

**A GUIDE FOR
TEAMS CONDUCTING
ORGANIZATIONAL EVALUATIONS
(Resident Alberta Institutions)**

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1. INTRODUCTION

The Campus Alberta Quality Council (CAQC) is responsible for assessing all degree program applications from all post-secondary institutions wishing to offer degree programs in Alberta and making recommendations to the Minister of Advanced Education and Technology with respect to program approval. It also is responsible for monitoring approved degree programs to ensure they continue to meet Council's conditions and standards of institutional and program quality.

All applications for new degree programs to be offered in Alberta are to the Minister of Advanced Education and Technology. The two stage approval process is outlined in Appendix A of this Guide.

System Coordination Review – The first stage of the program approval process is a system coordination review by the Ministry to determine the need and impact of such a program on the post-secondary system in Alberta. Once that review is completed and a recommendation made to the Minister, the Minister may then refer the proposal to CAQC.

CAQC Review – CAQC's full review includes two phases, an *organizational evaluation* to determine the institution's readiness to implement and sustain the degree program and a *program evaluation* to look at the quality of the proposed program. Any institution proposing to offer a precedent-setting degree program, or one at a level that is new to it (e.g., first graduate program) will normally go through both stages of review. Not all applications are subjected to a full review. In certain cases, the institution may apply for a partially expedited review and move directly to the program evaluation stage. Council's review process culminates in a recommendation to the Minister.

Peer evaluation is an essential component of Council's evaluation. To assist in the assessment of an institution's application for a degree program, CAQC appoints an external evaluation team to provide independent opinion with respect to the organizational evaluation. The team's review of the application documentation, and its on-site appraisal and report to CAQC, are expected to aid Council's understanding of the relative strengths and weaknesses of the institution's readiness to implement and sustain degree programs of the type and level for which the institution is applying.

When an organizational evaluation is necessary, Council requires the institution to conduct a self-study. The guidelines for self-studies are found in Council's *Handbook: Quality Assessment and Quality Assurance*. The self-study is a key document for organizational evaluation teams.

The purpose of *A Guide for Teams Conducting Organizational Evaluations* is to provide guidance to members of the organizational evaluation team in planning and conducting its activities.

2. THE EXTERNAL EVALUATION TEAM

Using the institution's self-study and insights gained from a site visit to the applicant institution, the external evaluation team provides a thoughtful assessment of the applicant institution's readiness and capacity to offer and sustain the proposed programs. Using Council's organizational assessment standards (Appendix B) and its *Framework for Organizational Evaluation* (Appendix C), the evaluators provide an independent opinion on:

- the extent to which the systems and processes of the institution are clearly established to achieve excellence in learning outcomes,

- the extent to which the institution has created sustainable processes within the organization,
- the extent to which its financial and operational resources are adequate to sustain the learning processes students will experience,
- the link between students' experiences and demonstrable needs, and
- for private institutions, an assessment of risk to help determine Council's financial security requirements should the program be approved.

This information will help Council decide on the disposition of the application.

Recruitment and appointment of the evaluation team

Council appoints the members of the evaluation team and designates one of them as the chair. Although the final decision regarding the composition of the evaluation team rests with Council, the institution, as well as Council members and the CAQC Secretariat, may suggest persons they would like to have included on the team provided there are no conflicts of interest. The complete list of nominees is sent to the institution and Council members for comment prior to recruitment. Council reserves the right to add other potential reviewers if recruitment to a particular date proves to be difficult. Once the team is recruited and its membership ratified by Council, the institution is informed. It is important that potential members of the evaluation team declare any conflict of interest at the time of their nomination (see Code of Conduct in Appendix D).

Once Council has ratified the membership, members will be notified and will be asked to sign a Letter of Agreement (LOA). This Guide serves as an addendum to that LOA.

Size and composition

Normally, the team will consist of three or four external (peer) experts, although the size and composition will vary depending on the applicant institution. The Director of the CAQC Secretariat, or designate, may act as an advisory member of the team.

Roles

Chair

The chair bears overall responsibility for finalizing the site visit; will speak for the team; will assess the expertise and experience of team members and decide their assignments; will consult with team members to ensure they are comfortable with the assignments; will assume responsibility for the preparation and production of the final report to Council; and will present the team's findings (normally by telephone) at one of Council's meetings. With respect to the site visit schedule, the CAQC Secretariat Advisor will work with the institution to prepare a first draft of the site visit schedule and then will act as the liaison with the institution to make changes as instructed by the chair and team members.

Members

Team members will be responsible for specific functions, as determined by the chair. Receiving a specific assignment does not preclude the need for each member to review the entire documentation.

CAQC Secretariat Advisor

To facilitate the team's work, the CAQC Secretariat Advisor will coordinate the review and serve as an advisory member of the team during the site visit, will work with the institution to prepare a draft schedule for the site visit for consideration by the chair of the team, and will be the liaison with the

institution with respect to logistics and information requests of the team prior to the site visit. During the site visit, this individual will liaise with the institutional contact should the team seek further information or clarification. This member will have access to all material relevant to the external evaluation and will take part in the team's orientation and discussions, but will not be involved in writing the report. After the site visit, the Advisor will receive the team's report and forward it to the institution for response.

Conduct

Evaluation team members must respect the confidential nature of the information submitted by the institution and restrict the use of this information to their work in relation to Council. All material must be shredded or returned to the CAQC Secretariat when the activity for which it was required is completed. As well, team members are reminded that any records in the custody or under the control of Council are subject to the *Freedom of Information and Protection of Privacy (FOIP) Act*. This includes the report of the external evaluation team to Council, as well as the institution's response to the report. During the recruitment process, Council relies on the personal and professional integrity of individuals to declare if there is any potential conflict of interest. At the orientation meeting with the CAQC Chair or designate, all team members will be asked to sign a copy of the Code of Conduct, which is found in Appendix D.

3. THE VISIT

Expectations of Council

Without intending to restrict the scope of the team's review, Council expects to have drawn to its attention what, in the opinion of the team, are the strengths and weaknesses of the institution's application with respect to its organization. As well, Council would like to be informed of any opportunities the team perceives for improving the organization, including suggestions for overcoming any perceived weaknesses or shortcomings.

Council is expecting a clear assessment of the institution's capacity to mount and sustain the quality of the proposed graduate program(s). In making that assessment, Council expects the team to use its 14 organizational assessment standards found in Appendix B and the following eight categories of the framework tool found in Appendix C of this Guide.

- financial planning and resources – Does the institution have sound financial management procedures, sound financial arrangements, appropriate planning and realistic financial goals?
- leadership – Will the leadership and involvement of senior executives within the institution create and sustain the development of a student-focused, quality and outcome-oriented organization?
- information and analysis – How effectively are data and information used for decision making in the institution?
- strategic planning – Are the business plan(s) of the institution viable, both strategically and financially?
- human resource development and management – Are there processes/procedures in place to ensure that those associated with the management of the learning process and those engaged in teaching at the institution have the skills and competencies required and do they have the opportunity to develop while employed at the institution?

- management of process – Are there effective processes designed to ensure that the institution will pursue ever higher quality in its programs and services and ever better performance on key performance indicators?
- outcomes – The team is expected to provide an assessment based on historical outcomes of current programs and/or the institution's plans with respect to performance indicators it will use to assess its outcomes.
- student focus and student satisfaction – The team is expected to assess the nature of the institution's focus on students, the commitments it makes to them, and how well it delivers on these commitments.

For each category, the evaluation team is expected to look for the approach taken by the institution, the way in which the approach is deployed within the institution and the results of such deployment.

Overall, Council expects constructive criticism where that is warranted, and a fair presentation of the positive side of the institution's proposal. It is important to stress that the team's report is to be made to Council and not to the institution.

Date and length of the external evaluation team visit

The external evaluation team visit to the institution normally will take place when classes are in progress, at a time convenient to the institution and the team, and normally will take one and one half or two days. If not already determined at the time of appointment of the team, the date(s) for the visit will be determined by the Secretariat in consultation with the team chair and members and the institution vice-president academic or designate. A meeting of the team including an orientation meeting with Council's Chair will precede the time on campus. The meeting normally takes place at the hotel the evening before the start of the site visit.

Preparation for the visit

Normally, team members will receive a set of materials from the CAQC Secretariat, including the following:

- the institution's *Self-Study*, including important ancillary documents (such as the *Faculty/Staff Handbook*),
- the institution's current calendar or a link to it on their website,
- applicable correspondence between the Council and the institution, and
- information about Campus Alberta and its six-sector model.

Team members are encouraged to study the material and familiarize themselves with Council's assessment standards and *Framework for Organizational Evaluation* in advance of the orientation meeting. Some teams agree to make contact with each other via e-mail or telephone prior to the first face-to-face meeting. When reviewing these documents, team members are encouraged to ask themselves questions such as those listed below.

- Is there anything that requires further clarification?
- What additional information is desirable?
- What are the key questions that need to be addressed during the visit and in which interview session?
- Who are the principal people to be interviewed?
- How can the team best be deployed in conducting the evaluation?

The Secretariat Advisor should be informed of the need for any additional or clarifying information well in advance of the team's initial meeting.

By being prepared, team members will be better able to take systematic notes during the visit, develop insights based on their site visit observations, and participate with focus in the team deliberations. A scorebook is provided as a tool to assist reviewers.

Establishing the site visit schedule

As noted earlier, prior to the visit, the CAQC Secretariat Advisor will work with the institution's vice-president academic or designate to establish a first draft of the site visit schedule for review by the chair and team members. They may identify other groups or specific individuals with whom they wish to meet. Specific areas for discussion or the assessment standards to be addressed will be identified for each interview session. These are intended only as a guide as often the responses to questions lead to other topics or issues.

During the visit, the team will wish to interview faculty, administrators, students and alumni. Depending on the type of review, they may also wish to meet with support/collaborating staff and examine facilities (library, computer labs, etc.) and other resources, and analyze relevant institutional policies and practices. The team's expectations need to be made clear prior to the site visit. Typically the team will operate as a single group, but, at the discretion of the team, they may split into subgroups to hold concurrent sessions with more interviewees within the time on campus.

The institution may be responsible for the selection of students, alumni and faculty to be interviewed in line with parameters established by the team. In other cases, the team may ask that some or all of the faculty or students self-select or be selected by their representative organizations. Some teams may wish to have open sessions designated on the schedule when faculty or other interested people can make an appointment (or drop-in) for brief interviews (e.g., 10 minutes) with the team. Such open sessions allow for specific input to be provided by individuals outside the groups and categories identified by the institution and team. If a team wishes to have an open session, the opportunity should be advertised by the institution in advance of the visit and a schedule established. Normally, the team asks that administration not attend interview sessions with students/alumni and faculty.

If a tour of the facility is arranged and there are time restrictions, the team may wish to suggest that the tour be limited by naming specific areas they wish to see.

Conduct of the visit

(a) Team orientation and meeting with CAQC Chair

Prior to the on-campus visit, the CAQC chair, or designate, and Secretariat Advisor, will meet with the team to provide an orientation to the work of the CAQC, to the organizational evaluation process, and to the *Framework for Organizational Evaluation*. As well, the CAQC Chair will alert members to any matters of particular concern to Council and answer questions the team might have. Any uncertainties the team members have about Council's policies, procedures or standards should be discussed and, if possible, removed. The CAQC Chair will indicate when the team's report to CAQC is due, which is typically within three weeks of the site visit. This meeting normally takes place the evening before the on-campus visit.

