 34 months to 60 months. Most of the delay in completion of these four CPRs was due to the time taken to complete the units' self-study (ranging from 22 to 48 months). The rest of the process (site visit, review report, the responses, and the development and approval of the FAR/IP) was completed in a timely manner. While some of these CPRs occurred during the pandemic, only one started when the universities closed in March 2020 and went to remote activity. This process was the most rapid, taking in total 34 months. In a review of the Executive Summaries of CPR completed between 2014 and 2022, the median time to completion, from a notification of the CPR in March to the FAR/IP being approved early in the year, was 48 months (ranging from 24 to 72 months based on 45 CPRs).

In the Institutional self-study, there were concerns expressed about recommendations in CPRs being obsolete and unattainable in part due to late reviews. Additionally, in some of the documentation provided by the University of Windsor, there are references to the CPRs being a review of the previous seven-year period, and even the PDC suggests they are historical,

looking at the Faculty or Department's actions over the review cycle. If the self-studies are seen as simply a historical review of a past period, then there is little urgency for their completion.

By contrast, the QAF in 5.1.3 states, "The cyclical program review process includes the submission of a self-study document that is broad-based, reflective, and forward looking, and includes critical analysis of the program(s)." This focus suggests that the process needs to be timely to be relevant to the program's future.

There appear to be multiple reasons for the slow completion of the self-study. The data issue discussed in Recommendation 1 has slowed the self-study completion. The complex multi-level process required to complete any change in course and program learning outcomes, which are sometimes necessary when reviewing programs, may also slow completion (see also Suggestion 1 and 2). At the site visit, it was suggested that changes in AAU leadership can delay CPR progress (for this issue, see the [Managing Changes in Leadership from one CPR to the Next](#)). While the quality assurance process at the University is clearly moving to a more forward-looking emphasis, a careful review of how self-studies are prepared is needed.

Suggestions to the Institution

Suggestions, which are forward-looking, are made by auditors when they identify opportunities for the university to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best practices. Universities are under no obligation to implement or otherwise respond to the auditors' Suggestions, though they are encouraged to do so.

The University of Windsor should:

SUGGESTION 1: Consider simplifying processes around quality assurance that are currently subject to multiple levels of approval.

Many steps in the development of new programs and in the completion of cyclical program reviews involve multiple levels of approval, which could be reviewed. In Table 2 of the University's IQAP, it appears that all quality assurance processes, from minor course changes to new program proposals and cyclical program reviews go through the same multi-step process of approval involving Departmental Council, Faculty Council, Graduate Studies Council (for graduate items), sometime to the Provost, and then to the Program Development Committee (and for CPRs their Subcommittee) before being presented to the Senate. The auditors heard that the Faculty of Science even had an additional step in this process with a Science Program Development Committee. The University should review these processes to determine the purpose of each step and if it is necessary. Suggestion 2 speaks to this issue as well.

SUGGESTION 2: Consider responsibility for approval of new or modified courses come to Senate directly from Faculty Councils and that those bodies require proof of appropriate consultation for approval.

Currently all course and program learning outcomes are reviewed every time the program undergoes a Cyclical Program Review, and this leads to an implementation plan prepared by the Program Development Committee and the Senate. Given this oversight, it might be possible to simplify the process of updating or modifying course and program learning outcomes by AAU in the process of continuous improvement. Perhaps these changes could simply be approved at a single level rather than the current multiple levels. This might help address the Quality Council's concern about delays implementing the FAR/IP Recommendations.

SUGGESTION 3: Consider how the program review process can be amended to ensure that Course Learning Outcomes and Program Learning Outcomes are current before the preparation of the Cyclical Program Review self-study.

In the course of the desk audits, the auditors noticed that, for all Cyclical Program Reviews, there was a significant delay in the preparation and approval of the self-study (see Recommendation 4) after the launch of the review. This process (from initial notification to approval of the self-study) took 22 to 48 months for the programs reviewed. The lengthy Course Learning Outcomes and Program Learning Outcome update processes were one of the causes of these delayed self-studies. One approach would be to notify AAU a year ahead of their CPR to make sure that their CLOs and PLOs were updated as necessary.

SUGGESTION 4: Consider ensuring there is clarity on how cross departmental and interdisciplinary programs should be addressed in new program proposals and CPRs.

