ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

REPORT ON THE QUALITY ASSURANCE AUDIT OF TORONTO METROPOLITAN UNIVERSITY

August 2026

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Introduction to the Cyclical Audit for Toronto Metropolitan University

Toronto Metropolitan University opened its doors in 1948 as the Ryerson Institute of Technology to provide programs in skilled trades to meet post-war demands. In 1963, a change of name to the Ryerson Polytechnic Institute reflected its expanding identity, which, by 1971 included degree granting authority. Known as a leader in innovative learning, its enrollment grew to more than 10,000 students annually, many of whom participated in radio-delivered courses. The institute obtained official university status in 1993, and by 2002 it had become Ryerson University, milestones marked by the development of graduate programs as well as the Raymond Chang School of Continuing Education. The University continued to grow over the next few decades with increased student populations, diverse academic and research programming, and initiatives, such as the Centre for Urban Innovation reflecting its commitment to its home in the downtown core of Toronto. In 2022, this commitment was further realized in its new name of the Toronto Metropolitan University (TMU), “symbolizing its commitment to urban excellence, innovation, inclusion, and creativity.” Recent undergraduate programs in law and medicine have further established TMU as a large comprehensive university. Nine Schools and Faculties offer more than 120 academic programs, divided almost equally between graduate and undergraduate levels, to 48,000 students annually with 248,000 alumni worldwide.

The audit of TMU described in this report was conducted using the provisions of the 2021 version of the Quality Assurance Framework (QAF) that is overseen by the Ontario Universities Council on Quality Assurance (the Quality Council). The QAF describes procedures for the academic review of proposed new degree programs and the periodic review of existing degree programs in Ontario’s university sector. The Framework draws on the long experience of Ontario universities in undertaking quality assurance and brings together best practice at both the undergraduate and graduate levels. All Ontario universities have agreed to abide by this Framework, and each university has developed an Institutional Quality Assurance Process (IQAP) that complies with the QAF and provides each university with an internal policy for the conduct of quality assurance.

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

The first cycle of audits under the 2010 QAF commenced in 2012, and was completed in 2020, with two to three universities being audited in each year. TMU was in the fourth group of universities undergoing audit in 2015-16. The second cycle of audits commenced in 2022, and TMU is again included in fourth group being audited.

The auditors followed the Audit Process as described in the QAF (QAF 6.2, please refer to

Appendix A). The Quality Assurance Secretariat selected the three auditors from the Audit Committee's membership (see brief biographical information in Appendix B), and along with one of those auditors, provided an orientation to the University's Key Contact and other relevant stakeholders at the outset. Upon receipt of the preliminary documents from TMU, the Audit Team selected and reviewed a sample of programs for audit from the New Program Approval Protocol and from the Cyclical Program Review Protocol. In addition, the Audit Team reviewed three Final Assessment Reports and Implementation Plans from completed Cyclical Program Reviews along with follow-up reports. The process involved a desk audit using the University's Institutional self-study and records of the sampled programs, together with associated documents. TMU provided auditors with extensive documentation for the audit well in advance of the site visit. Requests for additional information and documentation were handled in a timely manner.

The Audit Team conducted a site visit at TMU from February 4 – 6, 2026 (see Appendix C for the site visit schedule). During the site visit, the Audit Team met with the University's senior leadership, those with important roles in the quality assurance process, and representatives from those programs selected for audit, including representatives of one new program and one program review currently in the process of completing quality assurance requirements. The site visit meetings served to answer questions arising from the auditors' review of the University's documentation; all individuals and groups the Audit Team met with appeared well briefed on the purpose of the visit and prepared to respond to questions. The Audit Team particularly appreciated the candour and positive approach with which everybody answered the Team's questions. The Audit Team also offers its thanks to those responsible for organizing the meetings and for the hospitality and assistance received throughout the site visit.