(b) *Initial meeting of the team*

Following the orientation meeting the team will continue meeting. This meeting is critical as it provides team members with an opportunity to share preliminary impressions, review the team's schedule, identify issues to be raised during each interview session, review individual assignments and discuss the format and preparation of their report. All members should come to the meeting fully prepared for the visit by having a list of questions emanating from the documentation and a list of the organization's strengths and weaknesses. (The *Scorebook* in Council's "red binder" can be a useful preparation tool.) Members can then determine the most appropriate questions to ask in each interview session.

(c) *Site visit interviews*

As noted earlier, the team will likely wish to interview faculty, administrators, support/collaborating staff, and students and alumni; examine facilities and resources; and analyze relevant institutional policies and practices. The team's chair might begin each interview session by framing the objectives of the interview and posing an open-ended question. This could then be followed by more specific, probing questions and final statements confirming impressions. The questions should evoke analysis and dialogue. Team members should avoid preceding a question with a wordy preamble, stringing a number of questions together, making too many references to how things are done at the member's home campus, or presenting a monologue.

The team should create an atmosphere of genuine dialogue by acting as colleagues and peers rather than as inspectors or interrogators.

Members are encouraged to take careful notes of each interview session as they will be invaluable when writing the report.

(d) *Team conferences*

Throughout the day, time should be scheduled when the team can meet *in camera* to share findings and identify questions that may require a deeper investigation. These sessions also provide time for the team to remind itself of the focus of subsequent interviews.

Normally, the team will informally debrief over dinner on the first evening of the site visit.

At or near the end of the visit, the team should have a "wrap-up" conference *in camera* to reach consensus about the probable substance of the external evaluation report in preparation for the exit meeting.

(e) *Exit meeting with senior officials*

Before leaving the campus, the team will meet with senior officials (often the president and VPA, or their designates) to provide an opportunity for response to outstanding questions that may have arisen during the visit. As well, the exit meeting provides an opportunity for the team to advise the institution of the principal elements of the report without referring to the team's actual recommendation. It is highly desirable that the report not contain any major surprises of which the institution was not informed by the team before it leaves campus.

At the end of the meeting, the Secretariat Advisor will outline Council's expectations with respect to the next steps in the review process.

(f) *Final team conference*

After the exit meeting, the team should meet one last time before leaving the institution. This meeting will provide an opportunity for the team to begin preparing the report by

- considering any additional information pertinent to its task,
- making decisions on the form and substance of the report,
- reaching consensus concerning the significant strengths and weaknesses which will be communicated to Council, and
- confirming individual responsibilities and timelines for discharging them.

Normally the team will have access to a computer and projector to begin drafting portions of the report before the team leaves the campus. The Secretariat will provide an electronic outline of the report which is designed to clearly show that the report is addressing Council's standards and criteria.

(g) *Contact with the institution*

It is inappropriate for the chair or any member of the evaluation team to visit the campus prior to the site visit unless the institution and Secretariat have first been advised.

During or after the organizational evaluation process, team members should not independently give any member of the institution feedback or advice regarding the evaluation. If an individual or individuals from the institution attempt(s) to contact a team member for advice or feedback regarding the evaluation, they should be referred to Council's Chair or Secretariat. As well, team members should not make contact with individuals at the institution to discuss the outcome of the evaluation. The CAQC Secretariat will handle any such discussions.

4. REPORT OF THE EVALUATION TEAM

Nature of the report

As previously noted, the team's report is to Council, not the institution. The team will determine the format of its report, although it is recommended that the report follow the template provided by the Secretariat, while taking into consideration the expectations of Council noted earlier. Typically the report provides a brief summary of the institution, the material reviewed, and when the site visit took place. This could be followed by a section providing an assessment of the institution based on each of Council's 14 organizational standards (Appendix B) followed by a section outlining the team's assessment using the eight categories found in the *Framework for Organizational Evaluations* (Appendix C). Within each section, affirmations, commendations and areas for improvement might be presented. The site visit schedule should always be attached as an addendum to the report: it can be affixed by the Secretariat once the report is submitted electronically.

The title page will contain the following statement:

Reports of CAQC's evaluation teams are prepared exclusively for the purpose of evaluating the quality of proposed post secondary degree programs in Alberta and with consent of the respective institutions. All evaluation reports are based upon CAQC's policies, procedures and standards which are available to all participants of the review process. Reports of Council's evaluation teams are only one form of information considered during the program

approval process in Alberta, and Council may not accept or endorse all recommendations or comments contained in these reports.

Recommendation –The report must contain a specific and clear recommendation with respect to the applicant institution’s readiness to implement and sustain the level and type of degree program(s) being proposed in order to help Council determine if the application can be moved to the program evaluation phase. The recommendation must be supported by substantive comments and documentation of the team’s findings. If there are any caveats or conditions on the recommendation, they should be clearly stated as such along with their rationale.

Examples:

- *Positive recommendation* – The Organizational Evaluation Team has concluded through its investigation that the institution has sufficient organizational procedures, planning and structures in place to implement and sustain degree programs. Therefore, we recommend that Council move the application to the program evaluation phase of CAQC’s review process.
- *Positive recommendation with conditions* – The Organizational Evaluation Team has concluded through its investigation that the institution has sufficient organizational procedures, planning and structures in place to meet most of Council’s organizational assessment standards for degree programming. Therefore, we recommend that Council move the application to the program evaluation phase of CAQC’s review process. However, we recommend that the institution address the following areas of concern while the program evaluation is taking place and report on them to CAQC by the time that CAQC is considering the results of the program evaluation:
 - Clear articulation of a statement on academic freedom that includes procedures to ensure that the principles of natural justice are followed in the event of an alleged violation of the policy.
- *Negative recommendation* – The Organizational Evaluation Team has concluded through its investigation that the institution does not have sufficient organizational procedures, planning and structures in place to implement and sustain degree programs and therefore recommends that the application not be moved to the program evaluation stage. We have concluded that the institution does not meet Council’s organizational assessment standards for degree programming in the following areas:
 - The institution does not have appropriate strategic policies and processes in place to enable it to prepare appropriately for offering undergraduate degree programs.
 - The institution has not provided sufficient evidence of its commitments with respect to support and facilitation of academic staff in scholarly activities.

Affirmations – A subset of the recommendation might be affirmations. These are areas the team believes require improvement which have already been identified by the institution as needing attention or which the institution is already committed to doing. Some affirmations may be conditions to the recommendation.

Examples:

- The team affirms the institution’s commitment to undertake retention studies and develop benchmark data against comparable post-secondary institutions.
- The team affirms the institution’s commitment to finalizing its draft plans to provide enhanced support to faculty for research and scholarly activities.

Commendations – Council is also very interested to learn the strengths of the institution’s case. Reports will typically highlight these commendations along with other favourable comments throughout the text.

Suggestions for improvement – Where reviewers have identified areas that need improvement, they should clearly be stated as suggestions rather than requirements/conditions. Where possible or appropriate, reviewers are encouraged to offer possible approaches to addressing the areas of improvement rather than requiring specific actions that must be followed.

Before electronically submitting the report to the Secretariat, it should be checked to ensure that:

- It speaks directly to Council’s organizational assessment standards.
- It has a clear recommendation along with the rationale (stated in terms of Council’s organizational assessment standards) and evidence that the findings support the recommendation.
- It has provided sufficient attention to the positive aspects of the application (commendations) as well as any areas of concern.
- It carefully distinguishes between the team’s suggestions for improvement and any conditions on which a positive recommendation is based.
- It does not raise any issues that were not addressed during the site visit. However, if a new issue is presented in the report, the issue should be clearly identified as not having been discussed during the site visit.

Preparation of the report

The members of the team will determine their relative roles and responsibilities in preparing the report. Typically, the chair writes the introductory and concluding sections of the report and edits the contributions of other members. The Secretariat Advisor will not be involved in the writing of the report but does participate in the site visit and should be listed as a member of the team, but should not be cited as one of the authors of the report. As well, when listing names of team members in the report, any institutional affiliation of members should not be included.

The chair will send a draft of the report to each team member for comment prior to its submission to Council, normally within three weeks. The team chair is required to send an electronic version of the report to the Secretariat when it is finalized at which time the Secretariat will append the final site visit schedule.

Distribution of the report

Upon receipt of the report, the CAQC Secretariat will forward a copy to the applicant institution with a request that comments on the report be made in writing to Council, normally within two weeks. A copy of the institution’s response will be forwarded to the evaluation team when it is received.

Consideration of the report and response to it

The chair of the external evaluation team will be asked to speak to the report at a meeting of Council (normally via telephone). Similarly, representative(s) of the institution may be asked to be on standby should Council need them to answer questions following the meeting with the chair.

Subsequently, if the organizational evaluation results are satisfactory to Council, the institution will be advised and the degree program proposal(s) will be the subject of a program evaluation. If the institution does not satisfy Council’s requirements, the institution and Minister will be advised. Members of the external evaluation team will be informed of Council’s recommendation(s).

5. ARRANGEMENTS

Communication

As soon as the team has been recruited and the team's membership ratified by Council, the members will receive communication from the CAQC Secretariat Director informing them of the preliminary arrangements, and the names of the other members of the team and Secretariat Advisor. This e-mail also asks for important information (home address, name of consulting company if preferred, etc.) that is needed for the Letter of Agreement, which outlines the expectations of Council and the Ministry. Throughout the planning of the site visit, the Secretariat Advisor will be in contact with team members regarding travel and accommodation and scheduling of the site visit. Team members can also expect to hear from the team chair regarding any preferences and suggestions that the chair may have concerning the work of the team.

Materials provided to members of the external evaluation team

Each member of the team will be provided with the materials noted earlier in this document. Of particular importance for organizational evaluations is the institutional self-study. The self-study serves three purposes:

- (a) For an institution, it provides a very useful analysis of its objectives, resources, students and achievements and of the relationships between and among them that is valuable for the institution's strategic planning and improvement.
- (b) For the Council and its evaluators, it provides the detailed information by which they are able to enhance their understanding of the institution's organizational processes and outcomes.
- (c) It reveals the strengths, weaknesses and potential of an institution with respect to the achievement of its purposes and objectives. Thus, the self-study indicates to both Council and the institution the areas that require change or improvement in relation to its degree granting operations, and promotes open communication.

Institutions are expected to address each of the following 11 categories in the self-study and measure them against Council's organizational standards. The team will then then examine the extent to which the systems and processes of the institution are clearly established to achieve excellence in learning outcomes:

- Category 1: Mission/Mandate Educational Objectives and Academic Freedom
- Category 2: Organization and Administration
- Category 3: Financial Structure
- Category 4: Curricula and Instruction
- Category 5: Academic Staff
- Category 6: Strategic Planning
- Category 7: Information Services
- Category 8: Academic Policies and Records
- Category 9: Student Services
- Category 10: Physical Plant and Facilities
- Category 11: Institutional Publications

The nature of the self-study is to be comparative, reflective, and outcome oriented. Where possible it should include feedback from students, alumni, transfer institutions, employers, and graduate programs. The self-study should be attentive to the institution's current place in the broader Alberta

educational context and should address any concerns identified in previous reviews, where applicable.