The University has many programs spanning two AAUs and sometimes two Faculties. There seems to be a lack of clarity on how these programs should be reviewed. It appears from recent FAR/IPs and the Cyclical Review Schedule that these programs are being reviewed twice, once in each AAU. At the site visit, the PDC (responsible for the FAR/IP development) members responded to a question about these cross departmental programs, two different replies were given. One individual indicated that both Departments would be involved and would have to sign off on it, and a single FAR/IP would be created. Another person stated that, since the FAR/IP is written at the departmental level and covers all its programs, and if it's an interdisciplinary program, each department would receive recommendations about the program in its individual FAR/IP. One concern with these dual reviews is that the two reviews could result in different and maybe conflicting reviews.

The dual reviews should be resolved (with a potential reduction in workload). One possibility is that one AAU becomes the lead on these programs and is required to include a formal sign-off from the other unit whenever the program is mentioned in the CPR process such as in the self-study as was implied in Recommendation 5 from the 2014-2015 Audit.

This issue also applies to any new program proposals that cross departments and Faculties. Currently, all the steps in this process involve or have sign-off from all parties at each step. The auditors noted, in their review of a new interdisciplinary program, that these multiple sign-offs did not always happen or were not clearly documented.

SUGGESTION 5: Consider ways to ensure all support units (Library, Institutional analysis, Centre Teaching and Learning, Registrar's Office, and Information Technology) are aware of which AAUs are due for a Cyclical Program Review and can be engaged in the process.

It was noted (Recommendation 4) that specific data or information needed by the AAU to complete their self-study was delayed or difficult to obtain. In the site visit meeting with these support units, it became apparent that they were not always aware of units entering the CPR process. While an abbreviated CPR schedule is available on the OQA website, finding a more deliberate and formal way to ensure the support units for AAUs receive notification of what they might need to prepare for over the summer would make more timely help available to the AAUs. One possible way of achieving this would be to copy the support offices in the OQA's initial notification to the AAUs that are due for cyclical review.

It might also prove useful to consult with AAUs having recently undertaken a CPR to see if reports and services provided by these support units are helpful and if they could be improved, especially around data issues (See Recommendation 1).

SUGGESTION 6: Consider ways of reworking the templates used in the cyclical reviews of undergraduate and graduate programs to make them more flexible and less onerous for faculty to complete.

While the auditors appreciate the ongoing revision of the University's templates, especially as the QAF has been updated, comments by individuals who have recently or are currently preparing a self-study suggest considerable redundancies and sections that seem to repeat. These redundancies may be a function of the fact that the self-study includes all the programs in an AAU in a bundled review. However, perhaps there should be some flexibility in the template, while noting that the QAF requires the learning environment of each specific program to be addressed, programs as a whole could be discussed and then draw out the unique elements and add context about specific program elements, as appropriate.

It might also be helpful to have a focus group of University of Windsor faculty who have acted as external reviewers at other universities in Ontario to discuss how the University of Windsor self-study template compares with what they have experienced at other universities. Similarly external reviewers could be surveyed for feedback on the self-study and the data it included.

SUGGESTION 7: Consider ways to ensure all relevant stakeholders are consulted when the CPR self-study is being prepared.

The Audit Team noted that some stakeholders were not consulted in the development of the self-study. Program alumni sometimes appear not to be consulted so their insights about program experiences were not considered. The input of program alumni can offer a unique perspective on the programs success in reaching its objectives and learning outcomes. The University should consider implementing a process to regularly gather input about programs from alumni. See further the comments about alumni in the Guidance to the QAF [Involving](#)

Students in the Quality Assurance Processes as well as the comments on student involvement in the Creating an Effective Self-study suggesting data be collected from a number of graduated cohorts.

In programs with experiential learning components such as co-op / placements, the co-op employers and similar external contributors to programs should be formally consulted.

SUGGESTION 8: Consider only requiring curricula vitae from current faculty, adjunct, and part-time instructors in the volume 2 of the program review.

During the site visit, the Audit Team heard from one program reviewed that obtaining curricula vitae from past faculty and instructors who taught in the period being reviewed was time consuming and significantly delayed their program review. As program reviews are meant to be forward looking to encourage program improvement, this practice seems unnecessary.

SUGGESTION 9: Consider that, for programs that have suspended admission at the time of a CPR, a decision about the future of the program should be reached as part of the process.

The University IQAP states under section 7 second paragraph, that programs which are closed, or with suspended admissions are outside the scope for a CPR. But as the University does CPRs bundled by AAUs, it sometimes happens that a program with suspended admission is included in the self-study (as was the case for one of the programs chosen for a desk audit). While the future status of a closed program is clear, this is not yet the case for a program with suspended admissions. The CPR might provide a reasonable opportunity to determine if a suspended program might be closed permanently.