Following the audit, the Audit Team prepared a report, with Commendations, Recommendations and Suggestions, subject to a multi-stage review process and final approval by the Quality Council.

The following comprised the Audit Team for the Toronto Metropolitan University audit:

Dr. Johanne Bénard

Dr. Gregory Finn

Dr. Alice Pitt

Dr. Christopher Evans, Quality Council Secretariat support

Ms. Cindy Robinson, Quality Council Secretariat support

The Quality Assurance Context at Toronto Metropolitan University

TMU's IQAP consists of four discrete Senate-approved policies: Policy 110 addresses the Institutional Quality Assurance Process; Policy 112, the Development of New Graduate and Undergraduate Programs; Policy 126, the Periodic Program Review of Undergraduate and

Graduate Programs[1]; and Policy 127, Curriculum Modifications: Graduate and Undergraduate Programs. These policies that collectively form the IQAP were initially ratified by the Quality Council in May, 2011 and revised versions were re-ratified in June 2013. A subsequent version of Policy 112 was then re-ratified in November 2013. All policies were re-ratified again in 2014 and 2019, with the most recent re-ratification occurring in 2022 that confirmed the TMU IQAP's alignment with the 2021 QAF.

At TMU, the University Senate has ultimate authority over quality assurance for all academic programs with the Provost and Vice President Academic assuming overall responsibility for the IQAP policies, procedures, and policy reviews. The Vice-Provost, Academic plays a key role in quality assurance activities, along with Faculty Deans. The Vice Provost and Dean of the Yeates School of Graduate and Postdoctoral Studies (YSGPS) shares many primary responsibilities with the Vice-Provost, Academic in the context of graduate programming. Support for quality assurance processes is a shared responsibility, with oversight, workshops, orientation sessions, report templates, and guidance documents provided by a dedicated office, Curriculum Quality Assurance, for undergraduate programs within the Office of the Vice-Provost, Academic: and, for graduate programs, by the Office of the Vice-Provost and Dean, YSGPS. The Director, Curriculum Quality Assurance and the Associate Dean, Programs, YSGPS share significant responsibility for operational administration of the IQAP. They, along with Curriculum Specialists, are greatly appreciated across the TMU community and recognized for the roles they play in improving quality assurance activities. Over time, the number of graduate programs has grown significantly such that they now account for slightly more than 50% of TMU degree programs; however, the level of resources dedicated to graduate programs has not kept pace with this growth. This will be discussed in more detail later on in this report.

Three Senate committees participate in reviews and approvals associated with TMU's IQAP. The Academic Governance and Policy Committee (AGPC) "proposes, oversees, and periodically reviews Senate policies and University procedures regarding any matter within the purview of Senate." (Policy 110, 5.3.1). The responsibility for revisions to the IQAP was formally assigned to the Committee's mandate in response to a suggestion from the previous audit. The Academic Standards Committee (ASC) "assesses and provides recommendations to Senate for approval of new undergraduate program proposals, undergraduate Periodic Program Reviews (PPRs), minor curriculum modifications (Category 3), and major curriculum modifications to undergraduate programs" (Policy 110 5.3.2). The Yeates School of Graduate and Postdoctoral Studies Council (YSGPS Council) is a Faculty-level Council of Senate that "assesses and provides recommendations to Senate for approval of new graduate program proposals, graduate periodic program reviews, and major curriculum modifications to graduate programs" Policy 110 5.3.3). It is supported by the YSGPS Programs and Planning Committee (PPC). This committee is responsible for reviewing PPR self-studies and appendices of graduate programs for completeness, identifying issues prior to submission to a peer review team (i.e., external reviewers), assessing complete graduate PPRs, and providing recommendations to YSGPSC.