The site visit

As noted earlier, before the evaluation visit occurs, a detailed schedule for the visit will be arranged by the Secretariat in consultation with the team and institution. The schedule will include plans for team members to interview students/alumni, faculty, administrators and governance board members, as well as to observe facilities, examine records (excluding individual records of students) and assess resources. It is important that the expectations for each activity are identified for the institution prior to the visit.

For the meeting with the CAQC Chair prior to the campus visit, the Secretariat normally will reserve a meeting room in the hotel.

The institution will have arranged a suitable meeting room at the institution for the exclusive use of the external evaluation team where they can review materials, meet in camera and interview institutional representatives. If additional information is being provided via the internet, computers should be also available, along with the telephone number of a technology support person. The room is to be locked when team members are elsewhere. Members should inform the Secretariat Advisor if they plan to use their laptop during the interviews so that the institution can arrange for extension cords and, if needed, access to the Internet.

Parking arrangements and campus maps will be provided, as will meals and snacks. If any team member has dietary restrictions, he/she should let the Secretariat Advisor know so the information can be provided in advance to the institution.

Accommodations and expenses

Each team member is responsible for making his/her own travel arrangements in time for the orientation meeting. Unless there is compelling reason to do otherwise, the Secretariat will arrange for all out-of-town members to stay in the same hotel. If guest rooms are to be provided on campus, the institution will make reservations for the team and inform the Secretariat. Each team member should ensure the Secretariat is aware of travel arrangements, including arrival and departure times, and all members are expected to attend the orientation meeting with the CAQC Chair.

Team members' honoraria and reasonable travel expenses (i.e., economy air fare), including transportation, meals and lodging, will be paid by CAQC. (Costs of the review are then billed to the applicant institution.) The Secretariat Advisor will inform the team if the institution has arranged with the hotel to direct bill it for members' accommodation costs. When the report has been received by CAQC, members will need to send an invoice to the Secretariat Director. The invoice should:

- state the contract number and address of the contractor,
- include a separate item for the honoraria being claimed as per contract,
- include a separate item for the total expenses being claimed as per contract (as all GST/HST must be removed, the honoraria has been adjusted to provide compensation), and
- include any relevant receipts for allowable expenses (i.e., accommodation, transportation and meals).
 - It is important that you keep your taxi receipts, boarding passes, restaurant bills, etc., in order to make the claim.

- Please note that there cannot be any reimbursement for alcoholic beverages. Consequently, the government requires that, in the case of meals, receipts that itemize the food items purchased be submitted rather than the credit card statement.

In the case of the team chair, an interim invoice may be submitted when the report is forwarded to CAQC. The chair's final invoice can then be submitted after speaking to the report at a CAQC meeting.

Hospitality

Although not encouraged or expected, institutions may wish to make arrangements for hospitality. If such is the case, it should only happen after consultation with the team chair and the CAQC Secretariat.

Feedback

After the report and the institution's response to it have been considered by Council and the outcome determined, the Secretariat will ask each evaluator to respond to a questionnaire designed to assist Council in improving the evaluation process and, specifically, to identify any 'best practices' that can be used as an 'exemplar' to be shared with other applicants. The institution is also asked to complete a similar questionnaire.

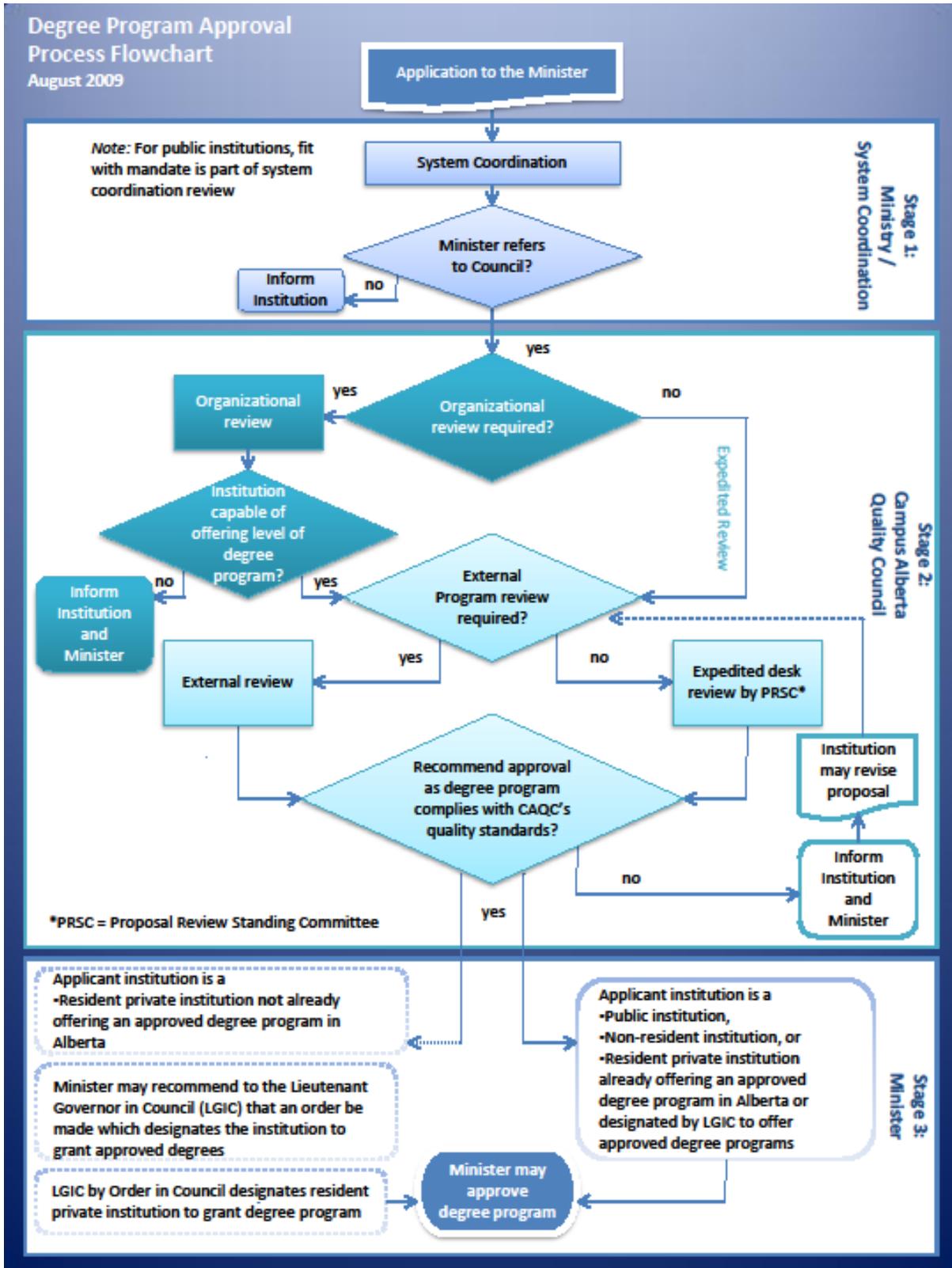
Additional information

Requests for additional information and/or questions of clarification may be directed at any time to the Director of the CAQC Secretariat:

Marilyn Patton, Director, Campus Alberta Quality Council Secretariat
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E-mail: marilyn.patton@gov.ab.ca
Web: www.caqc.gov.ab.ca

APPENDIX A

Approval Process for New Degree Programs



Expedited Review Process Description

Types of Reviews

Reviews by Council may proceed in one of three ways:

- a. Full Review – for applicants proposing to offer a first degree or a first degree at a new level. Council will conduct both an organizational review and a program review using external evaluators for both organizational and program reviews.
- b. Partially Expedited Review – when Council determines that it can omit the organizational review but will conduct a program review using external evaluators. In certain cases, Council reserves the right to include elements of an organizational review within the program review.
- c. Fully Expedited Review – when Council determines that neither an organizational review nor program review using Council-appointed external evaluators is needed. The Proposal Review Standing Committee (PRSC) and the Secretariat will do a desk review.

Eligibility for an Expedited Review

An applicant institution may formally request a partially or fully expedited review and is expected to make its case based on Council's criteria for such a review. PRSC normally acts on Council's behalf to review requests for expedited reviews and to conduct desk reviews of proposals accorded fully expedited reviews.

If the case presented is not accepted, the application will be subject to a full review (or partially expedited review) where the Council will appoint external evaluators. Applicants considering seeking partially or fully expedited reviews are encouraged to consult the CAQC Secretariat prior to making the request.

A. Partially Expedited Review

A request for a partially expedited review will be considered if one of the following criteria is met:

1. a successful organizational review has been conducted recently, or
2. the applicant is an Alberta university.

B. Fully Expedited Review

A request for a fully expedited review will be considered on its own merits: an institution should not assume that Council's willingness to conduct a fully expedited review in the same discipline at one level (e.g., a concentration in a 3-year BA) entitles it to a fully expedited review at another (e.g., a major in a 4-year BA). An institution will not normally be eligible for a fully expedited review if the degree is considered precedent-setting either for that institution or for the system.

The following are the criteria to be met:

1. The proposal is for
 - a new major/specialization/concentration (e.g., History) in an already approved degree program (e.g., BA, BSc, etc.) that has been offered across a range of disciplines in the institution (i.e., the institution has a successful track record in implementing new programs), or
 - a new degree program that is building on an existing major/specialization currently offered under another program and is at the same level (e.g., Bachelor of

International Studies where a Bachelor of Arts with a major in International Relations exists).

2. An appropriate number of permanent, qualified faculty are in place in the department/discipline.
3. Degree nomenclature of the proposed program is widely recognized.
4. Program scale is well within the capacity and the resources of the institution to implement and sustain the program.
5. Evidence of risk assessment both with respect to risks to existing programs and to the program under review (i.e., unexpected enrolment, inability to procure staff) is presented and no financial concerns are apparent.
6. Internal vetting and assessment practices, including those for post-implementation review, are well established and clearly documented. The use of external assessment and consultation with stakeholders in the initial proposal strengthens the case for an expedited review. Normally, this external assessment and the institution's response to them must accompany the proposal and request. In engaging external experts, institutions should be guided by Council's guideline on *Independent Academic Experts*.

APPENDIX B

CAQC Quality Assessment Standards - Organizational

In making its recommendation to the Minister, the *Post-secondary Learning Act* requires the Campus Alberta Quality Council to consider the ability of institutions to deliver and sustain high quality degree programs. To meet this goal, all degree programs recommended by the council must offer an education of sufficient breadth and rigour to meet national and international standards of programs at recognized post-secondary institutions.