SUGGESTION 10: Consider how internal reviewers (internal facilitators) can be selected in a way that avoids any appearance of conflict of interest.

The QAF states that the internal reviewer should be chosen from outside the discipline (or interdisciplinary group) of the program under review (2.2.1, and 5.2.1). The University's 2023 IQAP comments that the internal reviewer cannot be cross or joint-appointed to the program that is under review (p. 26). Both these comments imply that a distance between the internal reviewer and the program(s) being reviewed should be maintained. In the desk audit of two programs, it was noted that the internal reviewers were from a faculty that had cross-faculty programs in common. It might be appropriate to consider arm's-length concerns more explicitly in the process of selecting internal reviewers (see QAF 5.2.1 Guidance on Internal Reviewer).

SUGGESTION 11: Consider offering more context for internal reviewers (internal facilitators) on how their role fits into the CPR process.

While the QAF provides more explicit guidance on the internal reviewer, in the Audit Team's discussion with internal reviewers, it appeared that some were not as clear as they might be on their role in the CPR process. A workshop involving new and experienced internal reviewers

might help all realize the importance and limitations of their role as internal facilitators. Alternately, explicit documentation on their role could be provided to them when they are asked to serve.

SUGGESTION 12: Consider the mandate of the Program Development Committee and review the membership accordingly.

There no longer appears to be a Vice Provost, Teaching and Learning at the University. Additionally, the responsibility for the quality assurance has been transferred from the Dean of Graduate Studies to the Associate Vice-President Academic. Thus, the University might consider reviewing and updating the membership of this key committee. It might be helpful to explicitly include both the lead of the OQA and the Director of the CTL in the membership of this committee.

SUGGESTION 13: Consider more directly involving academic units in the preparation of their FAR/IPs.

The Audit Team noted that there was a lack of understanding among some academic units about what recommendations had been selected for action post-review and why other recommendations had been changed. It also seems that many AAUs are unclear about the distinction between the External Review Report and the IP. Having the academic unit participate in the Subcommittee of the PDC meeting where their FAR/IP is developed would help ensure that recommendations are not perceived as being "watered down," as one AAU Head suggested. Having this or a similar form of engagement by the unit could facilitate a greater degree of buy-in to the wider Cyclical Program Review process and ultimately, an increased sense of ownership of and responsibility for the items selected for action in the IP.

SUGGESTION 14: Consider a sign-off by both the AAU Head and the Dean on any CPR monitoring reports submitted to the PDC and an explicit return to the Dean and Head of the PDC response.

Currently, the monitoring process for CPRs includes no sign off, either by the AAU Head or the Dean on the University Program Review Progress Reports, as is included in the new template for monitoring New Programs. It is also unclear how the response of the Program Development Committee, which reviews and approves these monitoring reports, is communicated back to the Faculty and AAU. The University of Windsor may wish to consider requiring a sign-off on the progress report by the AAU Head and the Dean, and a formal response from the PDC to the Dean and Provost about the state of the action taken on the agreed recommendations. These formal sign-offs and return of the monitoring report to the unit would ensure that the unit and Dean can review their progress in implementing the IP recommendations, a concern expressed by the Quality Council.

SUGGESTION 15: Consider posting Monitoring Reports on the same website as Executive Summaries and Implementation Plans are posted.

The University of Windsor Monitoring Reports are publicly available in the Senate documents but hard to find. The University has a good website that makes the Executive Summary of the FAR and the IP available and it would be helpful to also have monitoring reports posted on this website.

SUGGESTION 16: Encourage the AAUs to post the Executive Summary of the FAR and the IP to their units' website.

The QAF in Section 5.4.1c1 strongly recommends that the Units post the Executive Summary and IP on the program's website. This is not widely practiced at the University of Windsor.

Recommendations to the Quality Council, Including Provisions for Adjusted Oversight (QAF 6.2.7.i-vi)

The Audit Team recommends to the Quality Council that the University of Windsor be asked to provide a follow-up report on how they have addressed the quality assurance data concerns expressed in Recommendation 1 and if as a consequence the preparation of CPR self-studies has taken less time (Recommendation 4). It is suggested that this report be submitted 18 months after this Audit Report has been submitted to the University.

As the quality assurance culture of the University is clearly shifting from one having a focus on compliance to one which is forward looking and concerned with program improvement, no change in oversight is suggested by the Audit Team.