The Senate policies that comprise TMU's IQAP are regularly reviewed and revised as the University engages in ongoing improvement of its procedures and processes and responds to

[1] At TMU, the term Periodic Program Review (PPR) is used rather than Cyclical Program Review (CPR).

emerging priorities, most recently the Equity, Diversity and Inclusion (EDI) Strategy and Action Plan under the leadership of the Office of the Vice President, Equity and Community Inclusion. Shared responsibility for quality assurance is evident in these documents. It was also reflected in the depth of knowledge held by individuals across the University with whom the Audit Team met during the site visit. The Audit Team was struck by comments that situated quality assurance firmly within the realm of collective governance. At the same time, distributed authority can create challenges for effective communication and oversight in a large institution.

Findings Arising from the Quality Assurance Audit of Toronto Metropolitan University

The findings of the 2026 audit are based on the following:

- The report of the 2016 Audit and the University's responses;
- Advice from the Appraisal Committee of the Quality Council on areas where it has observed a pattern in applying the University's IQAP during the development of New Program Proposals;
- Advice from the Quality Council on areas where it has observed a pattern in applying the University's IQAP on Cyclical Program Reviews;
- The University's Institutional self-study (ISS);
- A scan of quality assurance-related documents on the University's website;
- The desk audit of documentation provided by the University for six programs that have either undergone Cyclical Program Review or were new programs that have undergone appraisal for approval and three Final Assessment Reports/Implementations Plans and monitoring reports for programs that have completed Cyclical Program Reviews; and
- Information gathered at meetings with groups and individuals during a site visit at Toronto Metropolitan University.

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

The 2015-16 Audit

In 2015-2016, TMU underwent its first audit, and the report noted the obvious commitment the University has to quality assurance processes and its role in the ongoing improvement to, and excellence, in teaching and learning. The Quality Council provided 10 Recommendations and 14 Suggestions as a result of the audit. The University has incorporated extensive changes in its four Senate Policies related to quality assurance in response to the recommendations and suggestions from the 2015-2016 audit, and these changes have also been reflected in updated manuals and guidelines. Several recommendations called for policy revisions to clarify roles and approval and reporting steps required by the IQAP, including the requirement that Final Assessment Reports, Implementation Plans and Executive Summaries be prepared for every

PPR. Programs undergoing review are now provided with relevant data earlier and in forms easier to use, and policy revisions include a definition of a new program and elaboration of the expedited approval process.

There have also been extensive changes to the IQAP and supporting guidance regarding the composition of and communication with (including the nature of materials provided to the Peer Review Team [PRT] for PPRs), assurance of arm's length status of all external reviewers, and the selection and role of internal reviewers. The role and process for the selection of internal reviewers have been clarified in the relevant policies as have responsibilities for the approval of site visit agendas, and the distribution and approval pathways of the PRT.

In response to a recommendation to ensure that programs undergoing PPRs receive current, complete and user-friendly data packages, TMU has made significant changes to the timing and organization of relevant data provided to graduate and undergraduate programs. Some questions that were raised during the site visit about the accuracy of data are likely best resolved by ongoing support in interpretation. Issues relating to data are discussed in more depth further on in this report.

There has been a concerted effort on TMU's part to implement a system for document management, including data to support PPRs, and tracking of steps and approvals. The Curriculum Quality Assurance (CQA) Portal evolved from Google Folders and then Google Drives for each review and subsequently the introduction of Asana as a more fulsome project management tool. The Portal was launched in Fall 2024 for undergraduate IQAP PPR activities with plans to further develop capability. Those we met during the site visit, familiar with the different phases, expressed admiration for the Portal and the administrative team's consultations during the development phase.

While TMU's commitment to quality assurance is reflected clearly in their immediate, thorough and ongoing efforts to address the recommendations and suggestions provided in the 2016 audit, the current Audit Team encountered instances of undocumented IQAP steps and missing elements in PPR self-studies that suggest that issues may not be fully resolved. These observations have resulted in recommendations and suggestions in this Audit Report.

See Recommendations 1, 2, 3, and 4 as well as Suggestions 7 and 10.