Organizational Assessment Standards

1. **Mandate and mission** – The organization has a clearly articulated and published mandate (public institutions) or mission (private institutions) and academic goals statement, approved by the governing board and appropriate for a degree-granting institution, and has academic policies and standards that support the organization's mission and educational objectives to ensure degree quality and relevance. The mission includes a commitment to the dissemination of knowledge through teaching and, where applicable, the creation of knowledge and service to the community or related professions.
2. **Governance and administrative capacity** – The organization has the legal characteristics and the leadership, through a governance structure and administrative capacity, necessary to organize and manage a reputable, effective and high quality degree-granting institution.
3. **Academic freedom and integrity** – The organization maintains an atmosphere in which academic freedom exists. Where adherence to a statement of faith and/or code of conduct might constitute a constraint upon academic freedom, the conditions of membership in that institution's community must be clear prior to admission or employment. Students and academic staff display a high degree of intellectual independence. Academic activity is supported by policies, procedures and practices that encourage academic honesty and integrity.
4. **Academic policies** – The organization has published admission, continuation and graduation policies consistent with the objectives of its programs and has the capacity to ensure that academic records of students are secure.
5. **Organizational policies, strategic planning and periodic review** – The organization has appropriate policies and processes in place to assess the effectiveness, continuous growth and improvement of its educational programs and services, including a strategic planning process (both for short and long range plans) that enables the organization to respond in a focused, effective and innovative way to the challenges of its environment and constituents. Policies and procedures are in place which address internal curriculum development and periodic program review to ensure the ongoing quality of its programs and learning outcomes. Such assessments normally include the advice of external experts.

6. **Financial planning and resources** – The organization has the financial management procedures, resources and appropriate planning to provide a stable learning environment and to ensure that students can complete the degree program.
7. **Ethical conduct** – The organization values and upholds integrity and ethical conduct as demonstrated by the relevant policies and practices by which it conducts its business. It has fair and ethical policies in place governing admissions and recruitment of students, and a systematic method for evaluating and awarding academic credit.
8. **Faculty and staff** – The organization has the human resources, including appropriately qualified faculty and instructional staff, necessary to achieve its mission and academic goals. The organization has policies and procedures with respect to appointment, evaluation, employment conditions including employment equity, promotion, termination and professional development for faculty and staff.
Revised to add “including employment equity”, March 2008
9. **Information services and systems** – The organization has the information services and learning resources to support the academic programs for students and faculty, as well as an established method of setting priorities with respect to their acquisition. The institution is committed to maintaining and supplementing them as needed. As well, the organization has the systems in place to gather and analyze data, which are used for planning and decision-making purposes. It establishes specific performance indicators and benchmarks by which programs and academic units are assessed.
10. **Student services and student protection** – The organization values and upholds integrity and ethical conduct in its relations with students through the availability of full, accurate and truthful material regarding its mission and goals; history; governance and academic structure; program and subject descriptions; faculty and administrator credentials; entrance requirements including credit transfer and prior learning assessment policies; clear and informative student enrollment agreements verifying student awareness of relevant policies; support services; payment requirements and refund policies; financial assistance; and transcript protection.
11. **Dispute resolution** – The organization has policies for dealing with disputes between the organization and its students, the organization and its faculty, and between faculty and students where complaints, grievances, and/or disputes of students, faculty, staff and administration are dealt with in accordance with the principles of natural justice.
12. **Scholarly and research support** – The organization has policies and procedures in place to support and facilitate engagement by academic staff in scholarship and, where appropriate, research or creative activity.
13. **Physical plant** – The organization has the facilities, including laboratories, classrooms, technology and specialized equipment, as well as the existence of plans and methods for managing health and safety issues, appropriate to support degree programming in the program(s) it offers or proposes to offer.
14. **Graduate program policies** – Organizations proposing graduate programs have policies, structures and mechanisms in place appropriate to graduate studies and research

APPENDIX C

Framework for Organizational Evaluation and Scorebook

Introduction

Institutions which wish to be evaluated for their ability to offer and then award degrees must complete a number of stages in the approval process established by the Campus Alberta Quality Council.

The purpose of the organizational evaluation is to examine the extent to which the systems and processes of the institution are clearly established to achieve excellence in learning. That is, the evaluation will establish the extent to which the institution has created sustainable processes within the organization, the extent to which its financial and operational resources are adequate to sustain the learning processes students will experience, and the link between students' experiences and demonstrable needs.

Before undergoing an organizational evaluation, an institution must give evidence of the following:

- (1) the name of the Chief Executive Officer or, especially in the case of organizations with other than educational missions, other officer with overall responsibility for the program being proposed;
- (2) audited financial processes;
- (3) provision for continuity of leadership (in relation to #1 above);
- (4) procedures for collection, maintenance and security of student personnel records;
- (5) a three-year business plan which includes:
 - clear plans for development, delivery and assessment of curriculum,
 - financial projections,
 - a marketing plan,
 - a staffing plan,
 - risk analysis;
- (6) adequate financial backing to launch and sustain the proposed program;
- (7) ability to post a bond or irrevocable letter of credit prior to admitting students (for private, for-profit institutions);
- (8) a clearly articulated mission/mandate statement that includes the offering of the proposed program; and
- (9) sufficient academic or educational expertise, or a credible plan to obtain it, to launch the proposed program.

The framework for the organizational evaluation has been freely adapted from the Malcolm Baldrige Award for Quality, established as a world standard in the United States for practices intended to produce excellence. Institutions may adopt any paradigm for institutional assessment they wish in meeting the requirement to demonstrate effectiveness in a number of categories. The Council will examine the report of the evaluators by category and determine whether or not standards have been met. The guidelines below are written in such a way as to both encourage and enable organizational innovation. The evaluation is based on the statement of vision, strategy and goals provided by the institution, not on a comparison of the institution with "traditional" and "established" modes of operating for organizations delivering degree level education.

The evaluators will be a varied group and may include (a) educators with significant experience in post-secondary educational management and financing; (b) organizational design and behaviour

consultants; and (c) individuals trained in assessment and evaluation. Each will have an orientation in the use of the instrument that follows. The Council will be free, however, to call for other assessments of specific features of an organization (e.g. its information technology platform for distance learning; its prior learning assessment processes) should it wish to do so. It will ask the evaluators to use Council's organizational assessment standards.

The evaluators may require access to all relevant documentation: such financial records as are available, minutes of meetings throughout the organization, planning and related documents, measurement instruments and performance data. Most specifically, they will use the institutional self-study required on application dealing with all of the categories for evaluation detailed below. Documents which are confidential to the evaluators should be clearly marked as such, but evaluators should be given such access to documents as they require to complete their task.

New Institutions

This framework for organizational evaluation is designed to serve as a matrix for the evaluation of an institution throughout its lifetime. However, the peculiar situation facing a new institution as it approaches the challenge of launching a degree program calls for a different approach by the Council. Clearly a new institution will not have financial statements for previous years of operation or an existing calendar of course offerings and programs. In the case of a proposal by a new institution, the Council will look for a thorough planning process and evidence that the institution will have in place the resources, personnel, and organizational ability for launching the proposed project. This preparation must include the 9 required items listed in the Introduction above. The criteria used to evaluate the new institution will be prospective, intended to detect the promise the institution shows of being able to produce the structures, processes, and outcomes outlined in this document.

Evaluation Categories

The evaluation categories used in the organizational evaluation are these:

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| (1) Financial Planning and Resources | 125 points |
| (2) Leadership | 125 points |
| (3) Information and Analysis | 125 points |
| (4) Strategic Planning | 125 points |
| (5) Human Resource Development and Management | 125 points |
| (6) Management of Process | 125 points |
| (7) Outcomes | 125 points |
| (8) Student Focus and Student Satisfaction | <u>125 points</u> |
| Total Points | 1,000 points |

The process begins with a self-study by the institution dealing with 11 major categories (see institutional self-study guidelines on the CAQC website) and measuring them against the indicators outlined in this framework tool. The external evaluation team then evaluates the self-study and other documentation, visits the campus, and consults with personnel and students. For each of the eight categories noted in this framework, the evaluation team will be looking for the approach taken by the organization; the way in which the approach is deployed within the organization; and the results of such deployment.

Categories carry the same weights, and the emphasis throughout is being placed on performance (outcome) and process management practices. Overall, there are 1000 points allocated across all

categories. Institutions are expected to score acceptably in all categories if they wish to proceed to the next level of evaluation by Council.

Overview of the Key Features of Organizational Evaluation

The following chart shows the inter-relationship among the categories used in the organizational evaluation.



The following is a scorebook that can be used by evaluators when reading the self-study and other documents provided by the institution. It will help each evaluator to identify the commendations and areas for improvement, as well as issues that need to be explored during the site visit. As a section of the report will be organized around the eight categories of this framework tool, using the scorebook throughout the site visit may also be useful.

Category 1: Financial Planning and Resources (125 Points)

EVALUATOR INITIALS PERCENT SCORE

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SITE VISIT ISSUES:

Category 1: Financial Planning and Resources (125 Points)

Council is looking to be assured that the institution has sound financial management procedures, sound financial arrangements, appropriate planning and realistic financial goals.

It will satisfy itself of these features by requiring colleges to file the following financial documents:

1. Audited financial statements for the most recent fiscal year and previous three years (i.e. four years in all), preferably using accrual accounting methods. Council recognizes that start-up organizations may not have these documents available. In which case, the relevance and importance of all subsequent requirements of this section become more significant.

- 2(a) Three-year financial projections for the program(s) for which approval is sought, using accrual accounting methods. These projections should show:
 - Forecasts of earned revenue by quarter for each of the three years.
 - Forecasts of expenditure on teaching staff, support staff, library and learning resources, communications, marketing, advertising, placements and the supervision of placements, and such other costs items associated with operations by quarter for each of the three years.
 - Forecasts of amortized capital expenditure and rates of depreciation for each quarter for three years.
 - Sources and uses of cash for each quarter for three years.

- (b) Institutions applying for program approval should make explicit their assumptions about revenue. In particular, Council wishes to know:
 - What fees students will be charged for what services and what the total cost of degree completion will be.
 - What assumptions are being made, if any, about the eligibility of students of the program(s) for Student Finance Board support and how demand would be affected if students were deemed not to be eligible for such support.
 - What pattern of fee increases are envisaged over the three year period of the business plan.

3. In its initial submission, the institution will be asked to estimate a number of financial ratios to be used in assessing the financial performance of the programs under consideration. These may include, but will not be limited to, the following:
 - Cost per student per course completion.
 - Cost per student per credit hour.
 - Cost per graduate.
 - Ratio of teaching costs to overhead costs per year.
 - % of budget allocated to learning resources and library per year.
 - Marketing and advertising costs as a % of earned revenue per year.
 - Marketing and advertising costs per student entering the program in each year.
 - % of expenditure on contracts for teaching staff who are not full-time employees of the organization per year.
 - Net of [earned revenue - costs] per year.
 - Information technology expenditure per student per year.
 - Information technology expenditure per graduate per year.

If the financial data in these documents show that the program will not be self-sufficient from earned revenue, then Council will require a clear and unequivocal statement about the

sources of funds to supplement earned revenue for each year of the three years of the financial plan.

4. The organization will also be asked to submit actual and forecast key performance indicator measures on non-financial indicators as required from time to time by Council.

Council is concerned with financial viability of both an organization seeking approval and its program(s). The concern focuses on ensuring that students are able to start a program with a fair and reasonable expectation that the contract they have entered into will be completed and that they can achieve both the outcomes and the degree which has been advertised.

Category 2: Leadership - (125 points)

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SITE VISIT ISSUES:

Category 2: Leadership - (125 points)

Leadership and involvement of senior executives within the institution is essential to create and sustain the development of a student focused, quality and outcome oriented organization. Also examined here are the ways in which institutional values and processes are integrated into the systems of the organization and the manner in which the organization addresses its public responsibilities. Leadership at all levels will be examined. It should be clear from the description provided below that the degree of prescription of content and method is minimum: institutions are being asked to indicate how their vision, mission and values, leadership and strategy are enacted within the organization.

Where the institution is a new organization, many of the procedures called for here will not be in place. The Council requires such organizations to document their intentions about such procedures, as they are seen to be appropriate.

NOTE: The Council requires that the institution designate an individual as having fiduciary or legal responsibility for the educational activities of the institution and that the individual has the status of a corporate officer (or its equivalent) as defined in the *Companies Act*.

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| Sub Category | Areas to Address |
| <p>2.1 Senior Executive Leadership: 2.1.1 Describe the senior executive leadership, personal involvement, and visibility in developing and maintaining a student focus and an environment which optimizes the achievement of institutional mission.</p> <p>(This category of staff refers to the highest category of staff, e.g. President, CEO, and those who directly report to this person.)</p> | <ul style="list-style-type: none"> • Reinforcement of student focus. • Establishment of excellence as a value and creating expectations about it. • Planning and reviewing performance towards attaining objectives. • Recognition of the contribution of employees. • Communication of institutional excellence outside of the organization. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Evidence that all senior executives are involved in the effort to achieve excellence. • Breadth of efforts to achieve institutional excellence in which senior executives are engaged. • Amount of training/education that executives have received with respect to the management of effective learning. • Improvement projects launched by and managed by executives. • What staff and students say about the role of executives in the management of the organization and the initiatives to enhance services. • Degree to which staff and students believe that executives are serious about institutional excellence. | <ul style="list-style-type: none"> • Executives set performance goals that link to quality and outcomes. • Executives undertake staff appraisals and reviews which focus on outcomes and the satisfaction of stakeholders with the learning activities of the organization. • Executives review quality on a systematic basis, using data. • Executives report back to stakeholders on performance. • Executives have attended training or educational sessions which focus on excellence or performance management in education. |
| Sub Category | Areas to Address |

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| <p>2.1.2 Summary of the institution’s vision and values and how the values serve as a basis for consistent communication within and beyond the organization.</p> | <ul style="list-style-type: none"> • The vision, mission, values and strategy of the institution. • Communication processes within and beyond the institution. • The extent of alignment between public statements and organizational practices. |
| <p><i>Focal Points for Evaluation</i></p> | <p><i>Examples</i></p> |
| <ul style="list-style-type: none"> • Quantity and quality of communication of institutional values outside the organization. • Existence of a clear and concise mission statement that makes a clear and specific commitment to institutional excellence and student service. • Existence of a set of institutional values that emphasize such concepts as continuous adaptation to changing conditions, student and staff involvement, outcome measurement, and learner satisfaction. • Extent to which long term planning and resourcing reflect a commitment to institutional values and practices. | <ul style="list-style-type: none"> • A clear and explicit vision, mission and values statement exists and is widely posted in the organization. • Publications from the institution document the vision, mission and values of the organization. • Planning activities are based on achieving the vision and mission while living the values of the institution. |

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| <p><i>Sub Category</i></p> | <p><i>Areas to Address</i></p> |
| <p>2.1.3 Personal actions of senior executives to regularly demonstrate, communicate, and reinforce the organization’s orientation and values through all levels of management and supervision.</p> | <p>Evidence that senior executives demonstrate institutional values through their behaviour.</p> |
| <p><i>Focal Points for Evaluation</i></p> | <p><i>Examples</i></p> |
| <ul style="list-style-type: none"> • Evidence that institutional values are integrated into the organization’s approach to and practices in: <ul style="list-style-type: none"> Planning Decision making Monitoring student performance Collecting and analyzing data Organization and job design Staff work load design Performance planning and appraisal Employee education and training • Employee evaluation of leadership. | |

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| Sub Category | Areas to Address |
| 2.1.4 How senior executives evaluate and improve the effectiveness of their personal leadership and involvement. | The processes for evaluation and appraisal of executives. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Evidence of a systematic approach to executive evaluation. • Evidence of improvement in the executives' performance over time. | <ul style="list-style-type: none"> • Clear and open policy and procedures on evaluation of executive staffs' performance exist, including internal and external perspectives. |

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| Sub Category | Areas to Address |
| 2.2 Management for Effectiveness 2.2.1 How institutional values are translated down the institution - within academic and support units and between such units. | <ul style="list-style-type: none"> • Systems and procedures which are in place to encourage and support cooperative and cross-functional management. • Evidence that systems have been fully implemented and have produced good results. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Existence of job descriptions which include indicators of quality over which the employee has a degree of control. • Degree to which-outcomes are defined and measured. • Extent to which responsibilities have been clearly delineated. • Extent of student satisfaction with services provided. • Degree to which <u>all</u> employees are clear as to their role in securing positive outcomes for the institution. | <ul style="list-style-type: none"> • Job descriptions exist for all positions, stating scopes of positions and duties. • Supervisors work with employees to establish what constitutes excellence in their job performance, spelling it out in position descriptions and in annual evaluations. • Department heads preside over a discussion as to how service to students can be improved. • Human resource policies are consistent with modern management practice in an academic environment, balancing central management directions re values, etc. and empowerment of employees, academic freedom, etc. |

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| Sub Category | Areas to Address |
| 2.2.2 The extent to which the institution manages its measurement processes to achieve excellence. | <ul style="list-style-type: none"> • A logical design of the organization - linked to mission and objectives. • The responsiveness and effectiveness of the institution. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Evidence that the vision, values and principles of the institution are reflected in the design of the organization and in the design of jobs. • Evidence that the institution is minimizing bureaucracy and is efficient. • Evidence of the use of indicators, measures and data as a basis for evaluating the institution. • Evidence of organizational effectiveness. | <ul style="list-style-type: none"> • A clear set of internal measures are regularly undertaken and reported: an "Institutional Studies" unit or responsibility is clearly identified. • Executives and department heads preside over regular department and program reviews which have the stated goal of assessing the quality of the service provided to the students and to other internal and external clientele. • Administrative structure is demonstrated to be a balance between articulation or differentiation of tasks and efficiency; in other words, bureaucracy is intentionally optimized [not minimized]. |

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| | <ul style="list-style-type: none"> • Executives and department heads ensure that appropriate data are provided for good decision-making and call for the use of such data in determining program development. |
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| Sub Category | Areas to Address |
| 2.2.3 Type, frequency and nature of performance reviews by unit. | <ul style="list-style-type: none"> • Systematic process for reviewing a unit. • The steps taken when performance goals are not being met. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Frequency of meetings to review institutional effectiveness. • Link between such reviews and reviews of other aspects of performance. • Process for dealing with problems within the institution. | <ul style="list-style-type: none"> • As above but applied to programs and services. Degree programs, for instance, should have a 5-year review cycle. • Executives ensure that, at least annually, meeting agendas of key decision-making bodies include a review of institutional effectiveness. • Structures and procedures exist which allow for dealing with problems. |

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| Sub Category | Areas to Address |
| 2.2.4 Key methods used to evaluate and improve awareness and integration of institutional values at all levels of the institution. | Systematic collection of data about awareness and integration of institutional values. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Reliability and validity of data collected. • Systematic process for looking at performance. • Benchmarking data. • Decision making based on data. | <ul style="list-style-type: none"> • The institution has access to and uses suitable analytical expertise for dealing with performance data. • The institution has internally published benchmark data available to appropriate personnel, regarding student recruitment, persistence, and program completion, as well as satisfaction and employment or occupation after graduation. |

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 2.3 Public Responsibility 2.3.1 How the institution demonstrates ethical behaviour, public responsibility for health and safety, environmental protection and respect for persons. | Evidence that these issues are attended to and managed well. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Existence of plans and methods for managing health and safety issues. • Evidence of a commitment and practices that deploy this commitment to ethical behaviour. • Clear evidence of environmental management practices. | <ul style="list-style-type: none"> • Policies and committees are in place to handle these issues. • The organization has a published code of ethics for faculty, administration and students, and ensures that internal and external relationships are handled ethically. • The institution has published statements and policies regarding safety, and responsibility for the environment, and complies with all safety and environmental regulations. |

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 2.3.2 The extent to which promotion and publicity (marketing, advertising and presentations) reflect values of the institution. | Evidence of integrity in external relations. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Number of presentations, tours, speeches and shows reflecting the work of the institution. • Evidence of collaboration with others. • Degree of congruity between public statements and operational measures. • Reaction of students and staff to public statements about the institution. | <ul style="list-style-type: none"> • The institution has a stated advertising and promotion policy with high-level approval. • The institution periodically gauges the effectiveness of its advertising in its constituency and beyond. • Annual plan exists for promotion and publicity activities with appropriate funds allotted. • Focus groups, etc. are planned with public, students and graduates. |

Category 3: Information and Analysis (125 points)

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SITE VISIT ISSUES:

Category 3: Information and Analysis (125 points)

Data and information management are essential for a good educational institutional. How such data are used and deployed is also critical. In this category, evaluators will be looking at the rigour with which data are used for decision making in the institution.

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 3.1 Scope of Data 3.1.1 Indicators for selecting types of data and information to be used in the management process. | How the institution decides what data to collect and how it determines the utility of these data. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Degree to which measures are selected because they impact on academic quality, student performance and student and staff satisfaction. • Degree to which staff and students are involved in deciding which measures to select and use. • Integrity of the data collection process. • Scope and quality of the data collected. • Extent to which data are used as a basis for decision making. | <ul style="list-style-type: none"> • Institutional Studies unit that develops an annual plan and is appropriately funded. • Institutional Studies head is part of the larger community of colleges, such as CIRPA. Activities are open for review and discussion both internally and externally. Annual reports are available for internal and external review consultations with staff. • The institution has stated performance measures, department by department, which explicitly refer to student performance or student satisfaction. • To the extent possible, the institution collects reliable and valid data, and distributes them, with interpretation, to personnel affected. • Departments meet at least annually to review what student response data reflect about their performance. |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 3.1.2 How access to data is ensured. | Standardization of data collection and distribution methods, access to data and use of data at all levels in the institution. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Availability of relevant data to staff and students. • Degree to which available data are current and reliable. • Readability of reports and data. • Responses of staff and students to the data they receive. | <ul style="list-style-type: none"> • See 3.1.1 above. • Employees can locate quality control data relevant to their area of responsibility when they are asked to produce it by name. |

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| Sub Category | Areas to Address |
| 3.1.3 Key indicators of performance. | The identification of key performance indicators (KPIs) used by the institution to determine overall performance; correlation with Council's indicators. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Existence of a systematic approach to KPI determination, including Council indicators. • Evidence of benchmarking on the KPIs. • Evidence of all staff being aware of what the KPIs are and what the current performance of the institution is against the benchmarks. | <ul style="list-style-type: none"> • See 2.2.2 above. • Benchmark document and results of measures are available regularly. • All-staff forums, publications and agendas of academic and governing councils. • Staff are aware of the current benchmarks for their departments. • The institution makes a critical assessment of the extent to which public Performance Indicators reflect its own priorities. • The institution has its own articulated Performance Indicators and benchmarks, apart from those imposed on it. |

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| Sub Category | Areas to Address |
| 3.2 Benchmarking the work of the institution. 3.2.1 The indicators used for selecting benchmark comparisons. | The frequency and quality of benchmark comparisons with other educational providers and other providers of services. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Evidence of a systematic process for selecting comparison organizations. • Scope and breadth of data collected in comparing the institution to others. • Thoroughness of the benchmarking study. • Use of benchmarking data to set improvement goals. • Number of different functions and processes which are benchmarked. • Objectivity of benchmarking analysis. • Evidence of adhering to Council and KPI reporting specifications. | <ul style="list-style-type: none"> • Comparison organizations are chosen in public/private sector, in Alberta and beyond. • Process of benchmarking is clear and open to review. • There is external validation of the benchmarking process. • Annual Report to Council/Advanced Education. • The institution gives evidence of having optimized the collection of comparison data; comparators vary appropriately according the function being assessed with stated grounds. • Program development plans refer to benchmarks. |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 3.2.2 Use of benchmarking data to encourage new ideas and practices inside the institution. | The way in which the benchmarking process is used to create new ways of working or new challenges for the institution. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Evidence of a systematic process for analyzing benchmarking data for organizational development and improvement. • Evidence that a consistent and thorough process is used to follow up benchmarking data. • Provision of training in interpreting benchmarking information. • Number of changes and innovations resulting from benchmarking. | <ul style="list-style-type: none"> • The institution can cite changes resulting from benchmarking discussions. • Regular reports go to key institution bodies. • Staff forums are held plus follow up plans are formulated. • Annual reports and reports to councils. |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 3.2.3 Planning for evaluation through benchmarking and a study of tested practices used by other institutions. | The plans the institution has to examine practices that work well in learning and teaching and the development of its benchmarking efforts. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Evidence of program and organizational evaluation development plans. • Systematic plans for analysis of practices that work well. | <ul style="list-style-type: none"> • Program review policies, procedures and schedule. |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 3.3 Link between Data and Planning 3.3.1 Using data as a basis for planning | The extent to which data about student satisfaction, academic evaluation and program review are used as a basis for planning and organizational development. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Evidence that planning is systematic and rigorous. • Clear examples of the use of student performance data as a basis for planning. | <ul style="list-style-type: none"> • Regular reports from Executive to Academic Council and General Council are duly approved. • Program reviews include this data with plans flowing from them. • Organization regularly develops strategic planning documents, such as staffing and program development plans, budgets, business plans, and mission and vision statements, which are consistent and interrelated. • Planning documents refer to Performance Indicators and benchmarks. |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 3.3.2 Using financial data in planning and evaluation. | The use of activity based costing, cost/activity data and unit cost data as one of several bases for planning and decision making. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Clear and systematic process for analyzing the relationships between cost and performance. • Plans for academic and teaching development are fully costed. • Management are aware of the financial consequences of their decision making as they make their decisions. | <ul style="list-style-type: none"> • See 3.3.1 above. Program plans indicate their implications for revenue streams and expenses, with attention to strengths, weaknesses, opportunities and threats. • All program and service initiatives are fully costed as part of their approval process. |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 3.3.3 The institution is working to ensure that decision makers are trained to use systematic analysis tools in their decision making. | Rigour in the way in which “problems” are analyzed and acted upon. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Evidence of the use of analytic tools such as process maps, data based tools, problem solving tools - throughout the institution. • Examples of effective improvement projects inside the institution. | <ul style="list-style-type: none"> • This would be evident in performance reports to the Councils, the Board, the Ministry, etc. Should also be reflected in committee structure and functions. |

Category 4: Strategic Planning (125 points)

EVALUATOR INITIALS PERCENT SCORE

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SITE VISIT ISSUES:

Category 4: Strategic Planning (125 points)

Before it can recommend approval for any academic degree program, Council needs assurance that the institution has developed business plans which are viable, both strategically and financially. The minimum requirement here is for the submission of available three-year business plan, including all relevant performance information. While some of these data will have been provided under Category 1, what is sought here is the integration of such financial information as is available with the planning process.

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 4.1 Short and Long Term Planning 4.1.1 The process used to develop 3-year business plans inside the institution. | The nature of the planning process and what it reveals about the nature of management and organizational design. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Extent of student and staff involvement in the development of the plan. • Extent to which plan is seen as a “guide to action” inside the institution. • Extent to which planning relates to all aspects of the institution. • Integration of improvement and performance issues into the plan. • Evidence that learner requirements have been thoroughly and systematically examined. • Evidence that the needs and concerns of other stakeholders have been addressed in the plan. • Evidence that the core competencies of the organization have been assessed. • Evidence that the limitations of the institution are understood. • Evidence of risk assessment. • Degree to which the competitive environment has been appropriately assessed. | <ul style="list-style-type: none"> • Evidence of a creative disregard for “bottom-line economics” in decision-making processes in favour of overall institutional integrity. • Rolling 3 - 5 year strategic plan which includes implementation activities, timelines, details, etc.. • Biannual environmental scans. |

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 4.1.2 Plan Implementation | The extent to which the business plan is deployed in a systematic way in all parts of the institution. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Evidence of a workable process for plan deployment. • Evidence by example of successful plan implementation. • Frequent use is made of the plan in decision making. | <ul style="list-style-type: none"> • Regular updates of plan to councils. • All policy and program proposals refer to the plan. |

| Sub Category | Areas to Address |
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| 4.2 Plans for Excellence and Performance 4.2.1 Planning Process | What is the plan for improvement over a 3-5 year period, how was this plan arrived at and what are its intended consequences?" |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Clarity of the changes which need to be made for performance to be successful. • Evidence to support predictions about improvement. • Evidence of a proactive approach to improvement rather than a reactive one. | <ul style="list-style-type: none"> • Increase student pass/fail rate by 10%. • Survey of students/faculty re reasons for success/failure. • The organization has published procedures for planning and arriving at the requirements for successful implementation. |

| Sub Category | Areas to Address |
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| 4.2.2 Goals | The nature of goals and the detailed plans for their achievement. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Specific goals, unit by unit, for improvement • Breadth of goals. • The extent to which goals are seen as challenging goals within the organization. • Evidence of a link between goals and resource allocation. | <ul style="list-style-type: none"> • Unit goals set and reported annually (e.g., registrar, library, academic departments). Goals are tabled with councils. • Goals are approved before the budget process. • The organization has articulated, institution-wide goals for development and change, with stated resource requirements for implementation, as well as contingency plans. |

| Sub Category | Areas to Address |
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| 4.2.3 Ownership of the Plans | The extent to which plans are valued and being enacted within the institution. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Extent to which staff and students are aware of the plans. • Extent to which plans influences the individual plans of staff and students. • Extent to which unit plans are integrated with the institution's business plan. | <ul style="list-style-type: none"> • Plans are broadcast via newsletters, staff forums and surveys. • Cross-referencing exists in business plan and strategic plan. • Staff and students (at the level of student government, at least) can refer knowledgeably to development plans and their (departmental) role in achieving them. |

Category 5: Human Resource Development and Management (125 points)

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SITE VISIT ISSUES:

Category 5: Human Resource Development and Management (125 points)

Council has to ensure that those associated with the management of the learning process and those engaged in teaching have been selected in a systematic and planned way, have the skills and competencies required and have the opportunity to develop while employed by the institution. While not all employees will be full time, all staff must have clear and explicit expectations for performance and clear and specific responsibilities.

Council recognizes a growing diversity in the nature of employment relationships within institutions delivering and providing educational programs. The requirement here is to be explicit about the plans for the deployment of people and their skills in the service of the mission/mandate of the institution. While certain core competencies will be required to be available within an institution seeking program approval, Council recognizes that there are a variety of means by which these core competencies can be retained and deployed.

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 5.1 Human Resource Planning 5.1.1 The nature of the personnel plan and its links to quality and performance. | A systematic personnel plan. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Existence of a staff recruitment strategy and plan. • Existence of a training and development plan for new and existing employees beyond the current year. • Plans for employee recognition and reward. • Linking of personnel plans to outcome. • Thoroughness of the personnel plan. | <ul style="list-style-type: none"> • Annual staff awards for teaching and service, long term service awards, pay for performance. |

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 5.1.2 Key Performance Indicators for personnel. | The performance measures adopted in relation to personnel and their links to the business plan of the institution. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Recruiting strategies to attract suitably qualified applicants. • Strategies for staff upgrading. • Skill level of new and existing employees. • The measures of performance for staff. • Nature of performance appraisal inside the institution. | <ul style="list-style-type: none"> • Job evaluation policies are in place. • Human resource policies and processes for performance assessment are in place and regularly monitored. |

| Sub Category | Areas to Address |
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| 5.1.3 How the institution uses employee information to improve the organization. | The extent to which data from employees is used as a basis for organizational development. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Amount of employee data collected by the organization - e.g., employee satisfaction data. • Extent of use of employee data in decision making. • Link between what employees say and what actions are taken. | <ul style="list-style-type: none"> • Regular employee satisfaction surveys and follow up exist. • Staff forums are held regularly with executive. |

| Sub Category | Areas to Address |
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| 5.2 Employee Involvement 5.2.1 The extent to which units manage their own work. | The extent and nature of empowerment and the links between empowerment and the efforts to improve the institution. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Extent to which the organizational structure is based on teams working together to meet the needs of students and their programs. • Nature of decision making and the part each teaching staff member plays in decisions about programs, courses, student progress and improvement. • Extent to which individual staff members, working with their team, can influence policy decisions. • Extent to which staff performance is evaluated by their peers. • Involvement of students in the decision making which most affects them. | <ul style="list-style-type: none"> • Committee and council structure is open, fully representative and accountable. • Open processes for program and course development and review, etc. are built into the governance structure. • Peer evaluation of performance is part of assessment process. • Students are represented on key bodies and are elected by the students. |

| Sub Category | Areas to Address |
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| 5.2.2 The actions taken to increase employee involvement over time. | A critical examination of the extent to which empowerment is developing within the institution. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Evidence of a clear plan for increasing employee involvement. • What employees say about the degree of empowerment they have. • Evidence of a clear plan for increasing innovation and creativity. • Comments from employees concerning responses of management to risk taking and innovation. | <ul style="list-style-type: none"> • Accountability statements for each employee exist which show how much each is empowered in relation to supervisors and those supervised. • Surveys of employees are conducted. |

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 5.2.3 Key methods and indicators used by the institution to assess the extent and nature of empowerment. | The extent to which empowerment is evaluated within the institution. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Review the measurement indices that have been created to examine empowerment and employee involvement. • Extent to which all categories of employees are involved and empowered and the appropriateness and utility of the measures of empowerment and involvement used for each category of staff. | |

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 5.3 Employee Education and Training 5.3.1 How the institution determines training and educational needs of employees. | <p>The nature of education and training planning, specifically:</p> <ul style="list-style-type: none"> • the link between plans for education and training of employees and the 3-year business plan; • the needs of individual employees and how these are balanced against the needs of the institution; • the extent to which all units within the institution have resources for training and development. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Evidence that a systematic analysis of education and training needs of employees has been completed and is related to the business plan of the organization and the program approval requirements of the Council. • Use of a variety of different methods to meet needs - in-house training, external courses, video based learning, computer based learning, etc. • Extent to which employee appraisal processes within the institution are linked to training and education. • Extent to which employees receive feedback about the value of the training and education they have received. • Employees' views of the education and training strategy and practices of the institution. | <ul style="list-style-type: none"> • A staff training plan based on survey of needs should include all these issues. • See performance assessment (5.1.2) for indication of extent to which employee appraisal process is linked to training and education. • Regular surveys are conducted to obtain employees' views of education and training strategies. |

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 5.3.2 The orientation of new employees to the institution and the development of learning contracts with all employees. | Policy and practice - i.e., data about the action taken by the institution to implement policies. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Total hours spent orienting new employees into the institution and its practices. • Percentage of employees receiving training each year, by program. • Key performance indicators of the impact of training on performance. | <ul style="list-style-type: none"> • Time taken to process certain items. Accuracy of results. |

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 5.4 Employee Performance and Recognition 5.4.1 Examining the nature of the reward, recognition and pay systems used by the institution. | The philosophy, policies and practices with regard to pay, recognition, promotion, compensation, reward, and feedback processes. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Existence of and practice regarding employee appraisal and evaluation. • Clarity of job descriptions and inclusion of key performance indicators in same. • Extent to which employees have a strong influence over the indices against which they are being assessed. • Extent to which pay and compensation is based on the achievement of goals. • Approach to deciding on promotions to leadership and management positions. • What employees at all levels say about pay, reward and recognition systems within the institution. | |

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| 5.5 Employee Well-Being and Morale | The organizational climate and culture, especially employee wellness. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Existence of policy in relation to health and safety at work. • Health and safety practices. • Results of safety audits completed by others. • Absence of lawsuits regarding health and safety issues. • Absentee rates of employees. • Design of the institution's facilities. • Concerns raised by employees and students concerning health, safety, ergonomic and wellness issues. • Work access for the disabled; • Special facilities for employees and students - recreation, sports, dining, etc. | |

Category 6: Management of Process (125 points)

EVALUATOR INITIALS PERCENT SCORE

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SITE VISIT ISSUES:

Category 6: Management of Process (125 points)

In this category, the focus of Council’s concern is with the design process for programs and the services to staff and students associated with these programs. While a later and separate evaluation will focus on the programs themselves, the concern here is with process: the mechanisms by which quality is designed into the way in which program and service decisions are made.

Put simply, this category examines the systematic processes used by the institution to pursue ever higher quality in its programs and services and ever better performance on key performance indicators (KPIs).

Again, new institutions seeking to offer innovative programs may not be able to provide all of the information implied by the “focal points for evaluation” listed below. Council understands this, and expects the institution to provide such information as it deems to be helpful to the evaluators to meet as many of the “areas to address” and “focal points for evaluation” as possible.

| <i>Sub Category</i> | <i>Areas to Address</i> |
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| <p>6.1 The Design and Introduction of Effective Programs and Services</p> | <p>How new or improved programs and services are designed and introduced and how key performance requirements for these services and programs are determined. The core question here is: what is the process used by the institution for introducing or improving a program or service for students and how rigorous and focused is this process?</p> |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Thoroughness of the planning process for new programs or services. • Extent to which designs for new programs or services are based on a thorough assessment of student needs. • Extent and quality of market research. • Evidence that student requirements and those of other “stakeholders” have been translated into specific outcome measures for the program or service which can be readily assessed. • Process for internal approval of the program or service is open and leads to modifications and improvement in the design. • Evidence of comparative analysis for similar programs and services in other or related organizations. • Evidence of capability assessment - i.e., an assessment of the institution's ability to deliver the proposed program. | <p>The institution would provide this in each new program proposal.</p> |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 6.2 Program and Service delivery process management | This section deals with the management of the delivery process for programs and services, that is, the processes used by the institution to maintain programs and services. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Use of appropriate KPIs as a basis for measuring performance. • Extent of monitoring in the implementation of a new program or service. • Extent of process monitoring in the ongoing delivery of a program or service and the mechanisms used to keep performance within “planning boundaries”. • Use of valid evaluation and statistical data as the basis for performance review. • Speed at which problems and concerns are responded to. | <ul style="list-style-type: none"> • Regular updates for internal and external review of a program. • All reports on problems/concerns include specific actions within timelines and costs. |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 6.3 The Quality and Responsiveness of Support and Business Processes within the Institution. | An examination of the whole organization, not just those parts which deliver programs. For example, an institution may have an excellent educational program, but a poor computer services unit or marketing unit. To ensure an examination of all aspects of organizational design and performance, this category is included. It encompasses such services as finance and accounting, registrarial services, purchasing, legal services, plant and facilities management, secretarial, information systems and other administrative services. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Extent to which internal customer needs for each of these services has been identified, quantified and assessed. • Systems are in place for measuring the performance of these services and functions. • Standards for service are published and readily available to all who use them. • Extent to which employees and students are satisfied with the services provided by these units. • Frequency and of performance reviews within and between these units. | <ul style="list-style-type: none"> • Benchmarking is set for key activities (registration, admission, program planning, etc.) These are measured regularly and reported. |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 6.4 Assessment | An examination of the nature of assessment within the institution. That is, what evaluative processes are used to ensure the highest level of excellence in all aspects of the services provided by the institution. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Review of the institution's procedures manuals or other relevant documentation. • Examination of any comprehensive evaluation documentation or reviews. • Review of all evaluation and assessment documents. • Types and frequency of the comprehensive evaluation and review processes used by the organization independently of those required by the Council. • The efficacy of self-assessment processes used by the institution to review all aspects of its work and performance; • Action taken as a result of audits and evaluations. | <ul style="list-style-type: none"> • A senior committee of Academic Council or Governing Council oversees all these review activities and reports regularly to the institution's community. |

Category 7: Outcomes (125 Points)

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SITE VISIT ISSUES:

Category 7: Outcomes (125 points)

Council is concerned not just with process, but also with outcomes. Before it will examine a specific program or course of study, it needs to examine the actual historical performance of the institution in providing learning and support to students. In this section, outcomes will be examined in detail.

New institutions may not have a great deal of data, but will be expected to specify and describe the specific performance indicators against which they wish to be assessed and to make some predictions of what these indicators will show at various points in time.

| <i>Sub-Category</i> | <i>Area to Address</i> |
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| 7.1 The extent to which the goals set by the institution are met in practice. | <p>The rigour and nature of the performance measures which the organization has selected as the basis for their performance assessment process.</p> <p>Council will use benchmarking data and other data to compare the performance of the organization being assessed with other comparable organizations, where this is possible.</p> |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Number and variety of performance indicators used by the institution; • The actual outcomes. • Extent to which the data show improvement over time. • Measures used include input data, process data and outcome data. • Number and nature of adverse trends noted in the data provided. • Credibility and clarity of the explanations given for adverse trends. • Use of benchmarking data by the organization itself. • Performance of the institution against that of others in the same field of operation. | |

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| <i>Sub Category</i> | <i>Areas to Address</i> |
| 7.2 Outcomes relating to productivity, effectiveness and efficiency of the internal operation of the institution. | The internal data showing how effective the institution is in its use of resources. |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Scope, objectivity and breadth of operational data are presented. • Extent to which positive trends are revealed. • Presentation of adequate data to establish trends and patterns. • Presentation of data on key financial performance ratios. • Benchmarking of the performance of the organization being evaluated with that of other similar organizations. • Data concerning internal levels of satisfaction with performance. • The nature and speed at which corrective actions were taken by the organization when performance was showing adverse trends (if at all). | <ul style="list-style-type: none"> • Senior managers regularly report on such matters to both Councils, taking into account student success costs, comparisons to related programs, and action plans for adjustments. |

Category 8: Student Focus and Student Satisfaction (125 Points)

EVALUATOR INITIALS PERCENT SCORE

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SITE VISIT ISSUES:

Category 8: Student Focus and Student Satisfaction (125 points)

Council has a variety of responsibilities. One critical responsibility is to ensure that students’ needs are being understood, appropriately interpreted, acted upon and met. This requires Council to examine the nature of the institution’s focus on students, the commitments it makes to them and how well it delivers on these commitments. The needs of other stakeholders strongly rely upon the needs of students being understood and met. While this is the subject of this separate category, it will be noted that there are requirements for the student focus to be evident in other categories of this evaluation.

| <i>Sub Category</i> | <i>Area to Address</i> |
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| <p>8.1 Relationship management and support of students</p> | <p>The nature of the relationship between the institution and students. The nature of student expectations and how these are “managed” by the institution. The quality of information provided to students about programs, courses, services and support. The nature of student-staff interaction and the ease of access of staff to students. Student perception of service quality. Students’ views of the institution and its overall performance.</p> |
| <i>Focal Points for Evaluation</i> | <i>Examples</i> |
| <ul style="list-style-type: none"> • Nature of marketing and promotional materials used by the institution and their accuracy with respect to expectations, services and programs. • Thoroughness with which market segments and customers are targeted. • Depth and quality of understanding of the needs of students as evidenced in the organizational methodology for looking at student needs, concerns and trends in the marketplace. • Quality of information and advising provided to prospective students of the institution. • Rigour with which students are selected for entry. • Extent and quality of student complaint handling within the institution. • Tracking of student performance on a regular basis. • Way in which drop-out and drop down are handled by the institution. • Extent to which students feel that the expectations established during recruitment are matched by their experience of the institution within their first six months. | <ul style="list-style-type: none"> • Follow up on usefulness of calendar, etc. • Should be part of program proposals and review. • Admissions process data will provide evidence of rigour with which students are selected for admission. • Ombudsperson to handle student complaints. • Student surveys, graduate follow up exist to determine student satisfaction. |

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| Sub Category | Area to Address |
| 8.2 Service Accessibility | The ease and extent to which students can access assistance, support and services and the ease of complaint processes within the institution. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Students know how and /or whom to contact with questions, comments, concerns and complaints about the programs or services being provided. • Clear understanding on the part of students that their concerns will be listened to, addressed and dealt with without fear of consequence. • Clear understanding on the part of students and strong supportive evidence showing that concerns are followed up and action is taken. | <ul style="list-style-type: none"> • Independent, random sampling of students undertaken regularly. |

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| Sub Category | Areas to Address |
| 8.3 Setting and Monitoring Standards | Evidence that standards are set and monitored with respect to services to students. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Evidence of standards being set with respect to services offered by the organization to students - e.g. registrarial services (registration, transcripts, transcript evaluation, etc.), financial services. • Clear standards for marking assignments and standards for marking turnaround. • Quality of feedback to students on assignments, evaluated projects and examinations. • Clear statement of student and staff responsibilities and obligations. • Clear statement of learning objectives for courses and programs. • Evidence that standards set are monitored and performance assessed. • Student and employee opinions about the standards set. | |

| Sub Category | Areas to Address |
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| 8.4 Commitment to Students | Evidence that contract between the institution and students is explicit. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Guarantees or written commitments provided to students with respect to services, programs and courses. • Regulations relating to programs, courses, students and their behaviour and the extent to which they provide a climate of trust and support for students. • Extent to which professional programs (where offered) are underwritten, accredited or supported by professional bodies. | |

| Sub Category | Areas to Address |
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| 8.5 Student Satisfaction | The extent to which the institution deliberately works toward the satisfaction of students and works to ensure that the levels of student satisfaction are high. |
| Focal Points for Evaluation | Examples |
| <ul style="list-style-type: none"> • Student survey data from past and present students with regard to satisfaction. • Frequency and variety of sources for student satisfaction measurement by the institution. • Reliability and validity of the methods used to measure and assess student satisfaction. • Trends in student satisfaction over time. • Growth of student body over time. • Retention rates. • Benchmarking the performance of the organization against that of similar organizations offering similar programs and services. | |

Addendum A: Glossary of Terms

Benchmarks and benchmarking - the practice of systematically comparing measures on a key variable (e.g. cost per graduate) with the same variable in another institution or similar practice in a different kind of organization. For example, an organization can compare the costs of recruitment for a degree program with other organizations or with the costs of recruitment for a professional organization.

Drivers - the key motivating or initiating factors that lead to the creation of a new program or area of activity or a new organization.

Empowerment - the practice of delegating authority lower down the organization, while holding the individual or team that is empowered accountable for their performance.

Excellence - the focus and commitment to being a high performing institution when compared with others. Excellence is not a "soft" statement, but a measurable statement. Excellent organizations are those which are admired and acknowledged by others for their leadership and performance, and succeed in meeting their own goals and objectives.

Goals - specific, measurable plans for achieving specific outcomes within a specific time scale. Such goals can relate to outcome (number of graduates per year, cost per graduate, employment rates of graduates, etc.) or to process (reducing cycle time, decreasing drop-out and deferral).

Indicators - measures of performance linked to goals. If the goal is to sustain an enrollment of (say) 500, the number of inquiries is an indicator of the extent to which this measure is likely to be achieved. The best indicators are those relating directly to a goal (e.g. how many students are enrolled), but other indicators can help identify the likelihood of a goal being achieved (e.g. inquiry rates and conversion rates).

Key Performance Indicators (KPIs) - agreed measures of performance. These are the measures required of an organization by the Council and/or the Government of Alberta. These will change from time to time.

Mission - A set of statements which translate the values of the institution into more concrete strategic tasks. For example, if a value is respect for people, the mission could be to become recognized as a model for the way in which all within the institution are empowered and are able to share their views openly and directly without fear of consequence (academic freedom).

Objectives - ways of translating outcomes into specific tasks for individuals, teams or the institution as a whole. For example, if the outcome required is 500 new students each year, individual objectives for marketing staff and management personnel might be set with the intent of achieving this goal.

Outcomes - specific, measurable and tangible performance. Outcomes are not vague statements, but are measurable (by both "hard" and "soft" measures) indicators of performance. If an intended outcome is "social conscientiousness of students", the question is "as indicated by ...".

Performance Planning - the extent to which job design and competency development within the organization are systematic and aimed at improving outcomes.

Plan - a rigorous approach to anticipating the future.

Risk - an honest evaluation of the extent to which a plan or proposal is vulnerable to internal or external pressures.

Skills - the individual and collective set of competencies brought to bear in the work of the institution.

Strategy - the generic strategy of an institution concerns the way in which the organization determines who it is to serve (stakeholders) and what it will provide them. This basic set of decisions represents the strategic intent of the institution and has a degree of permanence that goes beyond specific tactics for recruitment or specific refinements to programs.

Values - an institution's central and enduring tenets - a small set of guiding principles, not to be compromised for financial gain or short-term expediency.

Vision - a short (25-30 word) statement of the core values and strategic intent of the institution. For example, "Empowerment through Knowledge and Understanding" is a vision statement.

Addendum B: Scoring Guidelines

Note: A new institution will be scored largely on "Approach" (see chart below). By its nature, a new institution proposing to offer a degree program will not have achieved results by which its performance can be evaluated, and it will have few processes in place to be evaluated in terms of how well the institution's mission/mandate and strategies are being deployed. Council will look, therefore, for well-considered plans for the resources, personnel and organizational ability to deliver on the proposal it makes.

| SCORE | APPROACH | DEPLOYMENT | RESULTS |
|---|--|--|---|
| 0% (0 points) | <ul style="list-style-type: none"> • anecdotal, no system evident | <ul style="list-style-type: none"> • anecdotal | <ul style="list-style-type: none"> • anecdotal |
| 10 - 40% (12-50 points) | <ul style="list-style-type: none"> • beginnings of systematic prevention basis | <ul style="list-style-type: none"> • some to many major areas of business | <ul style="list-style-type: none"> • some positive trends in the areas deployed |
| 50% (63 points) | <ul style="list-style-type: none"> • sound, systematic prevention basis that includes evaluation/improvement cycles • some evidence of integration | <ul style="list-style-type: none"> • most major areas of business • some support areas | <ul style="list-style-type: none"> • positive trends in most major areas • some evidence that results are caused by approach |
| 60 - 90% (75-112 points) | <ul style="list-style-type: none"> • sound, systematic prevention basis with evidence of refinement through evaluation/improvement cycles • good integration | <ul style="list-style-type: none"> • major areas of business • from some to many support areas | <ul style="list-style-type: none"> • good to excellent in major areas • positive trends — from some to many support areas • evidence that results are caused by approach |
| 100% (125 points) | <ul style="list-style-type: none"> • sound, systematic prevention basis refined through evaluation/improvement cycles • excellent integration | <ul style="list-style-type: none"> • major areas and support areas • all operations | <ul style="list-style-type: none"> • excellent (world-class) results in major areas • good to excellent in support areas • sustained results • results clearly caused by approach |

APPENDIX D

Campus Alberta Quality Council Code of Conduct for Reviewers

Purpose

The purpose of this Code is to establish rules of conduct to govern the professional and ethical responsibilities of reviewers engaged by the Campus Alberta Quality Council (CAQC) as it carries out its stated responsibilities for organizational, program and comprehensive reviews.

The Code is based on the principles of integrity, honesty, openness and concern for the public interest. It is designed to maintain the effectiveness of CAQC as a whole and to ensure the fairness of all CAQC procedures and decision making. It addresses common situations that reviewers may experience as they carry out their responsibilities, while recognizing that not all situations can be anticipated. All reviewers have a responsibility to consider appropriate standards of behavior and to conduct themselves in an ethical and professional manner. The Code assumes that it is not only the actual situation but also the *perception* others may have of it that may lead to a perception of bias or conflict of interest.

To Whom Does the Code Apply?

The Code applies to all reviewers appointed by CAQC to enable it to make informed recommendations and decisions about approval and monitoring of degree programs.

When is This Code Applicable?

The Code governs the conduct of reviewers from the date of appointment. It also includes the continuing responsibilities of reviewers after the completion of their terms with respect to decisions made by CAQC while the person was a reviewer.

General Rules of Conduct

All reviewers shall complete a statement attesting that they have read and agreed to the statements included in the Code of Conduct.

Sample Statement

I, _____, have been appointed as a member of an external evaluation team reporting to the Campus Alberta Quality Council. I have read and understand the CAQC Code of Conduct for Reviewers.

I agree to comply fully and to the best of my ability with the provisions of the Code.

Dated at _____ this _____ day of _____ .

Reviewers should be committed to the principles and practices of quality assurance in post-secondary education. When considering the program proposal, or other matters referred to them, reviewers shall make their recommendations on the merits of the information available, and shall consider the information provided in good faith and to the best of their ability, not being concerned with the prospect of disapproval from any person, institution, or community.

Reviewers shall be sensitive to issues of gender, race, language, culture and religion that may affect the conduct of a review, the recommendations considered by Council, or a decision.

a. Confidentiality

A reviewer shall agree that all information related to a review, including information provided by an applicant institution, is confidential and shall treat such information in strict confidence and with the care and security required to ensure that the information is not disclosed without CAQC's prior written consent. A reviewer will not use the information provided for any purpose outside that of undertaking work for CAQC.

A reviewer must respect the confidential nature of third-party information submitted by the applicant and restrict the use of this information to CAQC work. Reviewers shall return (or attest that they have shredded) all material used in assessing applications when the activity for which it was required is completed. All electronic copies of confidential material should be disposed of within a term specified by agreement between the reviewer and the Ministry.

"Information" means all information, data, material and documents obtained by a reviewer before, during, or after the review and includes program proposals, institutional self-studies, information obtained during a site visit and all other information furnished or disclosed to him/her by CAQC, the Secretariat or an institution whether directly or indirectly, in written, oral, magnetic, electronic or other forms.

The confidentiality requirement set out in this Code does not apply to any part of the information which is in the public domain at the date of disclosure to the reviewer or which after that date enters the public domain, other than by any act or failure to act on the part of the reviewer.

A reviewer shall, at all times, adhere to the intent and requirements of Alberta's *Freedom of Information and Protection of Privacy Act* which applies to all information, material and records relating to, or obtained, created, maintained, submitted or collected during the course of a review.

b. Conflict of Interest

A reviewer must avoid any conflict of interest or appearance of conflict of interest that might impair, influence or impugn the independence, integrity or impartiality of CAQC. Conflict of interest is any interest, relationship, association or activity that is incompatible with a reviewer's responsibilities as an impartial assessor. Reviewers shall ensure that they:

- (i) conduct their duties with impartiality and disqualify themselves from dealing with anyone with whom a prior relationship could bring their impartiality into question;
- (ii) refrain from furthering their private interests;
- (iii) avoid accepting any commission, discount, allowance, payment, gift (other than a small token gift) or other benefit that is connected, directly or indirectly, with the performance of their duties related to the review, that causes, or would appear to cause, a conflict of interest;
- (iv) have no financial interest in the business of a third party that causes, or would appear to cause, a conflict of interest in connection with the performance of their duties related to the review; if such financial interest is acquired during the term as identified in the agreement between a reviewer and CAQC, the reviewer shall promptly declare it to CAQC;

- (v) decline to participate in a review for CAQC that involves a party or representative with whom they were formerly in a significant professional relationship until a period of 12 months has elapsed since the termination of that relationship. A significant professional relationship includes, but is not limited to, employment or consulting, collaboration on a project, supervision of students in the program, and providing expert advice during development of a proposal; and
- (vi) do not participate in any advisory council or implementation committee for programs or institutions they have reviewed for CAQC for six months from the time of the Minister's decision.

The Chair shall ask all potential reviewers to indicate, prior to appointment, whether they have any reason to be in a conflict of interest if they were to review a given program or institution. A reviewer with a conflict of interest in regards to an application must decline to serve as a reviewer. If unsure whether a conflict of interest exists, the reviewer shall inform the Chair about his/her circumstances. The Chair will determine whether a conflict of interest exists and will inform a reviewer of his/her decision.

c. Public Statements

A reviewer shall not make public statements, orally or in writing, on any issues with respect to the institution or program he/she was involved in reviewing. In cases where it is not clear what a reviewer may say publicly about an issue, discretion should be used, and the reviewer should consult with the CAQC Chair or the Secretariat.

A reviewer shall refrain from communicating with the media regarding the deliberations or decisions of CAQC. All inquiries from the media or other parties shall be referred to the CAQC Chair or the Secretariat.

Reviewers should review carefully CAQC's *Policy on Release of Information*, especially section B, which outlines the responsibilities of reviewers. The policy is available on CAQC's website.