The next Audit of the University of Windsor should review the monitoring of new programs as well as the documentation and sign offs occurring in CPR, especially for programs that cross departments and Faculties.

Conclusion and Next Steps for the University of Windsor

Quality assurance at the University of Windsor had been described as lean but complex. The work of the AVPA, the OQA, and the CTL has strong support and praise across the University, but concern was repeatedly expressed about the limited staffing of the OQA. The auditors noted that, while complex and daunting, the Cyclical Program Review process was evolving from a historical compliance model to one that is more focused on continuous improvement of the programs. Many of the quality assurance processes were administratively heavy, involving multiple approval steps. Some of the Recommendations and Suggestions in this Audit Report address this complexity and ways to reduce it. Data availability, its ease of use, and accuracy were a concern to many, and a strengthened data software framework would be helpful.

Given the centrality of the data issue to so many aspects of the quality assurance process, a follow-up report is recommended. However, the monitoring of new programs is something that should be explored in the next audit. While the University is to be commended for maintaining the eight-year cycle of Cyclical Program Reviews, the time taken to complete the CPR self-

study is a concern. The delay makes the process less meaningful in monitoring and improving program quality. Time to complete the CPR process should be reviewed in the next audit.

Appendix A: Overview of the Quality Assurance Audit Process for the University of Windsor

Every publicly assisted university in Ontario will be audited at least once every eight years (QAF 6.1).

Purpose

Quality assurance is a shared responsibility between the Quality Council and the University of Windsor. Its aim is to ensure a culture of continuous improvement and support for a vision of a student-centered education based on clearly articulated program learning outcomes.

Quality assurance processes result in an educational system that is open, accountable, and transparent. The Cyclical Audit process allows the University to evaluate its quality assurance policies and practices, together with an assessment of performance by the Quality Council.

Objectives

The objectives of the Cyclical Audit are to ensure transparency and accountability in the development and review of academic programs, to assure students, citizens, and the government of the international standards of quality assurance processes, and to monitor the degree to which the university has:

- a) Improved/enhanced its quality assurance processes and practices;
- b) Created a culture of continuous improvement; and
- c) Developed processes that support program-level learning outcomes and student-centered learning.

Scope

The Cyclical Audit:

- a) Reviews institutional changes made in policy, process, and practice in response to the Recommendations from the previous audit;
- b) Confirms the University's practice is compliant with its IQAP as ratified by the Quality Council and notes any misalignment of its IQAP with the QAF; and
- c) Reviews institutional quality assurance practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews.

AUDIT PROCESS (QAF 6.2)

A. Pre-orientation and briefing

To initiate the audit process, a briefing occurred on October 31, 2023. The Quality Assurance Secretariat and a member of the Audit Team provided an orientation on what to expect from the Cyclical Audit to the Key Contact and other relevant stakeholder(s).

B. Assignment of auditors

Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, are assigned to conduct the Cyclical Audit. The auditors are senior academics with experience in the development, delivery and quality assessment of graduate and undergraduate programs, and are at arm's length from the university. They are accompanied on the audit visit by member(s) of the Quality Assurance Secretariat.

C. Institutional self-study

The University prepared a written self-study report that presented and assessed its institutional quality assurance processes, including challenges and opportunities, and with particular attention to any issues flagged in the previous audit. The report was submitted to the Quality Assurance Secretariat in advance of the desk audit and formed the foundation of the Cyclical Audit.

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

The audit team independently selected a sample of programs for audit, normally two programs developed under the New Program Approval Protocol and three or four programs that have undergone a Cyclical Program Review. Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications 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 additionally be selected, in consultation with the University. In these instances, documentation for these in-progress programs is not required for submission. Instead, the auditors ask to meet with program representatives to gain an understanding of current quality assurance practices.

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 may also request specific programs and/or quality assurance elements be included in the audit. The auditors may consider, in addition to the required documentation, any additional elements and related documentation stipulated by the university in its IQAP.

The auditors selected the following University of Windsor programs for audit:

New Programs

- Translational Health Sciences, MSc, Faculty of Science, approved by the Quality Council in 2021
- Materials Chemistry and Engineering, MSc, Faculty of Engineering and Faculty of Science, approved by the Quality Council in 2020

Cyclical Program Reviews (CPR):

- Nursing (BScN, MScN, MN, PhD), 2019/20, Faculty of Nursing
- History (BA, BA Honours, MA), 2020/21, Faculty of Arts, Humanities and Social Science
- Human Kinetics (BHK, MHK, MSML, PhD), 2017/18, Faculty of Human Kinetics
- Dramatic Arts (BA, BFA), 2021/22, Faculty of Arts, Humanities and Social Science

New programs in development:

- Mechatronics System Engineering (BASc) (New Program Proposal, external reviewers' report received as of time of submission in December 8, 2023)

Cyclical Program Reviews in progress:

- Communication, Media and Film (BA, MA) (CPR Schedule: 2022-2023, waiting on external reviewers' report as of time of submission December 8, 2023)

Findings in Areas of focus Requested by the University (if Applicable):

The university may request review of an area about which it has particular concerns.

E. Desk audit of the university's quality assurance practices

In preparation for the site visit, the auditors undertook 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 IQAP¹, as ratified by the Quality Council, as well as any misalignments of the IQAP with the QAF.

It is essential that auditors have access to all relevant documents and information to ensure a clear understanding of the university's practices. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate an effective and efficient audit. The documentation submitted for audit includes:

- a) 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.

Universities may provide additional documents at their discretion (QAF 6.2.5).

The auditors undertook to preserve the confidentiality required for all documentation and communications and to meet all applicable requirements of the Freedom of Information and Protection Privacy Act (FIPPA).

F. Site visit

The principal purpose of the site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of its IQAP in its pursuit of continuous

¹ Changes to the institution's process and practices within the eight-year cycle are to be expected. The test of the conformity of practice with process will always be made against the ratified Institutional Quality Assurance Process applying at the time of the conduct of the review.

improvement of its programs. Further, the site visit serves to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality assurance practices contribute to continuous improvement of its programs.

During the site visit, auditors spoke with the University's senior academic leadership including those who the IQAP identifies as having important roles in the QA process, as well as representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. (QAF 6.2.6)

G. Audit Report

Following the conduct of the audit, the auditors prepared a report that is 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 in compliance 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 report shall not contain any confidential information. A separate addendum, not subject to publication, provides the University with detailed findings related to the audited programs.

Where appropriate, the report may include:

- **Suggestions**, which are forward-looking, are made by auditors when they identify opportunities for the university to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best, practices. Universities are under no obligation to implement or otherwise respond to the auditors' suggestions, though they are encouraged to do so.
- **Recommendations**, which are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these Recommendations in its response to the auditors' report.

- **Causes for concern**, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as required per QAF 5.4.1d) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as required per QAF 5.4.2). Causes for concern require the university to take the steps specified in the report and/or by the Quality Council to remedy the situation.

The Audit Report includes Recommendations that the Quality Council take one or more of the following steps, as appropriate:

- i. Direct specific attention by the auditors to the issue(s) with in the subsequent audit, as describe in QAF 6.2.4;
- ii. Schedule a larger selection of programs for the university's next audit;
- iii. Require a Focused Audit;
- iv. Adjust the degree of oversight and any associated requirements for more or less oversight;
- v. Require a Follow-up Response Report, with a recommended timeframe for submission; and/or
- vi. Any other action that is deemed appropriate.

H. Disposition of the Audit Report

The Quality Assurance Secretariat submits the Audit Report to the Audit Committee for consideration. Once the Audit Committee is satisfied with the Report, it makes a conditional recommendation to the Quality Council for approval of the Report, subject only to minor revisions resulting from the fact checking stage described below:

- The Quality Assurance Secretariat provides a copy to the University's "authoritative contact" (QAF 1.3), for fact checking to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report.
- That authority submits its report on the factual accuracy of the draft report within 30 days. If needed, the authority can request an extension of this deadline by contacting the Quality Assurance Secretariat and providing a rationale for the request. This response becomes part of the official record, and the audit team may use it to revise their report. The University's fact checking response will not be published on the Quality Council's website. When substantive changes are required, the draft report will be taken back to the Audit Committee.

The Chair of the Audit Committee takes the Audit Committee's recommendation for approval of the report to the Quality Council. The Council either accepts the report or refers it back to the Audit Committee for modification.

I. Transmittal of the Audit Report

Upon approval by the Quality Council, the Quality Assurance Secretariat sends the approved report to the University with an indication of the timing for any required follow-up.

J. Publication of main audit findings

The Quality Assurance Secretariat publishes the approved report of the overall findings, absent the addendum that details the findings related to the audited programs, together with a record of the Recommendations on the Quality Council's website. The University will also publish the report (absent the previously specified addendum) on its website.

K. Institutional Follow-up Response Report

When a Follow-up Response Report is required (QAF 6.2.7v), the University will submit the report within the specified timeframe, detailing the steps it has taken to address the Recommendations and/or Cause(s) for Concern. If the Audit Team is satisfied with the University's Follow-up Response Report, it drafts a report on the sufficiency of the response. The auditors' report, suitable for publication, is then submitted to the Audit Committee for consideration. If the Audit Team is not satisfied with the institutional response, the Audit Team will consult with the institution, through the Quality Assurance Secretariat, to ensure the follow-up response is modified to satisfy the requirements of the Audit Report. The Institution will be asked to make any necessary changes to the follow-up response within a specified timeframe. The Audit Committee submits a recommendation to the Quality Council to accept the University's follow-up response and associated auditors' report.

L. Web publication of Follow-up Report

When a Follow-up Report is required, the Quality Assurance Secretariat publishes this Report and the auditors' report on the scope and adequacy of the University's response on the Quality Council website and sends a copy to the University for publication on its website.

M. Additional reporting requirements

A report on all audit-related activity is provided to the Ontario Council of Academic Vice-Presidents, the Council of Ontario Universities and the Ministry of Colleges and Universities through the Quality Council's Annual Report.

Appendix B: Auditor Bios

Dr. Roelof (Rudy) Eikelboom, Professor Emeritus, Psychology, Wilfrid Laurier University

Rudy Eikelboom received his BSc from McGill and his MSc and PhD in Experimental Psychology from Concordia, both in Montreal. Before joining the faculty at Wilfrid Laurier University, he taught at Queen's, Concordia, and Algoma. He served as the undergraduate and graduate officer in the Psychology Department and then became its chair for three terms. He was responsible for heading a cyclic review of all the department's undergraduate and graduate programs and completing the follow-up Recommendations. Dr. Eikelboom was Secretary of the Laurier Senate for many years, serving on multiple university academic and hiring committees. He has been the external reviewer on cyclic review committees of neuroscience programs and the internal reviewer on many new programs at Laurier.

Dr. Alice Pitt, Professor, Faculty of Education, York University

Alice Pitt is a Professor of Education in the faculty of Education at York University. Her research interests include curriculum theory, feminist theories and pedagogies and psychoanalysis and education. She has held several leadership roles at York, including Dean of the Faculty of Education and Vice-Provost, Academic where she was responsible for overseeing academic quality assurance and program development. More recently, Dr. Pitt served as Senior Advisor, Markham Campus Academic Strategic Planning and Interim Vice-President Equity, People and Culture. From 2017 to 2020, Dr. Pitt served as a member of Quality Council

Dr. Douglas McDougall, Professor, Department of Curriculum, Teaching and Learning, University of Toronto

Doug McDougall is Professor in the Department of Curriculum, Teaching and Learning at the Ontario Institute for Studies in Education at the University of Toronto. He is a member of the Governing Council of the University of Toronto and serves as chair of the Academic Board. Dr. McDougall was the Associate Dean, Programs from 2015-2019 and Chair of the department from 2010-2015 and 2022-2023. Dr. McDougall has supervised to completion over 65 doctoral students and 24 MA students over the past 20 years. He is the Editor-in-Chief of the Canadian Journal of Science, Mathematics and Technology Education and the former Director of the Centre for Science, Mathematics and Technology Education. Dr. McDougall has been involved with conducting research in schools for over 25 years focusing on school improvement, professional learning groups, student and teacher needs around students at risk, and peer coaching at both the elementary and secondary level. Dr. McDougall has been part of the Audit Committee for the past eight years including seven audits and is currently serving as the Chair of the Audit Committee and Executive Audit Committee.

Appendix C: Site Visit Schedule

Schedule of Meetings with Quality Council Auditors University of Windsor Quality Assurance Audit November 20-22, 2024

Quality Council Auditors / Team

Dr. Roelof (Rudy) Eikelboom

Dr. Alice Pitt

Dr. Doug McDougall

Dr. Chris Evans and Cindy Robinson, Quality Council of Ontario.

There will also be two observers: Dr. Catherine Nolan and Alexander Kostin

***note:** Freed Orman is located in Assumption

Wednesday, November 20

8:30 – 9:00 a.m.	Audit Team Planning Meeting (Only QC Audit Team)	Freed Orman
9:00 – 11:00 a.m.	Audit Team meets with Provost and Windsor QA staff <ul style="list-style-type: none">● Dr. Robert Aguirre, Provost● Dr. Erika Kustra, AVPA● Penny Kollar, IQAP Administrator● Renee Wintermute, University Secretary● Svetlana Georgieva, Graduate Studies	Freed Orman
11:00 – 11:30 a.m.	BREAK	Freed Orman
11:30 – 12:00 p.m.	Audit Team meets with representatives of Mechatronics (in-progress New Program) <ul style="list-style-type: none">● Bruce Minaker, Head, Department of Mechanical, Materials and Automotive Engineering (MAME)● Behnam Shahrrava, Head, Department of Electrical Engineering● Lorraine Chandler, Manager, Academic and Student Services, Faculty of Engineering● Afsaneh Edrisy, Associate Dean, Academic, Faculty of Engineering● Shahpour Alirezaee, Faculty, MAME Engineering	Freed Orman
12:00 – 12:55 p.m.	Lunch with Dr. Bruce Tucker, Interim President, University of Windsor	Room 130 Assumption
1:00 – 2:00 p.m.	Audit Team meets with Deans Council <ul style="list-style-type: none">● Brent Lee, Associate Dean, Graduate Studies, FAHSS● Patti Weir, Dean of Graduate Studies● Afsaneh Edrisy, Associate Dean, Academic, Engineering (attending on behalf of Engineering Dean)	Freed Orman

	<ul style="list-style-type: none"> • Karen Robson, Associate Dean, Programs, Odette School of Business (on behalf of outgoing Acting Dean, Business) • Michael MacDonald, Associate Dean Graduate Studies and Research, Education (on behalf of Dean of Education) • Sherry Morell, PHCNP Graduate Coordinator Nursing (on behalf of Nursing Dean) 	
2:00 – 3:00 p.m.	Audit Team meets with AAU Heads and Directors <ul style="list-style-type: none"> • Kyle Asquith, Communication, Media, Film • David Court, Dramatic Art • Joanna Luft, English • Robert Nelson, History • Natalie Delia Deckard, Interdisciplinary and Critical Studies • Tanja Collet-Najam, Languages, Literature and Culture • Bruce Kotowich, School of Creative Arts • Philip Rose, Philosophy • Lydia Miljan, Political Science • Patti Fritz, Psychology • John Deukmedjian, Sociology and Criminology • Behnam Shahrrava, Electrical Engineering • Bruce Minaker, MAME Engineering • James Gauld, Chemistry / Biochemistry • Kenneth Drouillard, School of the Environment 	Freed Orman
3:00 – 3:20 p.m.	BREAK	
3:20 – 4:20 p.m.	Audit Team meets with QA Support Providers <ul style="list-style-type: none"> • Registrar: Ray Darling, Susan Holiga • Institutional Analysis: John Dube, Jade Li, Mark Curran • Information Technology: Nigel Bertrand, Mamun Chowdhury • CTL: Jessica Raffoul, Elizabeth Ismail, Allyson Skene • Library: Tamsin Bacon 	Freed Orman

Thursday, November 21

8:45 – 9:45 a.m.	Audit Team meets Internal Reviewers <ul style="list-style-type: none"> • Niharendu Biswas, Civil & Environmental Engineering • Lisa Salfi-Novena, Faculty of Engineering • Joel Cort, Human Kinetics • Karen Robson, Odette School of Business • Randy Bowers, MAME Engineering 	Freed Orman
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	<ul style="list-style-type: none"> ● Jennifer Johrendt, Faculty of Engineering ● Edwin Tam, Civil & Environmental Engineering ● Priscila Correa, Faculty of Education ● Finney Cherian, Faculty of Education 	
9:45 -10:45 a.m.	<p>Audit Team meets with Senate Program Development Committee (PDC) and Graduate Council</p> <p>● PDC Committee:</p> <p>Darryl Danelon</p> <p>Lionel Walsh</p> <p>Ray Darling</p> <p>Sharma Bhagwat</p> <p>Allyson Skene (Sabbatical Jan 2024)</p> <p>Gemma Smyth</p> <p>Diana Marion</p> <p>Sarah Woodruff Atkinson</p> <p>Zuochen Zhang</p> <p>Dave Johnston</p> <p>Nurlan Turdaliev</p> <p>Fazle Baki</p> <p>John Deukmedjian</p> <p>Kenneth NG</p> <p>Patti Weir</p> <p>Jeremy Worth</p> <p>Jane Simanovski</p> <p>Louis Elias</p> <p>Jana Jandal Alrifai</p> <p>Adam Merhab</p> <p>Graduate Council:</p> <ul style="list-style-type: none"> ● Chitra Rangan, Physics ● Guillaume Teasdale, History ● Oliver Love, Integrative Biology ● Joel Cort, Human Kinetics ● Michael MacDonald, Education ● Brent Lee, FAHSS ● Christopher Fredette, Law (Tentative) ● Sirinart Ananvoranich, Chemistry ● Nick Hector, School of Creative Arts ● Alioune Ngom, Computer Science ● Marie Hawkins, Graduate Studies 	Freed Orman

	<ul style="list-style-type: none"> ● Sreekanta Das, Engineering 	
10:45 – 11:00 a.m.	BREAK	
11:00 – 12:00 a.m.	Audit Team meets with representatives of Dramatic Art (Cyclical Program Review) <ul style="list-style-type: none"> ● David Court ● Tina Pugliese ● Alice Nelson ● Lee Wilson ● Michelle Macarthur ● Martha Boismier-Hiuser 	Freed Orman
12:00 – 12:45 p.m.	Audit Team LUNCH with Students <ul style="list-style-type: none"> ● Malek Mekawi ● Akib Shamsuddin ● Jules Wilson ● Rohith Mahadevan ● Ifrah Andleeb ● Andrew Folkes ● Sean O'Neil ● Milan Kollar 	Freed Orman
12:45 – 1:15 p.m.	Audit Team meets with representatives of Communications, Media and Film (In-Progress Cyclical Program Review) <ul style="list-style-type: none"> ● Kyle Asquith ● Brian Brown 	Freed Orman
1:15 - 2:15 p.m.	Audit Team meets with representatives of Master's in Translational Health Sciences (New Program) <ul style="list-style-type: none"> ● Martin Crozier ● 	Freed Orman
2:15 – 3:15 p.m.	Audit Team meets with representatives of Human Kinetics (Cyclical Program Review) <ul style="list-style-type: none"> ● Dave Andrews ● Sarah Woodruff Atkinson ● Linda Rohr ● Adrianna Duquette 	Freed Orman
3:15 – 3:30 p.m.	BREAK	Freed Orman
3:30 – 4:30 p.m.	Audit Team meets with representatives of Nursing (Cyclical Program Review) <ul style="list-style-type: none"> ● Kathryn Pfaff ● Jody Ralph ● Edward Cruz ● Debbie Shephard-LeMoine 	Freed Orman

Friday, November 22

9:00 – 10:00 a.m.	Audit Team meets with representatives of History (Cyclical Program Review) <ul style="list-style-type: none">● Robert Nelson● Nancy Barkley (may be retired at this time)● (Steven Palmer)	Freed Orman
10:00 – 11:00 a.m.	Audit Team meets with representatives of Master's MEMC (New Program) <ul style="list-style-type: none">● James Gauld, Chemistry● Bruce Minaker, MAME Engineering● Zareen Amtul, Chemistry● Simon Rondeau-Gagne, Chemistry● Sirinart Ananvoranich, Chemistry	Freed Orman
11:00 – 11:15 a.m.	BREAK	Freed Orman
11:15 – 12:15 p.m.	Audit Team meeting (Only QC Audit Team members)	Freed Orman
12:15 – 1:00	LUNCH (Only QC Audit Team members)	Freed Orman
1:00 – 2:00 p.m.	Audit Team meets Windsor QA Team <ul style="list-style-type: none">● Erika Kustra● Renee Wintermute● Penny Kollar	Board Room 300 Assumption
2:00 – 3:00 p.m.	Audit Team Wrap Up Meeting (QC Audit Team Only)	Board Room 300 Assumption
3:00– 4:00 p.m.	Audit Team De-Brief with Provost / AVPA <ul style="list-style-type: none">● Robert Aguirre● Erika Kustra● Renee Wintermute● Penny Kollar	Board Room 300 Assumption

Appendix D: Acronyms

AAU – Academic Administrative Unit

AVPA – Associate Vice-President (Academic)

CPR – Cyclical Program Review

CTL – Centre for Teaching and Learning

FAR – Final Assessment Report

IP – Implementation Plan

IQAP – Institutional Quality Assurance Processes

NOI – Notice of Intent

NPP – New Program Proposal

NPSC – New Program Steering Committee

OQA – Office of Quality Assurance

PDC – Program Development Committee

Quality Council – Ontario Universities Council on Quality Assurance

QAF – Quality Assurance Framework