Implications of the Institutional Self-Study

The 2021 Quality Assurance Framework requires that the University provide the Audit Team with an Institutional self-study that reflects on its quality assurance policies and practices prior to a site visit. TMU submitted a helpful ISS that provided insights into its evolving quality assurance approaches, challenges and recent initiatives in the spirit of continuous improvement. The ISS summarized steps taken to respond to the findings of the 2016 audit, identifying policy revisions and providing details about ongoing initiatives to develop and refine processes, templates, manuals and services. Several recommendations and suggestions from the previous audit focused on the need to improve tracking of decisions and approvals. The recently-launched CQA Portal is an institutional-level attempt to respond to these concerns.

After commenting on how the University responded to the Recommendations and Suggestions of the 2016 Cyclical Audit, the self-study looked more generally at changes and improvements to TMU's quality assurance processes and outlined several initiatives either underway or planned. The self-study also highlighted some ongoing difficulties which permitted the Audit Team to frame some of its questions at the site visit.

Finally, in the Institutional self-study, the University asked for comments on several issues addressed in the order in which they appear in the ISS.

1. *Formal faculty engagement and reduced administrative burden*

   There are two aspects to consider: acknowledgement of contributions on the part of individuals, and opportunities to streamline processes. TMU benefits from clearly delineated and distributed responsibility for quality assurance processes, and the University is aware that greater recognition of those who devote time, energy and skill is needed. This need was confirmed during the site visit, particularly in two areas: program-level participation in PPRs and membership in one of the committees with significant QA related responsibility, the ASC and the YSGPS Council/PPC.

   There have also been significant efforts to ease the burden on individuals who are responsible at the program level for quality assurance activities. The CQA Portal, building off a prior document management system, gathers policy documents, resources, templates and guidelines; will make data more easily accessible; identify steps associated with IQAP processes; and identify persons responsible for tasks. The capacity of the CQA Portal to associate individuals with assigned tasks in a QA Process communicates clearly the shared responsibility for completing PPR self-studies early in the process. This means that responsibility for writing certain sections of the self-study can be delegated and therefore drafting of that document is no longer the sole responsibility of one individual. The Portal also imbeds follow-up if deadlines are missed.

   Curriculum Specialists are now assigned to each undergraduate PPR to ensure that supports and resources reach PPR teams and that deadlines are met. The Audit team was told that efforts to provide data early on and in readable form are greatly appreciated as are supports provided by Curriculum Specialists. Improvements have also been made to provide graduate programs with timely and appropriate data, and Curriculum Specialists support the development and revision of program learning outcomes, program objectives, and curriculum mapping. In another section of this report, recent changes to the graduate PPR manual and template will be discussed.

   TMU has made considerable efforts to develop tools and resources to support faculty member engagement with QA processes. Later in this report are several suggestions for highlighting the contributions of participants in QA activities. In addition, specific recommendations or suggestions presented below, which flow from this audit's findings, may also serve to make aspects of quality assurance activities less onerous. With many new services and supports in place, the next step will be to assess effectiveness and seek further opportunities to streamline processes.

See Suggestions 1, 2, 3, 4 and 12.

2. *Ensuring compliance with the PPR schedule*

   The ISS identifies the achievement of consistent compliance with and timely completion of Periodic Reviews as the most significant quality assurance-related challenge facing the institution. The Audit Team noted delays at various milestones in the PPR timeline in the program reviews selected for the desk audit, but it also saw strong evidence indicating that this is a challenge across the University for both graduate and undergraduate programs. The University has taken steps to better understand where bottlenecks occur, to intervene promptly, and to provide resources and supports to facilitate and monitor the process. The Audit Team was advised that sanctions are in place to be deployed when needed, but these were not described. Efforts to reduce the administrative burden, such as improvements to the provision and formatting of data, centralized management systems (i.e. the CQA Portal), the support of curriculum specialists, clear guidance, and consistency of practice have been identified as measures in support of improving engagement and timely completion of PPRs.

   These measures are recent, and the Audit Team did not have the opportunity to review outcomes. An additional consequence of delays in the PPR process was the lack of PPRs completed under the 2022 IQAP when the Audit Team selected quality assurance activities in March 2025 to be reviewed as part of this audit. As a result, this report includes recommendations based on concerns that the University may already be actively working on.

See Recommendation 1 and Suggestion 1.

3. *Implementation of a Curriculum Management System*

   This issue is out of scope of the audit; however, the value of curriculum management systems (CMS) was a topic of discussion at a recent key contact exchange forum (December 1 2025 Exchange Forum). As part of that discussion, the importance of QA initiatives and approaches in an era of financial constraints was highlighted. The Audit Team notes that a CMS would be a reliable source for all institutional curriculum development and improvement and provide important analytics that would benefit continuous improvement initiatives within programs and across the institution.

See Suggestion 12.

4. *Post PPR and New Program Development Monitoring*

   Based on the sample of quality assurance activities selected for audit, including the three Final Assessment Reports/Implementation Plans and Monitoring Reports, it was evident to the Audit Team that monitoring processes play a key role in quality assurance activities. The IQAP's protocols for New Program Development and PPR provide clear language about the timing of monitoring reports (no later than four years after the launch of new programs and typically one year after Senate approval of a PPR), as well as the purpose and to whom the reports are to be submitted. PPR monitoring reports are provided to Senate by ASC and PPC respectively, while new program reports are included in the material for the first PPR.

New program approvals selected for audit had not yet been required to submit their monitoring reports. Of the desk audits focused on the PPR, three of the selected included detailed monitoring reports, as required although it was not always clear to whom they had been submitted or, as required by Policy 126, that Senate has exercised its authority to approve PPR monitoring reports (referred to as follow-up reports). Moreover, while PPR monitoring reports are, as required by the QAF (5.4.1 d), posted to a website (Senate website), the IQAP does not require this. The Audit Report therefore includes two Recommendations directed towards the resolution of these issues. Additional suggestions have been made in relation to observations conveyed during the site visit. For example, it was not always clear how the role of the Dean was accounted for as is required by the IQAP.

See Recommendations 6 and 7 and Suggestions 8, 9, 10 and 14

5. *Enhancing the cooperation and collaboration between undergraduate and graduate program processes*

   As noted earlier in this report, responsibility for implementing the IQAP for undergraduate and graduate programs is located in different offices, the Vice-Provost Academic and the Vice-Provost and Dean, YSGPS respectively, each reporting to the Provost and Vice President Academic. The governance structures function in a parallel manner, but they are situated quite differently. The ASC, whose mandate covers undergraduate activities, is a standing committee of and supported by Senate. The YSGPS Council, which is responsible for graduate programs, is a Council of the Faculty of Graduate Studies, and the PPC is a standing committee of the Council. The lack of direct support by the Senate administration may also lead to inconsistencies in procedures and outcomes; however, none were observed by the Audit Team.

   Initiatives designed to bring about closer alignment of the undergraduate and graduate QA processes at TMU have been undertaken: where appropriate, policy language and guidelines have been revised to mirror each other, a recommendation from the previous audit; CQA now provides all data for undergraduate PPRs through the CQA Portal, and the Office of YSGPS now provides much of the relevant data for graduate PPRs as the process launches, thus reducing the need for individualized data sets.

   During the site visit, the Audit Team heard from many familiar with IQAP processes that changes to the level and kinds of support, the quality and timeliness of data provision, and the user-friendliness of technological tools have greatly improved the experience of undergraduate PPRs, and, while enhancements to support at the graduate level is very much appreciated, there seems to be agreement that there is room for further improvement. At the same time, however, the Audit Team was also apprised of challenges to fully integrate graduate PPRs into the Portal or to more fully align the graduate and undergraduate processes.

   One consequence of the structural difference lies in the limited role played by the Office of the CQA in the implementation of the IQAP in relation to graduate programs. Where Curriculum Specialists support the unit level PPR team throughout the process at the undergraduate level, their participation is directed to the development and review of

PLO's, POs, and curriculum mapping at the graduate level. Comments during the site visit referred to the support of CQA Curriculum Specialists as a differentiating factor marking the improvement of undergraduate QA processes. For example, Curriculum Specialists conduct highly valued classroom-based Student Feedback Experience Sessions for undergraduate programs, and graduate programs would benefit from their expertise.

As part of the University's commitment to continuous improvement, the ISS described plans to fully integrate graduate programs into the CQA Portal by the Summer of 2026. While the implementation has since been deferred to allow time for the revised graduate templates and guidelines to be piloted, this is welcome for a number of reasons, not least of which is the role the Portal is expected to play in ensuring timely completion of PPRs. A single approach to document management, the tracking of completion of steps and approval processes has obvious administrative benefits; less obvious may be the ways collegial participation stands to be enhanced by shared understanding of expectations, practices, resources and oversight. The more faculty and staff work with one technological system, the greater the extent to which becoming familiar with it fades into the background, leaving more time and energy for substantive matters.

The Audit Team was advised that TMU graduate programs are structurally different from undergraduate programs, which results in a poor fit for using the existing tool to map program learning outcomes, a process very focused on courses rather than milestones. An additional tool has been developed to map graduate curriculum requirements. In addition, the small cohort size of many graduate programs makes survey instruments less appropriate for gathering information about student experience, and focus groups are used by graduate programs.

Graduate programs also seem to be sufficiently distinctive that even with the recent efforts to pre-populate much of the data, there remain instances when programs and YSGPS continue to collaborate to develop relevant data. The Audit Team was informed that the need for graduate programs to demonstrate scholarly, research and creative (SRC) activities is a clear example of such a distinction. There may be additional opportunities to refine data. The Audit Team learned that data for related Masters and PhD programs were collapsed, which made it challenging to develop responses to the PPR prompts. As capacity to manage and report data grow in sophistication and ease increases, there may be further opportunities for data required by graduate programs to be managed centrally.

Finally, while there is interest in greater alignment between graduate and undergraduate PPR scheduling, many graduate programs at TMU did not evolve out of undergraduate programs but are, rather, distinct epistemological and/or professional entities that would not benefit from aligned reviews. Policy 126 allows for combined reviews, but separate review reports and FARs/IPs are required, and the approval processes are distinct. The Audit Team heard that a few attempts to combine PPRs did not, in fact, go well.

It may be that the CQA Portal can be adapted to accommodate more tracking of activities, data storage and as a platform for relevant manuals and templates as time

goes on. The Associate Dean, YSGPS, has very recently led a process to improve and further align the graduate with the undergraduate program PPR template and update the manual. The revised supports may now be in use, but at the time of the site visit, few seemed to be aware of their contents and how these address their concerns. A document that was submitted to the Audit Team highlights the changes and did include rationale for continuing to implement these recent changes to the process. Graduate PPR processes are not currently integrated with the CQA Portal; consequently, Google Workplace applications (Docs, Drive, Sheets, etc.) will continue for graduate program PPRs.

The Audit Team heard about a promising initiative in one Faculty that focused on the role played by PLOs to highlight the Faculty's distinctive identity and demonstrate what the Faculty programs have in common with each other. Faculty members gather program level outcomes for both graduate and undergraduate programs to open conversations about expectations across programs and transitions between graduate and undergraduate programs. This is an encouraging initiative and would benefit from a single source for access to approved learning outcome documents.

See Suggestions 1 ,11, and 12.

Commendations and Best Practices (QAF 6.2.7)

Commendations

The Commendations section provides a space to acknowledge individuals, programs, or administrative units that have demonstrated certain characteristics that have led to strong quality assurance practices or a culture of continuous improvement.

New Program Development: The Audit Team was very impressed by one academic unit's approach to the development of a new program proposal. The first phase of the process was commendable, marked by strong engagement from faculty members across programs, ranks and disciplinary expertise, with attention to gender balance and diversity. These faculty participated in brainstorming sessions over a period of two to three months. Support staff also contributed by managing logistics and assembling supporting evidence for the proposal, and the result was a solid proposal developed over a short period of time.

Best Practices

Best Practices are specific systems, processes, structures and actions that enhance the effectiveness of the application of the IQAP or contribute to the University's efforts toward a culture of continuous improvement. While they may reflect either institutional practices or practices in place in specific programs, they normally will be suitable for widespread adoption both within a university and across the sector.

1. *Consultation and Engagement with Students and Employers*

TMU values the perspectives of students and employers, and its strong tradition of using surveys regularly to stay abreast of the community may be viewed as a practice to emulate.

Undergraduate programs all have active Program Advisory Committees which are consulted regularly and specifically in relation to the development of the PPR Report. Alumni perspectives are sought after, and the university community would benefit from learning from those who have developed effective approaches for their participation.

The Student Experience Feedback Sessions conducted by Curriculum Specialists for all undergraduate programs may be unique across the system. Curriculum Specialists facilitate discussions in a third- and a fourth-year class, and from these discussions, generate a report shared with the program. While labour intensive, there are several benefits: experienced facilitators can draw out more detailed feedback, encourage elaboration across participants, and the method likely results in higher levels of participation than surveys. These reports are highly valued by those involved in developing the self-studies, and the practice also provides material for spotting trends and highlighting emerging challenges and valuable practices.

In addition to the Student Experience Feedback Sessions, surveys are also used and, in graduate programs, focus groups. The Audit Team noted deep engagement with results in at least one self-study which analysed student commentary on key aspects of teaching and learning based on various inputs, and another program described plans to implement exit surveys for graduating students as a result of its engagement with feedback provided for the self-study. Another program was able to leverage an alumni-led LinkedIn group to gather graduates of the program to meet with external reviewers, an innovation that would benefit other programs as well.

2. *Office of Curriculum Quality Assurance*

The Office of Curriculum Quality Assurance provides excellent support that is highly valued by the TMU community, primarily to undergraduate programs. The Curriculum Specialists support the development, refinement and mapping of program learning outcomes, conduct the in-class Student Experience Feedback Sessions described above, and provide guidance from beginning to end for undergraduate PPRs. Not only is their support recognized at the program level, their insights and expertise contribute to institutional improvement. One example brought to the attention of the Audit Team is the use of artificial intelligence (AI) to generate draft learning outcomes which not only allows faculty members to focus their attention on analysis but also contributes to important discussions about the benefits and risks associated with AI. Another example is a tool for documenting the use of learning assessment methods across programs which helps programs gain a deeper perspective on this key aspect of their pedagogy.

3. *Curriculum Quality Assurance Portal*

TMU demonstrates a very strong commitment to continuous improvement of supports and resources related to quality assurance activities. In particular, the CQA Portal not only addresses some weaknesses identified in earlier efforts to manage data and workflow, it also provides a centralized resource for ongoing efforts to develop an institutional culture of curriculum excellence by more effectively engaging program representatives with quality assurance activities (see the Formal faculty engagement and reduced administrative burden section, above) .

Where earlier management systems focused on individual and in-progress activities, the Portal achieves this and serves as an archive for both programs and the university. For example, the plan to use the CQA Portal to maintain a compendium of all program learning outcomes creates opportunities to identify similarities and differences across programs and to assess approaches to the integration of university priorities such as, to name a very current example, TMU's commitment to EDI/antiracism. To this end, Curriculum Specialists have created a new approach to the SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of undergraduate programs. This approach adapts a tool, Aspirations, Strengths, Challenges, