



International Standards and Guidelines Review

Findings Report

*Ontario Universities Council on Quality
Assurance (OUCQA)*

INQAAHE ISG Review 2026

This report presents the findings of the INQAAHE ISG Review of the Ontario Universities Council on Quality Assurance (OUCQA) in 2026

International Network for Quality Assurance Agencies in Higher Education
(INQAAHE)

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Background

The International Standards and Guidelines Review of Quality Assurance Agencies (ISG Review) enables quality assurance agencies worldwide to benchmark their practices against international standards. This process supports continuous improvement, enhances the credibility of their activities, and provides assurance to the global community that they meet international expectations in conducting external quality assurance of higher education providers.

Continuous improvement and reassurance are achieved through a rigorous, independent peer-review of a quality assurance agency's policies and practices for assuring the quality of higher education against the INQAAHE's International Standards and Guidelines for the Quality Assurance of Higher Education (ISG). Developed in consultation with the global higher education quality assurance community, the ISG reflect the diversity of higher education provision and quality assurance approaches worldwide.

This report presents the findings of the ISG Review of the Ontario Universities Council on Quality Assurance (OUCQA). The review was conducted by an independent panel of experts appointed and trained by INQAAHE. It was informed by an analysis of OUCQA's Self-Evaluation Document and supporting evidence, publicly available information, and interviews with a range of stakeholders conducted during the review visit. The review visit was held in-person from **25 to 27 May 2026**.

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Glossary of Acronyms

- **AC:** Appraisal Committee
- **CHEA:** Council for Higher Education Accreditation
- **CIQG:** CHEA International Quality Group
- **CMEC:** Council of Ministers of Education, Canada
- **COU:** Council of Ontario Universities
- **CPR:** Cyclical Programme Review
- **DLEs:** Degree Level Expectations
- **DQAB:** Degree Quality Assessment Board
- **EACEA:** European Education and Culture Executive Agency
- **ED:** Executive Director
- **EQA:** External Quality Assurance
- **EQAA:** External Quality Assurance Agency
- **ERR:** External Review Report
- **FAR:** Final Assessment Report
- **HE:** Higher Education
- **HEQCO:** Higher Education Quality Council of Ontario
- **IP:** Implementation Plan
- **IQA:** Internal Quality Assurance
- **IQAP:** Institutional Quality Assurance Processes
- **ISG:** International Standards and Guidelines
- **IT:** Information Technology
- **MCURES:** Ministry of Colleges, Universities, Research Excellence and Security
- **MOA:** Memorandum of Affiliation
- **MOU:** Memorandum of Understanding
- **MTCU:** Ministry of Training, Colleges and Universities
- **OCAV:** Ontario Council of Academic Vice-Presidents
- **OCGS:** Ontario Council on Graduate Studies
- **OCQAS:** Ontario College Quality Assurance Services
- **OUCQA:** Ontario Universities Council on Quality Assurance
- **OUSA:** Ontario Undergraduate Student Alliance
- **PDCA:** Plan-Do-Check-Act
- **PEQAB:** Postsecondary Education Quality Assessment Board
- **QA:** Quality Assurance
- **QAF:** Quality Assurance Framework
- **QAF Guide:** Quality Assurance Framework Guide
- **QAMS:** Quality Assurance Management System
- **QA Secretariat:** Quality Assurance Secretariat
- **QC:** Quality Council
- **SED:** Self-Evaluation Document

- **SER:** Self-Evaluation Report
- **TEP:** Tertiary Education Provider
- **UNESCO:** United Nations Educational, Scientific and Cultural Organization
- **UPRAC:** Undergraduate Programme Review Audit Committee

Introduction

1. This review report presents the findings of the International Standards and Guidelines (ISG) review of the Ontario Universities Council on Quality Assurance (OUCQA). For ease of reference, this report uses “OUCQA” to refer to the overall quality assurance body, including the Quality Council, its Appraisal Committee and Audit Committee, and the Quality Assurance Secretariat. The report uses “the Quality Council” when referring specifically to the governing decision-making body responsible for the council's main quality assurance decisions.

History, Status, and Mission of the OCQAS

2. OUCQA was established in 2010 within the Ontario University sector, following a sector-led process supported by the Council of Ontario Universities (COU) and the Ontario Council of Academic Vice-Presidents (OCAV) to create a common quality assurance framework and an arm's-length oversight body. The OUCQA exists to bring greater consistency to quality assurance across Ontario universities while respecting institutional autonomy. Building on earlier practices in external appraisal and programme review, it has evolved into a mature and credible quality assurance body.
3. Although it operates within COU for legal and corporate purposes, its authority is exercised through the Quality Council. Its mission is to uphold academic standards, support continuous improvement, and strengthen public confidence in the quality of Ontario's university programmes. In carrying out this mandate, OUCQA guides Ontario's publicly assisted universities in the ongoing quality assurance of their academic programmes, reviews and approves proposals for new undergraduate and graduate programmes, audits institutional compliance with quality assurance policies and protocols, communicates final decisions to the Ministry of Colleges, Universities, Research Excellence and Security, revises its protocols as needed, works with other quality assurance agencies in Ontario and beyond, and undergoes regular independent review.

Higher Education Context

4. The Council works within Ontario's publicly assisted university system, a large and diverse sector that includes research-intensive universities, smaller institutions, bilingual and French-language contexts, professional schools, graduate programmes, and a wide range of disciplinary traditions. Within this environment, the Quality Assurance Framework (QAF) sets shared expectations for quality while leaving responsibility for internal quality assurance with each institution. This creates a system that balances public accountability with institutional self-governance. The OUCQA helps sustain that balance by providing a common framework for oversight and public assurance while respecting the diversity and independence of the universities it serves.

OUCQA's Quality Assurance Activities

5. The OUCQA's external quality assurance is delivered through two core evaluation activities: the evaluation of new programmes, including those submitted under the expedited approval route, and the evaluation of Institutional Quality Assurance Processes (IQAP) through cyclical audits. These are the activities identified as external quality assurance in the analysis of ISG 7, and they are supported by the QAF, its related protocols and guidance, and Council decision-making.
6. In carrying out these functions, the OUCQA also undertakes a number of supporting activities. These include monitoring the cyclical reviews of existing programmes conducted by institutions and the major modifications they report, activities that form part of the institutions' own internal quality assurance and are monitored, rather than directly evaluated, by the OUCQA. Together, the core evaluation activities and these supporting functions help to maintain academic quality, encourage institutional improvement, and provide assurance to students, universities, governments, employers, and the public.

Approach to the Development of the Self-Evaluation Document

7. The Self-Evaluation Document (SED) was prepared by the Quality Assurance Secretariat in accordance with International Network for Quality Assurance Agencies in Higher Education (INQAAHE) guidance. It draws on the QAF, supporting evidence, written submissions from universities and other stakeholders, and consultations with the Council, its committees, COU, and governance leadership. A steering committee representing the Quality Council, the Appraisal Committee, the Audit Committee, the Secretariat, and OCAV reviewed the draft before approval. The Panel finds the SED to be thoughtful and generally candid, especially in identifying areas where the Council welcomed advice and further development.
8. Overall, the Panel finds OUCQA to be a quality assurance body operating within a distinctive self-governing university system. The review highlights the Council's clear mission, experienced Secretariat staff, committed committee members, and constructive relationships with universities. At the same time, the review identified opportunities to strengthen formalisation, transparency and public communication in areas such as strategic planning, risk management, complaints and conduct conflict-of-interest processes, the systematic gathering of feedback on the work of reviewers, and the visibility of thematic analysis of outcomes. These improvement areas are intended to support the Council's next stage of development within a system that is already credible and widely respected.

Legitimacy, Mission, and Governance

ISG 1: Legal basis and recognition

The quality assurance agency is legally established and is recognized by relevant stakeholders.

☐ Full Compliance
 ☒ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

9. The Panel finds that OUCQA has a credible and well-recognised basis for its work, although its legal form reflects the particular self-governing character of the Ontario University sector. The Quality Council operates within COU for legal and corporate purposes, with COU providing the legal and administrative platform through which contracts, finance, human resources, facilities and technology support are managed. This arrangement is clearly documented in the Letter of Agreement with COU and the Independence Principles, which distinguish COU's corporate support role from the Council's authority to make quality assurance decisions.
10. The Panel is satisfied that the Quality Council's authority is recognised by the Ontario university sector and by the government. The QAF identifies the OUCQA as the external oversight body for university quality assurance, and the publicly assisted universities align their institutional quality assurance processes with the QAF. During the site visit, the Panel met with representatives from the Ministry who confirmed that government funding approval for new programmes is linked to prior Quality Council approval. This does not mean that the Ministry makes the academic quality assurance decision; rather, it relies on the Council's independent decision as a prerequisite in the programme funding approval pathway. The Panel regards this as a strong form of public recognition.
11. The remaining issue concerns clarity for external audiences. The legal and corporate relationship between COU and the Quality Council is understandable within Ontario but can be difficult for readers outside the system to follow. The website update prior to the ISG review is therefore an important improvement. In the Panel's view, the Council should continue to present this relationship in a simple public statement explaining that COU provides the corporate platform, that the Council makes independent quality assurance decisions, that the government relies on those decisions, and that safeguards exist to protect the Council from improper influence.
12. The Panel finds ISG 1 to be Substantially Compliant. The evidence demonstrates that the OUCQA is recognised by both the Ontario government and the higher education community, and that its role and scope are set out in the QAF and in the updated public information on its website. The additional evidence also clarified the Council's

relationship with COU and helped explain how its legal and operational arrangements function in practice.

13. The Panel notes that OUCQA is not established as a separate legal entity in its own name, but operates through COU's corporate structure, which provides the legal and administrative basis for contracts, finance, staffing and related support. In the Ontario context, the Panel accepts this as a workable arrangement because the Council's authority is recognised by universities and government, and safeguards are in place to protect its independent quality assurance decision-making. However, the relationship between COU and OUCQA should be explained more clearly for external audiences. The Review Panel recommends that OUCQA continue to present this arrangement in a simple and transparent way, including how COU provides the corporate platform, how the Quality Council exercises independent judgement, and how its decisions are relied upon by the sector and government.

Recommendation:

- The Review Panel recommends that OUCQA further clarify and publicly communicate its legal and corporate relationship with the Council of Ontario Universities. This should explain that COU provides the legal and administrative platform for contractual, financial, human resources, and corporate purposes, while the Quality Council retains independent authority for quality assurance decisions.

ISG 2: Mission

The quality assurance agency has a defined and publicized mission that explicitly states its role in external quality assurance of higher education, outlining the purpose and scope of its activities.

☒ Full Compliance
 ☐ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

14. The Quality Council has a clear and publicly stated mission. As set out in the QAF, the mission commits the Council to assuring the quality of programmes leading to degrees and graduate diplomas offered by Ontario's publicly assisted universities and to assuring the integrity of the universities' own quality assurance processes. It also refers to fairness, accountability, transparency, open guidelines, reasoned outcomes and evidence-based decision-making. The Panel finds this mission appropriate to a system-level external quality assurance body whose work combines programme approval and institutional audit.
15. The Council pursues its mission from the outside, as an arm's-length body. It does not become part of the internal quality assurance that each university runs for itself; the universities are the ones primarily responsible for that. The QAF sets this up clearly, treating quality assurance as a shared responsibility but keeping the two roles separate, with one set of responsibilities for the Quality Council and another for the institutions. This matches the conclusion of the 2018 external review, which described institutions as the primary agents of quality assurance and the Council's job as overseeing, monitoring and supporting their internal processes rather than taking them over or sitting inside them.
16. The Panel observes this mission at work throughout the Council's regular activity. The Appraisal Committee reviews new programme proposals against the framework. The Audit Committee conducts cyclical audits to assess whether a university's actual practices align with the IQAP it has committed to and then feeds the findings back to the sector. The Secretariat keeps these processes running day-to-day, and the Council reports on its work each year to its stakeholders. The universities, for their part, put the Framework into practice through their own IQAP commitments. The Panel sees a body whose work is aimed at both public assurance and institutional improvement. That balance is especially important in Ontario, where universities retain primary responsibility for academic governance and their own internal quality assurance and where the Council's value lies in providing credible external oversight of that responsibility.

17. The Panel recognises that stakeholders have not been involved equally in shaping the QAF. OUCQA explained that students had a say through OUSA, both when the QAF was first developed and in the reviews that followed. The Panel also noted two gaps: there is no province-wide body that represents graduate students in the same way, and employers are not consulted directly when the QAF was drawn up. The Panel encourages the Council to treat future reviews of the QAF as an opportunity to bring in the views of students, employers and the wider public more visibly. This would strengthen the public accountability side of the Council's work. (This wider stakeholder gap is assessed under ISG 16).
18. The Panel finds ISG 2 to be Fully Compliant. The mission is public, clear and well aligned with the Council's role in external quality assurance, and it is sufficiently broad to encompass the Council's current activities, as reflected in the QAF and annual reporting. The ongoing QAF consultation offers a further opportunity to make the public accountability and stakeholder dimensions of the mission even more explicit.

ISG 3: Governance

The quality assurance agency has a clear governance model, ensuring its independence and accountability to key stakeholders.

☒ Full Compliance
 ☐ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

19. OUCQA operates with a clear governance structure. The Quality Council sits at the centre, supported by the Appraisal Committee, the Audit Committee and the Quality Assurance Secretariat. Roles and decision-making pathways are set out across a range of published and internal documents, including the QAF, the terms of reference for the committees, and the organisational and decision-authority chart.
20. The Panel notes that decision-making is allocated according to the type of submission. For new programme proposals, the Appraisal Committee reviews each case against the QAF and makes a recommendation to the Quality Council, which takes the final decision. For expedited approvals, the Appraisal Committee itself takes the final decision under authority delegated to it by the Council. During the site visit, the Panel was able to follow how submissions move from committee consideration through to the appropriate point of decision, depending on the route involved.
21. While this information is not gathered into a single governance manual, the Panel is satisfied that the respective responsibilities of the Council, its committees and the Secretariat are clear and well understood in practice.
22. A central issue for the Panel is the Council's independence, given that the OUCQA is situated within COU's corporate structure and that Ontario's publicly assisted universities are members of COU. The evidence nevertheless shows that the Council's decision-making authority is protected. The QAF states that the Quality Council operates at arm's length from both institutions and government and holds final authority for key quality assurance decisions, including IQAP ratification, new programme approval and audit compliance outcomes (Evidence 03). The Panel also met with representatives of the Ministry, who acknowledged the Council's role but did not suggest any governmental involvement in individual quality assurance judgements. Taken together, this supports the Council's decisional autonomy.
23. The additional evidence further clarified that COU's role is limited to administrative and corporate support, such as financial administration and human resources services, and does not extend to directing, endorsing or overturning quality assurance decisions. The Letter of Agreement and the Independence Principles set out this distinction clearly and,

in The Panel's view, provide a credible basis for maintaining the separation between corporate support and independent academic judgement.

24. The Panel also reviewed the arrangements for nominations, appointments and conflicts of interest. The call for nominations issued through OCAV takes into account disciplinary expertise, bilingual capacity, institutional size and type, geography, and diversity. This helps to produce a governing body that is broadly representative of the sector while remaining workable in size. Quality Council appointments are made through OCAV, while committee appointments are approved by the Council itself. The Panel considers this arrangement appropriate for a sector-owned system.
25. Conflict-of-interest requirements are currently expressed as a principle in the Operating Principles and are applied in practice through advance declaration, recusal from the relevant discussion and decision, and recording in the minutes. The Panel observes that these practices work well and that conflict management is treated as a routine part of governance rather than a purely formal expectation.
26. At the same time, the Panel considers that the current arrangements are a statement of principle rather than a documented procedure. The Panel therefore encourages the Council to develop a separate, dedicated conflict-of-interest procedure or a wider code of conduct that clearly sets out how conflicts are to be identified, declared, managed, and recorded and that applies consistently to Council members, committee members and Secretariat staff. Formalising the existing good practice in this way would strengthen transparency, support consistent application, and provide clearer assurance to stakeholders.
27. The Panel finds ISG 3 to be Fully Compliant. The governance arrangements described in the QAF, the Independence Principles, the Letter of Agreement, the Operating Principles and the committee terms of reference support independent and evidence-based decision-making, provide appropriate accountability, and include credible safeguards against undue influence from institutions, government or corporate structures. The Panel also found that the appointment process and the Council's approach to conflicts of interest are sufficient to protect the integrity of its work.
28. The Panel further noted that the Council's composition already reflects an intention to look beyond the institutions themselves, as it includes a member representing the public interest and an out-of-province quality-assurance expert. Building on this strength and with regard to the emphasis that ISG 16 places on stakeholder involvement, the Panel suggests that the Council consider extending its membership or its associated advisory arrangements to include student and employer perspectives. This would further reinforce the independence and public accountability that ISG 3 secures and would bring the range of voices in the Council's governance more fully into line with international expectations for stakeholder engagement.

Suggestion:

- The Review Panel suggests that OUCQA consider formalising its existing conflict-of-interest practices in a documented procedure or wider code of conduct. This could set out how conflicts are identified, declared, managed and recorded, and help ensure consistent application across Council members, committee members and Secretariat staff.
- The Review Panel suggests that OUCQA consider including student and employer representation within its membership or advisory arrangements, building on the existing public-interest and out-of-province expert members, to strengthen stakeholder involvement and public accountability.

Organisational Capacity and Strategic Planning

ISG 4: Organisational structure

The quality assurance agency's organizational structure supports the effective, efficient, and transparent execution of its mission and objectives.

☒ Full Compliance
 ☐ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

29. The OUCQA's organisational structure is compact and coherent. The Quality Council itself holds overall quality assurance authority, while the Appraisal Committee and the Audit Committee carry defined responsibilities for new programme appraisal and audit oversight, respectively, as set out in the QAF and the committee's terms of reference. The Quality Assurance Secretariat supports the day-to-day operation of the system, including communication with universities, preparation of agendas and records, and the management of submissions, decisions and follow-up. COU, in turn, provides the corporate services required to sustain this work, including finance, human resources, legal support, facilities and information technology.
30. The Panel finds that roles and responsibilities are generally clear in practice. The organisational and decision-authority chart is particularly helpful in showing where decision-making authority rests across different activities and in distinguishing corporate support from quality assurance judgment. This is reinforced by the Executive Director and Director of Operations position descriptions, which clarify the operational responsibilities of the Secretariat, and by the committee terms of reference, which set out the distinct mandates of the Appraisal and Audit Committees.
31. In the Panel's view, this structure is proportionate to the Council's remit. It supports a system in which universities retain primary responsibility for internal quality assurance, while the Council provides external oversight – principally through programme approval and cyclical audit – thereby assuring students, government and the public of the quality of provision. Because the Secretariat is small, role clarity, workflow discipline and continuity are especially important. The workflow material reviewed by the Panel, therefore, provides useful support for consistency in practice. The Panel also heard during the site visit interviews about the continuing development of Quality Assurance Management System (QAMS) as the OUCQA's principal system for tracking submissions, decisions, precedents and institutional memory, and encourages the OUCQA to continue strengthening its process maps and knowledge management arrangements so that core operations do not become overly dependent on a small number of experienced staff.

32. The Panel finds ISG 4 to be Fully Compliant. The organisational structure described in the QAF, the role descriptions, the workflow material and the organisational chart support the effective, efficient and transparent execution of the Council's mission. The evidence also demonstrates a clear distribution of responsibilities between governance, the committees, the Secretariat functions and COU corporate support.
33. The Panel notes that this information is currently found in several separate documents, including the QAF, role descriptions, workflow notes, committee terms of reference and the organisational chart. While the Panel is satisfied that responsibilities and procedures are clear and well understood in practice, bringing this material together in a more accessible form would further support transparency, continuity and the induction of new members and staff.

ISG 5: Resources and capacity

The quality assurance agency has adequate physical, financial, technological, and human resources to fulfil its mission and objectives.

☒ Full Compliance
 ☐ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

34. The OUCQA benefits from a stable corporate platform through COU. It has access to office space, administrative systems, finance, human resources, legal support and information technology, including support from COU's Senior Systems Administrator/Coordinator for equipment renewal, printing infrastructure and the identification of future IT requirements through the annual budget-setting process. The Secretariat itself is small, but the Panel finds it experienced and capable of managing the OUCQA's current workload, including new programme appraisal, cyclical audit activity, support for the Quality Council and its committees, guidance to universities, and communication with QA Key Contacts.
35. The Council has a structured budget process, monthly financial monitoring, quarterly forecasting and oversight through COU corporate mechanisms. The three-year forecast is particularly useful in providing a forward-looking view of resource requirements across general operations, internally restricted funds and externally restricted funds, including the scholarship and award programmes administered by the Secretariat. The Panel also noted during the site visit that the Council has access to technological support, including QAMS. In the Panel's view, the continuing development of QAMS will remain important if it is to support workflow management, evidence tracking, precedent retrieval and institutional memory effectively.
36. Staff induction and development are supported through COU staff policies, orientation and training materials, and professional development opportunities built into annual performance review and budget planning. The performance planning documents indicate that professional development objectives are discussed during the performance review process and that dedicated resources are allocated to address training needs. During the site visit, the Panel also noted the Secretariat's strong sector knowledge and its important role in providing continuity across changes in governance and committee membership. At the same time, the Panel considers that a small Secretariat is vulnerable to workload pressure, staff turnover and loss of institutional memory. Business continuity and succession planning should therefore remain active areas of attention.
37. The Panel finds ISG 5 to be Fully Compliant. The budget and forecast evidence, COU support arrangements, staff policy and development materials, and QAMS-related resources show that OUCQA has adequate physical, financial, technological, and human

resources for its current functions. The Panel encourages the Quality Council to continue monitoring future capacity, particularly regarding QAMS development, audit workload, guidance activity, thematic analysis, and succession planning.

Commendation:

- The Review Panel commends OUCQA for the strength and continuity of its Secretariat. The Secretariat demonstrates strong sector knowledge, a sound understanding of the diversity of Ontario's universities, and consistent application of the Quality Assurance Framework. This continuity contributes significantly to the stability, consistency and effectiveness of the Council's quality assurance activities.

ISG 6: Strategic planning

The quality assurance agency is guided by robust strategic planning, ensuring that its quality assurance activities align with its mission and support tracking progress and impact towards goals.

☐ Full Compliance
 ☒ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

38. The Panel notes that the Quality Council's planning is informed by a range of established processes, including the QAF, Council retreats, annual reporting, the QAF review cycle, follow-up to the 2018 external review, the 2021 revisions to the QAF, the current QAF consultation, and the ongoing work of the committees. The Secretariat's 2023–2026 priorities also identify key areas of operational focus, including support for the Council and its committees, support for universities in advancing equity, diversity, inclusion, and access, and the continued delivery of core services to the system.
39. The Panel further observes that the planned activity is reflected in both quantitative and qualitative measures. On the quantitative side, the QAF commits the Council to issuing decisions on new programme approvals within 45 days of receipt of a complete application, and the published cyclical audit schedule provides for every Ontario university to be audited within a fixed eight-year cycle (2022–2030), with a defined number of audits scheduled each year. Other measures are qualitative but no less assessable, such as the quality and consistency of appraisal and audit outcomes, the responsiveness of the Secretariat, and progress against the stated 2023–2026 priorities.
40. The Panel is of the view that these arrangements demonstrate that planning activity is in place and that performance can be measured against it through indicators that are, in some cases, quantitative and, in others, qualitative, yet still capable of evaluation.
41. At the same time, the Panel finds that these planning activities remain dispersed across different documents and processes and do not yet amount to an integrated OUCQA-level strategic plan. During the site visit, the Panel understands that the Secretariat is using its internal priorities to guide its work and sees them as a useful starting point for planning. The Panel is of the view that operational priorities cannot substitute for a formal strategic framework approved and overseen by the Council. In the Panel's view, a concise OUCQA-level strategic plan would strengthen transparency and continuity, improve accountability to external audiences, and provide a clearer basis for monitoring progress by linking mission, priorities, indicators, responsibility, timing, resources and risk.
42. The Panel finds ISG 6 to be Substantially Compliant. OUCQA has established planning activity and supporting budget evidence, but it does not yet have a sufficiently clear

Council-level strategic planning framework. The Panel therefore recommends that the Quality Council develop and implement a concise strategic planning framework, approved and overseen by the Council, that links the mission to priorities, measurable indicators, responsibilities, timelines, resources, and risks.

43. The Panel also observes that, while the Council monitors operational and financial pressures through its budget processes and committee discussions, it does not maintain a systematic, documented view of the principal risks to the delivery of its mission. The Panel recommends a more explicit approach to identifying, recording, and monitoring such risks, including operational, financial, reputational and capacity-related risks, given the small size of the Secretariat, to strengthen the Council's resilience and support more transparent oversight by the Quality Council.

Recommendations:

- The Review Panel recommends that OUCQA develop and implement a concise strategic planning framework, approved by the Council and reviewed regularly. The framework should link priorities to the Council's mission and include measurable indicators, timelines, responsibilities, resources, and annual reporting.
- The Review Panel recommends that OUCQA develop and maintain a simple, proportionate risk-management approach, for example, a risk register that identifies the principal risks to the delivery of its mission, assesses their likelihood and impact, assigns responsibility for mitigation, and is reviewed regularly by the Quality Council. This could be integrated with the strategic planning framework and annual reporting cycle.

Quality Assurance Framework

ISG 7: Quality assurance procedures

The quality assurance agency conducts its external quality assurance activities based on transparent, clear, and comprehensive procedures.

☐ Full Compliance
 ☒ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

44. The external evaluation procedures were thoroughly discussed during the site visit interviews, and samples of filled-in documents elaborated in the execution of different procedures were provided to the Panel during the site visit.
45. The QAF sets the need for the IQAP to be ratified by the Quality Council, following a dedicated procedure that has as its aim testing its consistency with the substance and principles set out in the respective Quality Council protocols. Nevertheless, the QAF does not describe the specific procedure implemented by the Quality Council to ratify the IQAP or its modifications (substantive changes). Moreover, the QAF does not clarify the definition of substantive changes to IQAP.
46. Requirements for the IQAP's content are established by the different protocols described in the QAF, but there is no distinct section in which all of these requirements would be gathered in one place, so that institutions could have a clearer representation of the needs. A revised IQAP checklist is developed by the OUCQA to support institutions in the revision process.
47. Moreover, the understanding of the Panel is that IQAP's focus is on development and cyclical review of programmes, and less on continuous assessment and improvement activities within the institutions.
48. From the interviews, the Panel learned that IQAPs of all institutions under the OUCQA's remit were revised in 2021 to comply with the 2021 version of the QAF. The process of approval of the new IQAPs lasted until 2023. Institutions have received guidance documentation for the IQAP revision, as well as templates and checklists for submission.
49. Section 6 of the QAF describes the Audit Protocol, outlining objectives, scope, key elements, outcomes, and the process. The focused audit is also described, defining the circumstances under which such a process could be initiated and the content of the report.
50. The audit process is in line with the phases described in ISG 7, with the steps clearly established in QAF. The template for the Institutional Self-Study is also provided. The procedure does not establish the possibility of an appeal. Follow-up response reports

might be requested through the audit report, or a focused audit in case deficiencies are identified.

51. In the case of an audit, no samples of documents specific to the audit protocol was provided to the panel.
52. The protocol for New Programmes Approval is also described in the QAF. The document establishes both the steps that must be followed by the institutions and by the OUCQA. The steps relevant to the OUCQA work are included.
53. The OUCQA's Appraisal Committee analyses the External Review Report provided by the institution, reflecting on its integrity; the recommendations and suggestions made by the external reviewers; sufficiency and quality of resources; adequacy of internal responses; adequacy of the proposed methods for assessment of teaching and learning. It is to be underlined that the members of the Appraisal Committee who perform the review are not necessarily specialists in the subject matter of the programme. From the interviews, it was determined that two members of the Appraisal Committee are nominated for each programme (one of them presenting the submission to the Appraisal Committee), and that they perform their analysis separately.
54. The Panel notes that the time of analysis set at the OUCQA level is 45 days. Nevertheless, the interviews underlined that often the total time passing between the initiation of a programme at the level of the institution and the approval for funding from the Ministry, if the case, might be between 2 and 3 years. From the provided examples, the approval period at the OUCQA level has not exceeded 3 months.
55. The final approval of the new programme is with the Quality Council members. A report can be requested from the institution, and generally such a report is requested when specific resources or facilities are not yet in place. Institutions may appeal in 30 days to the Quality Council, that is, to the same body that took the original decision. The Panel considers this arrangement does not provide a fully independent route of appeal.
56. The protocol for Expedited Approval of New Programmes is applicable in the case of certain categories of programmes that do not imply a wide range of changes to the existing programmes, and it does not include an external review process at the level of the institution by external reviewers, experts in the field of studies. Nevertheless, it implies the same level of documentation is to be prepared by the institution, as established by the QAF and determined during the interviews. A template and submission checklist are available for the institutions to develop their application.
57. While guidance is available, representatives of institutions revealed that the boundary between major modification and new programme is not always clear. Wrongly qualifying new programmes as modifications might lead to causes for concern during the audit procedure and requiring the university in question to suspend admissions while it goes through the new program approval process.
58. The Panel suggests that the boundary between a major modification and a new programme be clarified within the QAF or accompanying guidance to reduce uncertainty for institutions and avoid downstream concerns at audit.

59. In the case of Cyclical Programme Reviews, the institutions can submit the final assessment report and/or an annual report to OUCQA, which the Quality Council reviews on a sampling basis. If causes of concern are identified, a focus audit can be initiated.
60. As described in the SED and underlined during interviews, institutions benefit from extensive guidance in terms of engagement with external assurance procedures. Guidance might be collective, but also personalised through events, meetings, guidance documents and letters.
61. The Panel appreciates that, in order to increase the clarity and transparency of the quality assurance framework and ensure effective engagement from the institution, a comprehensive description of the OUCQA external evaluation activities, clearly differentiating between the activities performed at the level of the institutions as part of internal quality assurance and those performed at the level of the OUCQA as part of external quality assurance, should be provided. Each procedure would benefit from distinct descriptions, to which the relevant templates can be attached. Moreover, templates, checklists, or different guidance documents should not add in terms of rules, steps, or descriptions to the QAF, but the respective elements should be made part of the QAF core content or as annexes.
62. The Panel finds ISG 7 to be Substantially Compliant, considering that there are procedures in place for the analysed external quality assurance activities, except for IQAP approval. Due to the extensive guidance provided, institutions are aware of the procedures to be followed, even if they are not fully described in one document but rather through multiple types of documents that complement the QAF. The steps undertaken at the OUCQA could be further described for the sake of transparency.

Recommendations:

- The Review Panel recommends that OUCQA provide a clearer and more comprehensive public description of its external quality assurance activities. This description should set out the main stages of each process, including preliminary engagement, self-evaluation, the evaluation method, any review visit, the preparation of findings, reporting, follow-up arrangements and expected timelines. This would help institutions and external stakeholders understand more clearly how each quality assurance process operates from beginning to end.
- The Review Panel recommends that OUCQA formalise and document appeal procedures for all of its external quality assurance activities, including the audit process. These procedures should explain when an appeal may be submitted, the steps to be followed, the expected timelines, the possible outcomes, and the body responsible for considering the appeal. The appeal should, as far as possible, be considered by a body that is separate from the one that made the original decision.

Suggestions:

- The Review Panel suggests considering the long period between two consecutive audit procedures, analysing the possibility of establishing no-stake follow-up procedures in between, as an opportunity to support the institutions in their enhancement efforts.
- The Review Panel suggests that OUCQA provide clearer guidance on the threshold at which a major modification becomes a new programme to reduce uncertainty for institutions .

ISG 8: Quality assurance standards

The quality assurance agency conducts its external quality assurance activities based on publicly available, clear, and actionable standards.

☐ Full Compliance
 ☐ Substantial Compliance
 ☒ Partial Compliance
 ☐ Non-Compliance

63. In the evaluation of the IQAP, it is verified that it minimally meets the requirements detailed in the QAF, especially in Part Two. Such requirements are: identify the authority or authorities responsible for the IQAP and its application; contain a set of institutional guidelines that describe the quality assurance activities associated with each protocol; and define what constitutes a 'programme'. The Panel has not identified specific and actionable standards for the approval of IQAP. Moreover, it is not clear what the nature of the evaluation is – is it an inventory of aspects to be addressed by the QAF, or a qualitative analysis of those aspects as well?
64. Nevertheless, from the discussions with representatives of higher education institutions, it was found that they are aware of the requirements for the IQAP set in the QAF.
65. During the audit, it is verified whether the university's practice is in compliance with its IQAP as ratified by the Quality Council, based on the quality assurance activities selected for the audit. The Panel learnt that no standards are established for this verification.
66. From the audit reports and the template for Institutional Self-Study available on the Quality Council's website, the Panel learned that the reports are structured around questions from the evaluated institution as being of interest for the improvement of their internal quality assurance practices, as well as standard questions common to all institutions.
67. In the New Programmes Approval protocol, the QAF establishes, in section 2.1.2, the criteria that institutions should use when they assess and approve a new programme. The criteria used by the Quality Council when analysing the external review reports (ERR) provided by the institutions are not described in the QAF, with the exception of criterion 2.1.2.4. Furthermore, the sufficiency of the ERR, the recommendations and suggestions, and the internal responses are analysed without defining clear standards used in this analysis.
68. From the Appraisal Committee Lead Reviewer Report: Report on a New Programme template and samples of documents submitted by the Quality Council, the Panel saw that the analysis also considers the profile and conflicts of interest verification of reviewers used by the institution for the external review of the programme.
69. In what it concerns the expedited approvals, from the onsite interviews and the content of the Appraisal Committee Lead Reviewer Report: Expedited Review and of the

submission template, the Panel learned that members of the Appraisal Committee are analysing the compliance of the programme with the criteria set in section 2.1.2 of the QAF from a methodological point of view, as they are not necessarily specialists in the field of the programme.

70. No minimal requirements are being established, but institutions are aware of the type of evidence expected.
71. The Panel finds ISG 8 Partially Compliant, as no specific standards are available in public documents for the approval of IQAP, audit and approval of new programmes.

Recommendation:

- The Review Panel recommends that OUCQA develop and publish clear standards for all of its external quality assurance activities. These standards should identify the minimum requirements and expected evidence for each process and explain the basis on which judgements or decisions are made.

ISG 9: Fitness for purpose and institutional autonomy

The quality assurance agency ensures that its quality assurance procedures and standards are and remain fit-for-purpose for the different and evolving types of higher education providers and provision within its remit, acknowledging institutional autonomy and diversity.

☐ Full Compliance
 ☒ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

72. The OUCQA oversees the quality assurance processes for the members of the Council of Ontario Universities, which are public higher education institutions. The level of oversight is adjusted to the level of development of the internal quality assurance systems as a result of the cyclical audits.
73. The QAF acknowledges institutional autonomy and the primary responsibility of universities for quality assurance, while assigning defined external oversight and decision-making responsibilities to OUCQA. Representatives of institutions and students confirmed their involvement in the development and revision of the QAF.
74. The revision of the QAF is realised on an ongoing basis and as a result of OUCQA external evaluations. The key contacts from the institutions are playing an important role in ongoing consultation and co-creation.
75. From the interviews, the Panel learned that after the approval by the Quality Council, the new programmes are subject to an additional review by the Ministry on aspects mainly related to employability. Nevertheless, the Panel did not see evidence of employer involvement in the development and revision of the QAF.
76. Important steps regarding the simplification of procedures were made in the 2021 revised version of the QAF, as described by the SED. Nevertheless, concerns were expressed by stakeholders regarding the overlap between different procedures regarding the programmes they need to undergo and the related burden.
77. Considering the level of development of the internal quality assurance systems within institutions, as well as the fact that several stakeholders underlined that there are no doubts about the quality of education in the public universities in Ontario, The Panel considers that OUCQA could continue to explore whether external oversight can be further calibrated, particularly where there is overlap with Ministry review, professional accreditation or mature institutional quality assurance processes. For example, the protocol for external evaluation of new programmes could be maintained as the only mechanism of external assessment of programmes, and the overlap with the accreditation procedures should be reduced. This can be achieved by considering the

results of such procedures and by harmonising the criteria used. Moreover, criteria related to employability could be included, and discussions can be held so that the additional review by the Ministry is not needed or is reduced in scope and time.

78. This can be supported by strengthened internal quality assurance mechanisms, through continuous mechanisms of improvement, following the PDCA cycle, rather than aiming only at the initiation and cyclical review of programmes. The IQAP approval could be included in the audit protocol and thus evaluated together in a complete procedure.
79. Moreover, the Panel heard that the external quality assurance oversight by the OUCQA is not visible to the general public and often not even to the beneficiaries of education, the students or potential students, while the scope of audits is "to assure students, citizens, and the government of the meeting of international standards of quality assurance in the processes used" (QAF). Considering also the high number of international students registered in the Ontario higher education system and the need to reflect international standards for quality assurance, as established by Part One of the QAF, OUCQA could consider working more towards creating visibility of the quality assurance in Ontario as a foundation for building trust in maintaining high standards for the quality of education.
80. The Panel finds ISG 9 Substantially Compliant, as OUCQA external quality assurance activities effectively cover institutions under its remit, in accordance with the Quality Assurance Framework agreed, while being committed to adequately balancing the burden for institutions with the intended impact. Audit activities support adjusted oversight that observes the level of development of internal quality assurance mechanisms within different institutions. Relying mainly on dialogue with the key contacts, the QAF and other procedural instruments are continuously revised. The Panel commends the system for the quality assurance in place, which assures co-creation and close adaptation to the needs of the higher education system that it serves.

Recommendations:

- The Review Panel recommends that OUCQA continue its dialogue with the Ministry to clarify the relationship between Quality Council approval and any additional Ministry review of new programmes. Where employability considerations are part of the Ministry's review, OUCQA may wish to explore whether these can be addressed appropriately within the Quality Council's existing quality assurance procedures, where relevant to the nature and purpose of the programme. This could help reduce duplication, shorten approval timelines and lessen the burden on institutions.
- The Review Panel recommends that OUCQA consider employer perspectives more systematically when developing and revising the Quality Assurance Framework, where this is relevant to the nature and purpose of its quality assurance activities. This would help ensure that the Framework continues to reflect relevant external expectations, including employability considerations where appropriate.

Suggestion:

- The Review Panel suggests that OUCQA continue reflecting on how its external quality assurance procedures can be further streamlined and simplified while maintaining appropriate public assurance and strengthening the enhancement dimension of its work.

Evaluation and Outcomes

ISG 10: Evaluation and decision making

The quality assurance agency's evaluation procedures ensure its quality assurance findings are evidence-based, consistent, fair, and impartial.

☐ Full Compliance
 ☒ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

81. From the interviews and the submitted documentation, it was found that there are established processes in place for making decisions at the level of the Quality Council, the Appraisal Committee, and the Audit Committee for all types of external quality assurance procedures conducted by OUCQA. The way the decision is reached is explained to the institutions, mainly during meetings with key contacts.
82. The QAF establishes the types of decisions that can be reached for the different protocols in place and the bodies that make the decisions. In the case of IQAP approval, Principle 8 of the QAF establishes that the authority for ratification of the plan is granted to the Quality Council. Decisions that can be taken in the case of cyclical audits are described in the QAF and impact future oversight of the institution. These include "any other action deemed appropriate by the Quality Council", without indicating what these other actions could constitute. Principle 4 from the QAF establishes that the Quality Council can decide on sanctions as a last resort, but the QAF does not describe the cases in which such a decision can be made and with what consequences. In the section related to "Responsibilities of the Quality Council", the remedies the Quality Council can ask to be implemented if it is not convinced of the quality of an institution's recommendations, appraisals, and/or monitoring are listed. It is not described that "any other action" should be part of this list. For the expedited approval, the members of the Appraisal Committee are involved in the evaluation process, and they also make the final decision.
83. While in the case of the IQAP approval procedure, the institutions receive feedback and can revise the document until approval by the Quality Council is received, for the other protocols there are no criteria for outcomes clearly explained and made public.
84. The consistency and fairness of decisions are a constant preoccupation for the Quality Council and assured through different means, such as a book of precedents, comparing with previous decisions, a critical eye approach, institutional memory of long-time members, and fact-checking by the institution.
85. Conflict-of-interest policies are in place. See also ISG 3.
86. The QAF sets out an appeal process for decisions made under the Protocol for the Approval of New Programmes, which also applies to expedited approvals. The Panel

notes, however, that in both cases the appeal is considered by the same body that made the original decision – the Quality Council for new programmes and the Appraisal Committee for expedited approvals – rather than by an independent body. No equivalent appeal mechanism exists for the Audit Protocol. In practice, the appeal route has rarely been used: OUCQA reported that, to date, the Quality Council has received only one appeal. OUCQA Secretariat staff and the members of the two committees (Appraisal Committee and Audit Committee) are going through induction sessions with more senior staff members and shadow the activity before taking the role independently. They are also benefiting from different templates and guidance documents to support consistency of their work. See also ISG 13.

87. The Panel finds OUCQA Substantially Compliant with ISG 10, concluding that while procedures are in place to reach decisions, and several mechanisms are implemented to assure consistency, these are not clearly formalised and criteria for outcomes are not defined for all external quality assurance activities. Appeals procedures could also be further strengthened.

Recommendations:

- The Review Panel recommends that OUCQA further formalise and document its evaluation and decision-making procedures across its external quality assurance activities. This should include clearer criteria for decisions, the bodies responsible for making them, the possible decision outcomes, and any related follow-up actions or sanctions, including under the Audit Protocol.
- The Review Panel recommends that OUCQA review its appeal arrangements so that, as far as possible, appeals are considered by a body that is separate from the one that made the original decision. OUCQA should also define an appeal procedure for the Audit Protocol.

ISG 11: Peer-reviewers

The quality assurance agency has policies for the recruitment, training, and appointment of a suitable pool of peer-reviewers, ensuring that they have the necessary expertise and preparation to conduct its different external quality assurance activities effectively, impartially, consistently, and professionally.

☒ Full Compliance
 ☐ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

88. Considering the external quality assurance activities performed by the OUCQA, the reviewers are members of the Appraisal Committee for the Expedited Approval of New Programmes Protocol or the Audit Committee for the Cyclical Audit Protocol.
89. The mechanisms for nomination of Appraisal and Audit Committees are discussed in the ISG 3 analysis. The criteria for nomination are publicly available on the OUCQA website and set by the terms of reference of each committee. Considering that members of the Appraisal Committee are assessing certain types of new programmes, following the criteria set by the QAF section 2.1.2, it is important to underline that they do not have an academic background and professional experience related to the area of study of the programmes they assess. All members of the Appraisal and Audit Committees are senior academics. Nevertheless, not all COU member institutions are represented in the Quality Council or the two committees. Moreover, the associated universities are not represented, while they are subject to review by the OUCQA.
90. The Panel understands from the site visit that nominations of members of the two committees for different reviews are managed by the secretariat on a rotating basis, taking into account availability and conflict-of-interest requirements.
91. When first appointed, members of the Appraisal and Audit Committees take part in induction sessions on the quality assurance protocols led by senior staff, and they shadow the evaluation work before carrying it out independently (see also ISG 13). The Panel notes that committee members can share their views on the Council's structures, objectives, and activities through regular meetings and the biennial retreat. What the Panel did not find, however, was a regular and documented mechanism for systematically reviewing how individual reviewers perform, or for gathering structured feedback on their contributions to appraisal and audit work. This issue is addressed further under ISG 13, where it is included as part of the Panel's suggestion on strengthening feedback mechanisms, because the Panel found existing informal opportunities for feedback but not yet a fully systematic mechanism.

92. The Panel members believe that the external quality assurance activities of the OUCQA would benefit from a more diverse expert profile to be adapted to the specificities of the evaluation activities. In the case of new programme approval, as the content of the programme is assessed, the reviewers should have the academic and professional expertise relevant to the field of study. In the case of audits, managerial expertise of the reviewers might support a holistic view of the way in which internal quality assurance is supported and serve the institution's governance. In the case of internationally relevant study programmes or institutions that serve many international students or have international cooperation as an important dimension of their mission, the inclusion of international reviewers among the assessors might bring added value. As employability was identified as the dimension based on which the Ministry is financing programmes, including employers among the reviewers would foster a connection with the market needs. Lastly, but not least, the perspective of students, as beneficiaries of education, is always relevant when it comes to, for example, how the programme facilitates the successful completion of learning outcomes or the quality of student experience.
93. Overall, the Panel finds ISG 11 Fully Compliant, as there are transparent procedures in place for the selection of Appraisal and Audit Committee members, and they are thoroughly trained and apply conflict-of-interest policies in their work. The Panel recognises the professionalism and dedication of the Appraisal Committee and Audit Committee members.

Suggestions:

- The Review Panel suggests that OUCQA consider broadening the range of expertise involved in its external review activities by including, where appropriate, students, employer representatives and international experts. This would help bring a wider range of perspectives into the review process and further strengthen the diversity of expertise available to the Council and its committees.
- The Review Panel suggests that OUCQA continue to ensure balanced representation across COU members and associated members, taking account of institutional size, type, language, geography and disciplinary diversity.

ISG 12: Transparency of outcomes

The quality assurance agency publicly shares the findings of its quality assurance activity, in line with cultural, legal, and regulatory requirements, and publishes the list of those providers that have successfully met quality assurance standards.

☐ Full Compliance
 ☒ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

94. The Panel finds that OUCQA provides public information on a number of important quality assurance outcomes, particularly approved programmes and cyclical audit outcomes.
95. The Panel notes that cyclical audit reports, including summaries of key findings, are publicly available on the OUCQA website. These reports provide useful public assurance about the implementation of institutional quality assurance processes and the outcomes of the audit procedure. The Panel also notes that OUCQA publishes Annual Reports and Key Contact Annual Reports, which summarise the volume of quality assurance activity, sector-level developments and emerging themes.
96. For IQAP approvals, new programme approvals and expedited approvals, the Panel heard during the site visit that institutions receive formal letters from OUCQA informing them of the outcomes of the relevant procedures. Samples of such correspondence are provided in the Panel Appraisal Committee Submission. The Panel also understood that reviewers' reports are not normally published or transmitted to institutions in full, but that relevant elements from the review are included in correspondence with institutions, particularly where additional information or clarification is required.
97. The Panel finds that OUCQA's transparency arrangements are appropriate in several respects, especially through the publication of approved programme lists and cyclical audit reports. However, public reporting is less consistent across all procedures. In particular, the Panel did not find an explicit consolidated public list of IQAP approvals, nor a consistent published summary of outcomes for all new programmes, expedited approval and IQAP approval procedures.
98. The Panel finds ISG 12 to be Substantially Compliant. OUCQA publishes important information on approved programmes and cyclical audit outcomes, and these provide a meaningful level of public transparency. However, transparency could be strengthened by making the outcomes of all main quality assurance procedures more consistent, visible and accessible to external audiences.

Recommendation:

- The Review Panel recommends that Quality Council consider publishing clearer summary outcomes for its main quality assurance procedures, including IQAP approvals, new programme approvals, expedited approvals and cyclical audits. These summaries should include, where relevant, the date of the decision, the outcome or status, any conditions or follow-up requirements, and the expected timing of the next review or audit cycle.

Quality Culture

ISG 13: Internal quality assurance

The quality assurance agency has transparent internal quality assurance mechanisms, that ensure its organizational structure, objectives, and activities remain fit-for-purpose and respond to the evolving nature of higher education and the changing policy environment.

☐ Full Compliance
 ☒ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

99. The Panel finds that OUCQA has several internal quality assurance practices in place. The QA Secretariat Workflows document describes procedures for the Quality Council, the Appraisal Committee, the Audit Committee, QAMS, Key Contact meetings, the website, budget processes and other operational activities. These workflows set out responsibilities, timelines, records, review steps and follow-up actions. They also show how the Secretariat prepares agendas, supports meetings, drafts and reviews minutes, prepares communications, updates QAMS records, tracks outcomes and brings relevant issues to the appropriate staff, committee chairs and the Quality Council.
100. QAMS is used to maintain records, monitor workflows, update outcomes data and support oversight reporting. The Panel considers that this supports continuity and traceability of OUCQA's work. However, QAMS is mainly a record and workflow system. It does not replace the need for clear written internal procedures explaining how issues are identified, analysed, followed up, closed and reviewed for effectiveness.
101. The Panel also considers other quality assurance mechanisms. The eight-year independent review of the Quality Council and the QAF, evidenced by the 2018 external review and the Review Steering Committee Report, provides a periodic mechanism for reviewing the effectiveness of OUCQA's external quality assurance activities. The QA Secretariat Workflows and the site visit explanations also indicate that review processes include consistency checks before reports are finalised. In addition, the Letter of Agreement with COU and the Memo to COU's Budget and Audit Committee are relevant because they show the financial and administrative platform within which OUCQA operates.
102. The Panel finds that OUCQA links staff and management planning with QA strategic priorities through its annual performance planning structure. The QA staff and management performance planning tools for 2025–26 connect individual objectives with QA strategic priorities, department objectives, performance measures, professional

development and reflection on achievements and challenges. The management planning tool also covers mentoring, succession planning, operations management, and member and affiliate relations. This supports staff capacity, continuity and operational effectiveness, although the evidence does not by itself show a complete cycle linking internal quality findings to strategic or operational planning decisions.

103. This is relevant to internal quality assurance because it supports staff capacity, continuity and operational effectiveness. However, this evidence does not by itself show a direct and systematic link between internal quality findings and strategic or operational planning.
104. The Panel also finds that planning takes place at the governance level through Quality Council retreats and planning discussions. The Quality Council retreat agendas show discussion of process improvements at the governance level. One example is the FARs/IPs pilot project, which refers to a revised approach for reviewing Final Assessment Reports and Implementation Plans. The agendas also show planning for the 2025–26 review of the QAF. The Quality Council letter on the revised FARs/IPs internal responses process provides a specific example of process review and improvement. The QA Secretariat Workflows also support operational planning through timelines, agendas, follow-up records and coordination between the Secretariat, committees and the Quality Council. However, the evidence is less clear in showing a complete and systematic cycle where internal quality findings are analysed, translated into planning decisions, followed up and checked for effectiveness.
105. The Panel acknowledged regular stakeholder engagement, especially with universities and QA Key Contacts. The QAF Consultation Plan and Timeline defines a structured consultation process, including briefings with Key Contacts, formal feedback from universities, focus groups, Quality Council consultation, Ministry consultation, and consideration of feedback as part of the QAF review process. This shows that stakeholder engagement is included in major review and revision processes.
106. The Key Contact Annual Report 2024–25 and the Key Contact Exchange Forum agenda show that OUCQA uses Key Contact Exchange Forums and Annual Meetings to receive feedback on how its external quality assurance activities work in practice. These discussions cover issues such as audits, new programme approvals, FARs and IPs, cyclical programme reviews, guidance, timelines and communication with institutions. The Quality Council letter on the revised FARs/IPs internal responses process provides a specific example of feedback and process review related to FARs/IPs. The Report on Quality Assurance Support Structures also supports this point, as it was based on a survey of QA Key Contacts in 23 universities and three focus groups organised by institutional size. This shows that OUCQA uses stakeholder input to understand how its own quality assurance processes are experienced by institutions and where these processes may need clarification or improvement. The Panel also noted that OUCQA has some mechanisms that allow feedback from staff, external members and review participants. For staff, the performance planning tools provide a formal feedback process through objectives,

professional development needs, reflection on achievements and challenges, and performance assessment. For external members of governing bodies, committee members and review panel experts, the evidence shows regular interaction with the secretariat through orientation, meeting preparation, agendas, minutes, QAMS access and guidance on policy and procedure. These arrangements give opportunities for questions and informal feedback. However, the evidence is more limited in showing a regular and documented feedback process for these external participants to comment on OUCQA's own processes after their involvement. This is why the Panel considers that feedback mechanisms are present, but could be made more systematic and explicit.

107. The Panel finds ISG 13 to be Substantially Compliant. OUCQA has several internal quality assurance practices, including documented workflows, QAMS, periodic external review, consistency checks in review processes, financial audit and administrative arrangements, staff and management planning tools, stakeholder engagement and feedback mechanisms. These practices address the main areas of ISG 13, including internal quality mechanisms, links with operational priorities, stakeholder engagement and feedback processes. However, they are not yet brought together into one clear IQA framework, and it is not always easy to see the full cycle from identifying an issue, analysing evidence, deciding on an action, following it up, closing it, and checking whether the improvement was effective.

Recommendation

- The Review Panel recommends that the Quality Council supported by the Secretariat, bring together its existing internal quality assurance practices into one clear IQA framework. This framework should demonstrate how the different elements already in place work together as one system. It should also clarify who is responsible for each part of the IQA process, what information is used, how feedback is collected, how risks and improvement actions are followed up, how actions are closed, and how the Quality Council checks whether the changes made have been effective.

Suggestion:

- The Review Panel suggests that OUCQA develop a simple and systematic way to collect feedback from appraisal and audit reviewers, committee members, and, where appropriate, institutions after each external quality assurance process. This feedback should focus on the review experience, the clarity of procedures, the consistency of practice, and any areas for improvement. Such feedback would help the Council reflect on the operation of its external quality assurance activities and support their continued effectiveness and consistency. This would also complement the feedback already gathered through meetings, discussions and retreats.

ISG 14: External review of agencies

The quality assurance agency undergoes regular external reviews of its operations and engages proactively and constructively with the resulting recommendations and required actions.

☒ Full Compliance
 ☐ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

108. The Panel notes that the Quality Council has a regular external review cycle. The Report on the Review of the Quality Council of May 2018 shows that a review was carried out by an independent external panel and considered both the Quality Assurance Framework and the work of the Quality Council. The 2025–26 Terms of Reference confirm that the QAF and its application by the Quality Council, its committees and the Secretariat are again being reviewed.
109. The Panel finds that the Quality Council engaged seriously and constructively with the outcomes of the 2018 review. The external panel made 15 recommendations, mainly related to a clearer principles-based framework, a more mature quality assurance system, reduced administrative burden, transparency, accountability and the independence of the Quality Council.
110. The evidence shows that the Quality Council prepared a formal response through the Review Steering Committee and then moved into an implementation phase. The Review Steering Committee Report proposed further work to respond to the recommendations, depending on the area concerned. For recommendations related to Council processes, the follow-up was carried out through its committees and the secretariat. According to the SED, this work was supported by expert panels considering areas such as the introduction of principles to the QAF, the streamlining of protocols and the audit protocol.
111. The additional evidence was useful because it gave an update on each of the 15 recommendations from the 2018 review and showed that actions were taken through the 2021 QAF revisions, including the introduction of principles, adjusted oversight, burden reduction, clarification of the Quality Council's authority, Secretariat restructuring, audit follow-up, communication improvements, and updated remedies. Some recommendations are not implemented exactly as proposed but were adapted, addressed indirectly, or not accepted with reasons. This demonstrates that OUCQA considered the recommendations and used the external review to support improvement.
112. The Panel finds ISG 14 to be Fully Compliant. OUCQA undergoes regular external review and engages actively and constructively with external review processes and

outcomes. The 2017/18 review led to a formal response, implementation work, consultation and important changes to the QAF and the Quality Council's work. The current review confirms that the external review cycle is continuing.

Commendation:

- The Review Panel commends OUCQA for its clear commitment to external quality assurance. Although external review is not mandatory, OUCQA has chosen to undertake periodic external reviews and to use their outcomes to improve the QAF and the work of the Quality Council.

ISG 15: Integrity and transparency

The quality assurance agency adheres to defined ethical and professional principles, supported by formal policies and procedures that ensure integrity is embedded in all aspects of its work.

☐ Full Compliance
 ☒ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

113. The Panel finds that OUCQA has defined ethical and professional principles. The Operating Principles of the Quality Council are the main evidence. These principles set out the scope of authority of the Quality Council and its committees, the responsibilities of members, confidentiality, conflict of interest, and quorum. They state that members represent the system rather than their own institution and that members are expected to participate with respectful, open, and honest communication and ethical conduct.

114. The Operating Principles also require members to avoid conflicts of interest and to declare any matter where their impartiality may be affected. The detailed mechanism for declaring, managing and recording conflicts in Council and committee decision-making is described under ISG 3; the Panel is satisfied that, in addition to its governance role, this practice forms part of the Council's broader framework for integrity and ethical conduct. The Panel notes that confidentiality and conflict of interest are clearly addressed in the Operating Principles, as university submissions are treated as confidential by the Secretariat, the Quality Council, its committees, and auditors. It also states that members must not share, copy, or use information from universities for purposes other than the mandated quality assurance processes. The QA Secretariat Workflow and the site visit discussions showed that these principles are well reflected in practice. The QA Secretariat workflows show that conflicts of interest are considered in the assignment of reviewers and in the preparation of Quality Council meetings, including through annotated agendas. During the site visit, the Panel also heard that conflicts are self-disclosed, recorded in meeting minutes and that members of the committees and of the Quality Council do not participate in the relevant discussion when a conflict is identified.

115. The Panel also considers the COU Staff Policy Manual in relation to secretariat staff. The COU Staff Policy Manual applies to COU staff, including the Quality Council staff. It includes policies on conflicts of interest, safe disclosure, confidentiality, and gifts, benefits, and hospitality. It requires employees to read and understand the manual and

states that possible breaches may be subject to review and remedial or disciplinary action. The Panel finds that this provides relevant ethical and professional requirements for Secretariat staff.

116. The Panel finds that OUCQA balances transparency and confidentiality. The SED states that final audit reports are made public, while programme-specific material is not made public and is shared only with the senior leadership of the university.
117. The Panel observed that OUCQA does not have a formal published complaints procedure. The additional evidence refers to the Contact page on the website as the mechanism for complaints, and during the site visit, participants referred to an appeal process and to a process for complaints or concerns. However, the Panel did not see a formal procedure explaining how complaints are submitted, assessed, recorded or resolved. The Panel considers this an area for improvement.
118. The Panel finds ISG 15 to be Substantially Compliant. OUCQA has defined ethical and professional principles, and the evidence shows that confidentiality and conflict of interest are addressed in policy and reflected in practice. The COU Staff Policy Manual also provides relevant ethical and professional requirements for Secretariat staff. However, while integrity principles are defined and applied, the evidence is less clear that all related policies and procedures are published and easily accessible, particularly for complaint arrangements.

Recommendation:

- The Review Panel recommends that OUCQA develop and publish a formal complaints procedure. This procedure should explain how complaints may be submitted, who is responsible for considering them, how they are reviewed, expected timelines, confidentiality arrangements, possible outcomes, and how complaints are recorded.

Sector Engagement and Enhancement

ISG 16: Stakeholder engagement

The quality assurance agency is aware of its stakeholder environment and proactively and strategically engages with a diverse range of stakeholders to support the development, implementation, and continuous improvement of its quality assurance activities, while advancing its mission.

☐ Full Compliance
 ☒ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

119. The Panel finds clear evidence that OUCQA engages regularly with its university stakeholders through Key Contact Exchange Forums and the annual Key Contact meeting. The agenda for the Key Contact Exchange Forum of February 2024 shows consultation with Key Contacts on thresholds for significant change. The Key Contact Annual Report 2024–25 shows that discussions included accreditation reviews, cyclical programme reviews, FARs and IPs, audit preparation, new programme proposals, student engagement in quality assurance activities, financial constraints, and programme viability and sustainability. The Panel finds that these activities support communication with universities and the implementation of quality assurance processes.
120. The Detailed Consultation Plan for the QAF Review indicates that OUCQA used a structured consultation process to review the QAF. This included briefing sessions for Key Contacts, focus groups with Key Contacts and expert panel members, consultation with the Quality Council, formal feedback from universities, consultation with the Ministry, and approval steps involving the Quality Council and OCAV. The QA Secretariat Workflows also show that Key Contact meetings and Exchange Forums are part of the Secretariat's regular work.
121. Stakeholder engagement is also considered where relevant in other standards, including ISG 2, ISG 3 and ISG 9. Those sections address stakeholder perspectives in relation to mission, governance, fitness for purpose and institutional autonomy. This section brings those points together and assesses whether OUCQA has a systematic approach to engaging its stakeholder environment across its quality assurance activities.
122. The Panel also noted documented student input. The OUSA Submission to the 2025–26 Review of the QAF shows that OUSA, representing undergraduate students, provided recommendations to OUCQA on degree-level expectations, international educational experiences and online learning tools. The OUSA statement provided during the site visit confirmed these three recommendations. In addition, the QA Audit process shows that audit teams meet with students to understand how they are engaged in

universities' quality assurance activities, including input into self-studies, meetings with external reviewers, understanding of programme-level learning outcomes and assessment methods, and possible improvements in student engagement and communication. The Key Contact Annual Report 2024-25 also includes a session on engaging students as partners in quality assurance activities.

123. The Stakeholder Submissions show that OUCQA received written submissions from university stakeholders and from other organisations, including OUSA and HEQCO. This provides some evidence of consultation beyond individual universities. The Panel also noted that other stakeholders, including PEQAB, OCQAS, other Canadian quality assurance agencies and the Ministry, were invited to provide input to the review, although not all invited stakeholders provided submissions. However, the evidence reviewed by the Panel shows that OUCQA's stakeholder engagement is mainly concentrated on universities, Key Contacts, committees, OCAV and student input through OUSA.
124. The Panel did not see comparable evidence of systematic and direct engagement with employers, professional bodies, graduates, public representatives or other non-university stakeholders in the development of the QAF or in the agency's governance structures. The additional evidence indicates that employer and professional body input is mainly expected through universities' own programme review processes, where relevant, rather than through direct and regular engagement by OUCQA.
125. The Panel finds ISG 16 to be Substantially Compliant. OUCQA has regular, documented engagement with its core university stakeholders, especially through Key Contacts, OCAV, and QAF consultation processes. The evidence shows that this engagement supports the development of quality assurance activities, particularly through QAF review and revision. There is also evidence that stakeholder feedback contributes to improvement, mainly through periodic review processes and consultation activities. Student input is documented through the OUSA submission, which provides comments and recommendations on the QAF review. However, the evidence is more limited in showing how students and other stakeholders are involved on a regular basis in the implementation of OUCQA's quality assurance activities. The Panel also finds that engagement with a wider range of stakeholders, such as employers, professional bodies, graduates and public representatives, is not systematic or sufficiently embedded in consultation and governance arrangements.

Recommendation:

- The Review Panel recommends that OUCQA develop a more systematic approach to engaging a wider range of stakeholders, including students, employers, professional bodies, graduates and public representatives. This should include clear opportunities for these groups to contribute to QAF reviews and consultation activities and, where appropriate, to participate in the governance body. The Panel also recommends that

OUCQA documents how stakeholder input is considered and how it informs changes to the QAF and related quality assurance activities.

ISG 17: International engagement

The quality assurance agency engages internationally to support the development, implementation, and continuous improvement of its quality assurance activities.

☒ Full Compliance
 ☐ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

126. The Panel notes that the SED describes OUCQA's engagement with international and national quality assurance bodies. The SED states that the Quality Council is a member of INQAAHE and CHEA, receives updates and communications from these bodies, and attends webinars. One example given in the SED is the CHEA webinar on artificial intelligence and quality assurance in September 2025.
127. The Memorandum of Affiliation between OUCQA and CHEA/CIQG gives further evidence of international engagement. It refers to CHEA/CIQG's International Quality Principles and includes commitments to promote these principles, work with other higher education stakeholders, share information regularly, and, where possible, engage in joint activities such as workshops, seminars, and meetings.
128. The Panel finds evidence of national and regional knowledge-sharing. The X-Country QA Check-In agenda shows a meeting with Canadian quality assurance colleagues in June 2025. The agenda included the UNESCO Global Convention, expert reviewer honoraria, and updates from across the country. During the site visit, the Panel also met representatives from the Degree Quality Assessment Board Secretariat at the Ministry of Post-Secondary Education and Future Skills (Province of British Columbia), the Maritime Provinces Higher Education Commission, and the Quality Assurance & Indigenous Institutes Quality Assessment Board. The discussion confirmed regular exchanges between Canadian quality assurance agencies, including comparison of approaches with the Maritime Provinces Higher Education Commission.
129. The Panel also found evidence that OUCQA benchmarks its work against international standards. The invitations to HEQCO and PEQAB for the 2025–26 review state that the current review is being conducted by INQAAHE to verify the degree to which the QAF and its application remain in line with international standards for quality assurance. The SED also states that the 2018 review included an international quality assurance expert and an expert from another Canadian province.

130. The Stakeholder Submissions show that international standards and wider quality assurance developments were part of the review discussion. The submissions include references to international standards, artificial intelligence, learning outcomes, external review, and administrative burden. The SED also refers to regional knowledge-sharing through Key Contact Exchange Forums, the Annual Meeting of Key Contacts and the Learning Outcomes Symposium.
131. The Panel finds ISG 17 to be Fully Compliant. OUCQA remains attentive to international and regional quality assurance developments through its membership in INQAAHE and CHEA, its Memorandum of Affiliation with CHEA/CIQG, its participation in Canadian quality assurance agency exchanges, and its regional knowledge-sharing activities in Ontario. OUCQA also participates in knowledge-sharing through cross-Canada QA meetings, exchanges with Canadian agencies, Key Contact activities and the Learning Outcomes Symposium. The evidence further shows benchmarking against internationally recognised standards through the 2018 review and the current INQAAHE review.

ISG 18: Thematic analysis and guidance

The quality assurance agency prepares and disseminates thematic analyses and guidance documents to contribute to the enhancement of higher education and quality assurance.

☒ Full Compliance
 ☐ Substantial Compliance
 ☐ Partial Compliance
 ☐ Non-Compliance

132. The Panel finds that OUCQA has several ways to identify themes from its quality assurance work. The Redacted Appraisal Committee Trends Analysis is particularly useful. It shows that Appraisal Committee activity is reviewed before a university's cyclical audit. The analysis looks at process-related requests for additional information, including issues linked to proposal development, external review, responses to reviewers, resources, and assessment of teaching and learning. It also explains that the purpose is to identify possible trends, systemic issues, best practices, and advice that may be useful for the Audit Committee and audit team.
133. The Quality Council Annual Report 2024–25 also shows analysis at sector level. It identifies trends in new programme approvals, including technology, artificial intelligence, cybersecurity, health and professional education. It also refers to findings from audits, including monitoring processes for new programmes and cyclical programme reviews, document management, tracking of quality assurance decisions and processes, and aspects of cyclical programme review. The Panel finds that the Annual Report is used to share quality assurance developments and findings with the sector.
134. The Key Contact Annual Report 2024–25 shows how OUCQA identifies themes and shares them with the quality assurance community. It summarises key themes from Key Contact Exchange Forums and the Annual Meeting, including accreditation reviews and cyclical programme reviews, FARs and IPs, audit preparation, new programme proposals, student engagement, financial constraints, programme viability and sustainability. It also shows that these meetings include advice, examples and shared practices from institutions and committee members.
135. The Panel also considers the workflow and Guidance on Best Practices. This document shows that best practices may be identified through audits, appraisal activity or the Quality Council's work. It also sets out a process for deciding whether a practice can be shared through a case study or presentation at a Key Contact Exchange Forum. The Panel finds this relevant because it shows how findings from quality assurance activity may be turned into examples for the sector.

136. The site visit discussions confirmed that these processes are active in practice. The Panel understands that OUCQA receives regular feedback from universities through Key Contact meetings and that reports from these meetings are brought to the Quality Council. The Panel also heard that Key Contacts provide an important channel for identifying questions, challenges and possible improvements in the quality assurance system. This confirmed that feedback from the sector is not only collected but also brought into Council-level discussions.
137. Regarding guidance, the SED indicates that OUCQA provides guidance on the QAF and that guidance can be updated when gaps or needs are identified through committees, the Quality Council, the Secretariat and Key Contact discussions. The Quality Council Annual Report 2024-25 also refers to a working group with members from the Appraisal Committee, the Audit Committee and the Secretariat, reviewing and refining guidance and examples related to teaching and learning expectations.
138. The Panel finds ISG 18 to be Fully Compliant. OUCQA identifies themes through the Quality Council Annual Report, the Key Contact Annual Report, Appraisal Committee trend analysis, and the Workflow and Guidance on Best Practices. These activities identify emerging issues, areas for improvement and good practice and are used to inform audit preparation, guidance, Key Contact discussions and sector learning. The site-visit also confirmed that feedback from universities is regularly received through Key Contacts and reported to the Quality Council.

Suggestion:

- The Review Panel suggests that OUCQA makes its thematic analysis more visible, for example, in the Annual Report, by showing the main recurring issues, the follow-up actions, and how these findings are used for guidance, sector learning and future quality assurance priorities.

Conclusions

The Review Panel finds that OUCQA is a credible and well-established quality assurance body operating within a distinctive self-governing university system. Its work is recognised by the Ontario University sector and by government, and its quality assurance role is clearly embedded in the Quality Assurance Framework. The Panel notes that OUCQA benefits from experienced secretariat staff, committed Council and committee members, and constructive relationships with Ontario universities. These strengths support the stability and continuity of the quality assurance system.

The Panel also finds that OUCQA's work is generally well aligned with the International Standards and Guidelines. The Quality Council has a clear mission, a functioning governance structure, adequate resources, established procedures for programme approval and cyclical audit, and a strong record of engagement with universities. The Panel particularly recognises the professional contribution of the secretariat, the quality of committee work, the Council's commitment to external review, and the way in which the system has been shaped to fit the Ontario higher education context.

At the same time, the Panel identifies a number of areas where further development would strengthen OUCQA's alignment with the ISG. These areas mainly relate to clearer public communication, stronger formalisation of procedures, more explicit standards and decision criteria, wider stakeholder engagement, and a more systematic internal quality assurance framework. The Panel considers these areas important for OUCQA's next stage of development, particularly as the Council continues to balance institutional autonomy, public assurance, and sector-wide enhancement.

Based on the findings presented in this report and in light of the documentary and oral evidence considered by the Review Panel, the Ontario Universities Council on Quality Assurance (OUCQA) is determined to be **Substantially Compliant with the International Standards and Guidelines (ISG)**. The Panel recommends that OUCQA be recognised by INQAAHE as a quality assurance agency that meets ISG standards.

The Review Panel found the Ontario Universities Council on Quality Assurance to be:

- Fully Compliant with ISG: 2, 3, 4, 5, 11, 14, 17, 18
- Substantially Compliant with ISG: 1, 6, 7, 9, 10, 12, 13, 15, 16
- Partially Compliant with ISG: 8
- Not Compliant with ISG: None

Commendations

- (ISG 5) - The Review Panel commends OUCQA for the strength and continuity of its Secretariat. The Secretariat demonstrates strong sector knowledge, a sound understanding of the diversity of Ontario's universities, and consistent application of the

Quality Assurance Framework. This continuity contributes significantly to the stability, consistency and effectiveness of the Council's quality assurance activities.

- (ISG 14) - The Review Panel commends OUCQA for its clear commitment to external quality assurance. Although external review is not mandatory, OUCQA has chosen to undertake periodic external reviews and to use their outcomes to improve the QAF and the work of the Quality Council.

Recommendations

- (ISG 1) - The Review Panel recommends that OUCQA further clarify and publicly communicate its legal and corporate relationship with the Council of Ontario Universities. This should explain that COU provides the legal and administrative platform for contractual, financial, human resources, and corporate purposes, while the Quality Council retains independent authority for quality assurance decisions.
- (ISG 6) - The Review Panel recommends that OUCQA develop and implement a concise strategic planning framework, approved by the Council and reviewed regularly. The framework should link priorities to the Council's mission and include measurable indicators, timelines, responsibilities, resources, and annual reporting.
- (ISG 6)- The Review Panel recommends that OUCQA develop and maintain a simple, proportionate risk-management approach, for example, a risk register that identifies the principal risks to the delivery of its mission, assesses their likelihood and impact, assigns responsibility for mitigation, and is reviewed regularly by the Quality Council. This could be integrated with the strategic planning framework and annual reporting cycle.
- (ISG 7) - The Review Panel recommends that OUCQA provide a clearer and more comprehensive public description of its external quality assurance activities. This description should set out the main stages of each process, including preliminary engagement, self-evaluation, the evaluation method, any review visit, the preparation of findings, reporting, follow-up arrangements and expected timelines. This would help institutions and external stakeholders understand more clearly how each quality assurance process operates from beginning to end.
- (ISG 7) - The Review Panel recommends that OUCQA formalise and document appeal procedures for all of its external quality assurance activities, including the audit process. These procedures should explain when an appeal may be submitted, the steps to be followed, the expected timelines, the possible outcomes, and the body responsible for considering the appeal. The appeal should, as far as possible, be considered by a body that is separate from the one that made the original decision.
- (ISG 8) - The Review Panel recommends that OUCQA develop and publish clear standards for all of its external quality assurance activities. These standards should identify the minimum requirements and expected evidence for each process and explain the basis on which judgements or decisions are made.
- (ISG 9) - The Review Panel recommends that OUCQA continue its dialogue with the Ministry to clarify the relationship between Quality Council approval and any additional

Ministry review of new programmes. Where employability considerations are part of the Ministry's review, OUCQA may wish to explore whether these can be addressed appropriately within the Quality Council's existing quality assurance procedures, where relevant to the nature and purpose of the programme. This could help reduce duplication, shorten approval timelines and lessen the burden on institutions.

- (ISG 9) - The Review Panel recommends that OUCQA consider employer perspectives more systematically when developing and revising the Quality Assurance Framework, where this is relevant to the nature and purpose of its quality assurance activities. This would help ensure that the Framework continues to reflect relevant external expectations, including employability considerations where appropriate.
- (ISG 10) - The Review Panel recommends that OUCQA further formalise and document its evaluation and decision-making procedures across its external quality assurance activities. This should include clearer criteria for decisions, the bodies responsible for making them, the possible decision outcomes, and any related follow-up actions or sanctions, including under the Audit Protocol.
- (ISG 10) - The Review Panel recommends that OUCQA review its appeal arrangements so that, as far as possible, appeals are considered by a body that is separate from the one that made the original decision. OUCQA should also define an appeal procedure for the Audit Protocol.
- (ISG 12) - The Review Panel recommends that Quality Council consider publishing clearer summary outcomes for its main quality assurance procedures, including IQAP approvals, new programme approvals, expedited approvals and cyclical audits. These summaries should include, where relevant, the date of the decision, the outcome or status, any conditions or follow-up requirements, and the expected timing of the next review or audit cycle.
- (ISG 13) - The Review Panel recommends that the Quality Council supported by the Secretariat, bring together its existing internal quality assurance practices into one clear IQA framework. This framework should demonstrate how the different elements already in place work together as one system. It should also clarify who is responsible for each part of the IQA process, what information is used, how feedback is collected, how risks and improvement actions are followed up, how actions are closed, and how the Quality Council checks whether the changes made have been effective.
- (ISG 15) - The Review Panel recommends that OUCQA develop and publish a formal complaints procedure. This procedure should explain how complaints may be submitted, who is responsible for considering them, how they are reviewed, expected timelines, confidentiality arrangements, possible outcomes, and how complaints are recorded.
- (ISG 16) - The Review Panel recommends that OUCQA develop a more systematic approach to engaging a wider range of stakeholders, including students, employers, professional bodies, graduates and public representatives. This should include clear opportunities for these groups to contribute to QAF reviews and consultation activities and, where appropriate, to participate in the governance body. The Panel also

recommends that OUCQA documents how stakeholder input is considered and how it informs changes to the QAF and related quality assurance activities.

Suggestions

- (ISG 3) – The Review Panel suggests that OUCQA consider formalising its existing conflict-of-interest practices in a documented procedure or wider code of conduct. This could set out how conflicts are identified, declared, managed and recorded, and help ensure consistent application across Council members, committee members and Secretariat staff.
- (ISG 3) – The Review Panel suggests that OUCQA consider including student and employer representation within its membership or advisory arrangements, building on the existing public-interest and out-of-province expert members, to strengthen stakeholder involvement and public accountability.
- (ISG 7) – The Review Panel suggests considering the long period between two consecutive audit procedures, analysing the possibility of establishing no-stake follow-up procedures in between, as an opportunity to support the institutions in their enhancement efforts.
- (ISG 7) – The Review Panel suggests that OUCQA provide clearer guidance on the threshold at which a major modification becomes a new programme to reduce uncertainty for institutions.
- (ISG 9) – The Review Panel suggests that OUCQA continue reflecting on how its external quality assurance procedures can be further streamlined and simplified while maintaining appropriate public assurance and strengthening the enhancement dimension of its work.
- (ISG 11) – The Review Panel suggests that OUCQA consider broadening the range of expertise involved in its external review activities by including, where appropriate, students, employer representatives and international experts. This would help bring a wider range of perspectives into the review process and further strengthen the diversity of expertise available to the Council and its committees.
- (ISG 11) – The Review Panel suggests that OUCQA continue to ensure balanced representation across COU members and associated members, taking account of institutional size, type, language, geography and disciplinary diversity.
- (ISG 13) – The Review Panel suggests that OUCQA develop a simple and systematic way to collect feedback from appraisal and audit reviewers, committee members, and, where appropriate, institutions after each external quality assurance process. This feedback should focus on the review experience, the clarity of procedures, the consistency of practice, and any areas for improvement. Such feedback would help the Council reflect on the operation of its external quality assurance activities and support their continued effectiveness and consistency. This would also complement the feedback already gathered through meetings, discussions and retreats.
- (ISG 18) – The Review Panel suggests that OUCQA makes its thematic analysis more visible, for example, in the Annual Report, by showing the main recurring issues, the

follow-up actions, and how these findings are used for guidance, sector learning and future quality assurance priorities.

Annexes

Annex 1: Composition of the Review Panel

Role	Name	Position	Institution	World region
Chair	Dr. Tariq Al Sindi	Secretary General	Arab Network for Quality Assurance in Higher Education	Middle East
Expert	Dr. Cristina Daniela Ghițulică	President	European Association for Quality Assurance in Higher Education	Europe
Expert	Dr. Florence Terranova	Vice-Chair and Independent Evaluator	European Education and Culture Executive Agency	Europe

Annex 2: Review Visit Agenda

INQAAHE ISG Review Agenda

Ontario Universities Council on Quality Assurance (the Quality
Council) May 25 – 27, 2026

Location: 180 Dundas St W Toronto, Suite 1800 Meeting room 1

Expert panel:

- Dr. Tariq al Sindi, Bahrain, Secretary General, Arab Network for Quality Assurance in Higher Education and Chair of the ISG Review Panel
- Dr. Cristina Daniela Ghițulică, Romania, President, European Association for Quality Assurance in Higher Education
- Dr. Florence Terranova, Vice-Chair/Quality control and independent evaluator, European Education and Culture Executive Agency

Sunday, 24 May 2026

TIME (local)	ACTIVITY	INTERVIEWEE
16:30	INQAAHE CEO	Dr. Mary Catharine Lennon meeting at the lobby
17:30	Pre-review dinner	• Alan Harrison, Chair • Chris Evans, Executive Director QA Secretariat • Cindy Robinson, Director Operations, QA Secretariat • Sioban Nelson, QAF Review Team • Bonnie Patterson, QAF Review Team

Day 1: Monday, 25 May 2026

TIME (local)	ACTIVITY	INTERVIEWEE
07:50	Arrival	
08:00	Welcoming comments	Chris Evans, Executive Director QA Secretariat (in-person)
08:00-09:00	Preparatory Meeting	
09:00-10:00	Session 1: Agency's Leadership team (Agency Business Process)	QA Secretariat Leadership - Chris Evans, Executive Director, QA Secretariat (in-person) - Cindy Robinson, Director Operations, QA Secretariat (in-person)
10:00-10:15	Coffee break	
10:15-11:15	Session 2: Agency's Governance (Governance C Quality Assurance Processes)	Quality Council members - Alan Harrison, Chair (in-person) - Moirra McPherson, Incoming Chair (virtual) - Serge Demers, Member / OCAV Representative (virtual) - Shirley Hoy, Past Citizen Member (virtual)* - Matthieu LeBlanc, Member / Out-of- Province Quality Assurance Expert (in- person) - Andy McWilliams, Member / University Representative (in-person) - Brittany Paat, Member / University Representative (virtual) - Nicholas Rule, Member / OCAV Representative (in-person) - Pam Bryden, Chair, Appraisal Committee, Ex-officio member (in-person) - Doug McDougall, Chair, Audit Committee, Ex-officio member (in-person) - Chris Evans, Executive Director QA Secretariat, Ex-officio (in-person)
11:15-11:30	Transition/break	
11:30-12:30	Session 3: Key Stakeholder Bodies	Ministry of Colleges, Universities, Research Excellence and Security (MCURES) - Deputy Minister David Wai (in-person) - Assistant Deputy Minister Zoë Kroeker (in-person) - Assistant Deputy Minister Joshua Paul (in- person) Council of Ontario Universities - Steve Orsini, President (in-person)

12:30-13:30	Lunch	
13:30-14:30	Session 4: Rectors or senior management representatives from HE institutions with accreditation experience (Assessing Accreditation Services)	OCAV Executive • Gillian Balfour, Provost and Vice-President Academic, Lakehead University • Lori Livingston, Provost and Vice-President, Academic, Ontario Tech University (virtual) • Arja Vainio-Mattila, Provost and Vice-President, Academic, Brock University
14:30-14:45	Transition/break	
14:45-15:45	Session 5: Assessor Committees	Appraisal Committee members • Pam Bryden, Chair (in-person) • Maureen Connolly (virtual) • Brian Frank (in-person) • Mark Schmuckler, Vice-Chair (in-person)
15:45-16:45	Session 6: Agency's Governance Leadership (Governance C Quality Assurance Processes)	• Alan Harrison, Chair, Quality Council (in-person) • Paul Gooch, Past Chair, Quality Council (in-person) • Moira McPherson, Incoming Chair, Quality Council (virtual)
16:45-17:15	Panel Internal Meeting	

Day 2: Tuesday, 26 May 2026

TIME (local)	ACTIVITY	INTERVIEWEE
08:00	Arrival	
08:30-09:30	Preparatory Meeting	
09:30-10:00	Session 7a: Staff related to EQA System and Administrative Staff (Managing Administrative Activities)	• Marina Piao, Chief Administrative Officer, Council of Ontario Universities (virtual) • Chris Evans, Executive Director, QA Secretariat (in-person) • Cindy Robinson, Director Operations, QA Secretariat (in-person)
10:00 – 10:30	Session 7b: Staff related to EQA System and Administrative Staff (Managing Administrative Activities)	• Shevanthi Dissanayake, Co-ordinator, Quality Assurance, QA Secretariat (in-person) • Alex Kostin, Senior Quality Assurance Officer (Appraisals), QA Secretariat (in-person) • Brittany McFarlane, Senior Quality Assurance Officer (Audits), QA Secretariat (in-person)
10:30-10:45	Coffee break	
10:45-11:45	Session 8: Internal Quality Assurance (Quality Assurance Processes)	• Chris Evans, Executive Director QA Secretariat (in-person) • Cindy Robinson, Director Operations, QA Secretariat (in-person) • Shevanthi Dissanayake, Co-ordinator, Quality Assurance, QA Secretariat (in-person) • Alex Kostin, Senior Quality Assurance Officer (Appraisals), QA Secretariat (in-person) • Brittany McFarlane, Senior Quality Assurance Officer (Audits), QA Secretariat (in-person)
11:45-12:45	Lunch	
12:45-13:45	Session G: External Stakeholders (Accreditation Development and Innovation)	Key Contacts • Sally Heath, Associate Director, Academic Programme Development and Quality Assurance, Wilfrid Laurier University (virtual)

TIME (local)	ACTIVITY	INTERVIEWEE
		• Sean Kheraj, Vice-Provost, Academic, Toronto Metropolitan University (virtual) • Susan Lewis, Vice-Provost (Academic Programmes), Western University (virtual) • Kimberley McCartney, Manager, Centre for Institutional Quality Enhancement, Ontario Tech University (virtual) • Lindsey Melanson, Manager, Institutional Quality Assurance, Laurentian University (in-person) • Brian Power, Deputy Provost, Brock University (virtual) • Emily Rush, Director, Academic Programmes and Policy, York University (virtual)
13:45-14:00	Transition/break	
14:00-15:00	Session 10: External Relations (Strategic Network and Partnership)	Canadian Quality Assurance Agencies • Dorothy Rogers, Director, Quality Assurance/DQAB Secretariat, Ministry of Post-Secondary Education and Future Skills (virtual) • Catherine Stewart, Chief Executive Officer, Maritime Provinces Higher Education Commission (virtual) • Danielle Tessaro, Director, Quality Assurance C Indigenous Institutes Quality Assessment Board (in-person)
15:00-16:00	Session 11: Assessor Committees	Audit Committee members • Doug McDougall, Chair (virtual) • Brenda Brouwer (virtual) • Michel Laurier, Vice-Chair (virtual) • Catherine Nolan (virtual) • Alice Pitt (virtual) • Tina West (virtual) • Mary Wilson (virtual)
16:00-17:00	Session 12: Assessors	External Reviewers (virtual meeting) • John C. Ball, University of New Brunswick (QA reviews for 3 Ontario universities) • Mary Francoli, Carleton University (Cyclical Programme Review)

		• Laura Moss, University of British Columbia (Cyclical Programme Review) David Theodore, University of McGill (Cyclical Programme Review) • William (Bill) Whelan, University of Prince Edward Island (Cyclical Programme Review)
17:00-17:30	Panel Internal Meeting	

Day 3: Wednesday, 27 May 2026

TIME (local)	ACTIVITY	INTERVIEWEE
08:00	Arrival	
08:00-08:30	Preparatory Meeting	
08:30 – 09:00		Ontario Undergraduate Student Alliance Octave Andrade-Dixon, Executive Director (in-person)
09:00-09:30	Session 13: Review results decision-making (Reporting and Transparency)	Accreditation Panel (INQAAHE)
09:30-09:50	Call back session	- Chris Evans, Executive Director QA Secretariat (in-person) - Cindy Robinson, Director Operations, QA Secretariat (in-person)
09:50-11:00	Panel Internal Meeting	
11:00-11:30	Oral Exit Report	- Quality Council members (as available) - Alan Harrison, Chair (in-person) - Samantha Brennan, Member / Faculty Dean Representative (virtual) - Serge Demers, Member / OCAV Representative (virtual) - Andy McWilliams, Member / University Representative (in-person) - Brittany Paat, (virtual) - Nicholas Rule, Member / OCAV Representative (in-person) - Chris Evans, Executive Director QA Secretariat (in-person) - Cindy Robinson, Director Operations, QA Secretariat (in-person)
11:30-12:30	Lunch/Departure	

Annex 3: Supporting evidence

ISG Standard	Supporting evidence
ISG 1: Legal basis and recognition	• COU article on the establishment of the Quality Council (website) • Profile Report from the Ontario Ministry of Public and Business Service Delivery ('Legal Status') (Evidence 09) • Principles for revised COU governance with respect to the Quality Council (Evidence 10) • QAF Principles (website); MOU between QC and COU (Evidence 19) • Letter from Deputy Minister Newman re QAF, May 2010 (Evidence 12); Briefing Note to MTCU, July 2011 (Evidence 13) • Letter to Minister re QAF, April 2021 (Evidence 14); Letter from Minister Dunlop, July 2021 (Evidence 15) • Quality Assurance Framework 2021 (Evidence 03); Ontario Qualifications Framework (website) • Ministerial Statement on QA of Degree Education in Canada – CMEC (Evidence 16) • Report on the Review of the Quality Council, May 2018 (Evidence 25); Stakeholder submissions (Evidence 17) • Provincial QA systems – Universities Canada (website); Memorandum of Affiliation OUCQA and CIGQ, Nov 2016 (Evidence 19)
ISG 2: Mission	• Appendix 1: Ontario Universities Council on Quality Assurance (website) • What We Do in Quality Assurance – QC website
ISG 3: Governance	• Appendix 1: OUCQA – governance and membership (website)

	• Responsibilities of the Quality Council (website); Operating Principles (Evidence 20) • Members of the Quality Council (Evidence 21); Ontario Undergraduate Student Alliance (website) • Conflict of interest - Operating Principles (Evidence 20) • Independence of governing body - QAF Principle 6 (Evidence 03); Independence Principles of QC and COU 2024 (Evidence 10) • Appraisal and Audit Committee terms of reference (Evidence 43 and 44); Organisational/decision-authority chart (Evidence 63); 2026 Call for Nominations (Evidence 59)
ISG 4: Organisational structure	• Protocol for Expedited Approvals (website); Annual Reports webpage (website) • Report on the Review of the Quality Council, May 2018 (Evidence 25) • HEQCO submission to OUCQA; QAF Principle 1 (Evidence 03) • Decisional authority - QAF Principles (Evidence 03) • QA Secretariat Workflows (Evidence 60); ED and Director of Operations position descriptions (Evidence 61 and 62)
ISG 5: Resources and capacity	• Executive Director position description (Evidence 22 / 61); MOU with COU (Evidence 19) • Fee Structure (Evidence 23); Memo re 2025-26 QA Fees, June 2025 (Evidence 24) • 2025-26 Memo to COU's Budget and Audit Committee (Evidence 64); QA General Operations 3-year Forecast (Evidence 65)

ISG 6: Strategic planning	• Report on the Review of the Quality Council, May 2018 (Evidence 25); QC Retreat agendas (Evidence 26) • QC Annual Reports (Evidence 39); Detailed Consultation Plan for the QAF Review (Evidence 42) • 2025-26 QA Staff Performance Planning tools (Evidence 73 and 74); Budget/forecast (Evidence 64 and 65)
ISG 7: Quality assurance procedures	• Guide to the 2021 QAF (Evidence 07); Distinguishing Minor/Major Modifications and New Programmes (website) • Schedule of Reviews: Not to Exceed Eight Years (website); Adjusted Oversight (website) • Submission Checklist Template for New Programme and Expedited Approval (Evidence 27); QAF Section 2.6.3 (Evidence 03) • Meeting Dates and Deadlines (Evidence 28); Audit Schedule and Reports (Evidence 29); Templates (website) • FARs/IPs Submission Cover Page (Evidence 30); Request for Annual Report on Major Modifications (Evidence 31 / 77)
ISG 8: Quality assurance standards	• QAF 2.1 Initial Institutional Process (website); QAF 5.1.3.1 Evaluation Criteria (website) • Resources - QC website; QAF Definitions (website); Templates (website) • External Reviewers' Report templates (Evidence 37 and 38); Audit Report template and Guidance
ISG 9: Fitness for purpose and institutional autonomy	• Scope of Application - QAF Section 1.1 (Evidence 03, website) • Audit Process - QAF Section 6 (website); Adjusted Oversight (website)

	• Stakeholder Submissions (Evidence 17)
ISG 10: Evaluation and decision making	• Templates (website); Reviewer templates (Evidence 36, 37, 38) • New Programme Proposal Reviewer Template (Evidence 36); AC Letter Template (Evidence 78) • Submission Checklist redacted samples (Evidence 85, 86, 87)
ISG 11: Peer reviewers	• External Evaluation – New Programmes and CPRs (website); Guidance for External Reviewers (website) • Submission Checklist (Evidence 27); Example description of External Reviewers (Evidence 35) • Lead reviewer template (Evidence 36); Arm's Length Guidance (website) • Templates for External Reviewers' Reports – New Programmes and CPRs (Evidence 37 and 38); QAF 5.2.1 (Evidence 03)
ISG 12: Transparency of outcomes	• List of Approved Programmes (website); Web posting of Audit Reports (website) • QC Annual Reports (Evidence 39); Key Contact Annual Report (Evidence 40) • Briefing Note to MTCU, July 2011 (Evidence 13); Sample outcome letters (Evidence 89, 90, 91)
ISG 13: Internal quality assurance	• Expert Panel Report / Report on the Review of the QC, May 2018 (Evidence 25) • Review Steering Committee Report, June 2018 (Evidence 41) • Strategic objectives / staff performance tools (Evidence 73 and 74); Contact Us page (website)
ISG 14: External review of agencies	• Report on the Review of the QC, May 2018 (Evidence 25); Steering Committee Report (Evidence 41)

	• Detailed Consultation Plan for the QAF Review (Evidence 42); Terms of Reference 2025-26 Review (Evidence 48)
ISG 15: Integrity and transparency	• COU's Staff Policy Manual (Evidence 66); Operating Principles (Evidence 20) • Committee Terms of Reference (Evidence 43 and 44); QA Secretariat Workflows (Evidence 60) • Mission Statement / Appendix 1 (website)
ISG 16: Stakeholder engagement	• QA Support Structures Report (Evidence 45); FARs/IPs Pilot Project survey material (Evidence 46) • Notification of Revisions to Guidance on Thresholds of Change; Terms of Reference 2025-26 Review (Evidence 48) • Stakeholder Submissions (Evidence 17); Consultation Plan (Evidence 42); Transition Guidelines (Evidence 49), QA Audit process (Evidence 81) • QC Membership (Evidence 21); Amendments to the QAF (website); Key Contact Feedback Survey (Evidence 50); HEQCO and PEQAB review invitations (Evidence 51 and 52)
ISG 17: International engagement	• Memorandum of Affiliation between OUCQA and CHEA/CIQG (Evidence 19), • Stakeholder Submissions (Evidence 17), • Invitations to HEQCO and PEQAB for the 2025-26 review (Evidence 51 and Evidence 52) • Learning Outcomes Symposium (website); X-Country QA Check-in membership and agenda (Evidence 53)
ISG 18: Thematic analysis and guidance	• Redacted AC Trends Analysis (Evidence 54); QC Annual Report (Evidence 39)

	• Key Contact Annual Report (Evidence 40); Workflow and Guidance on Best Practices (Evidence 55) • Guide to the 2021 QAF (Evidence 07); Approaches to Continuous Improvement (Evidence 56); Tipsheets (website) https://oucqa.ca/resources-publications/resources/
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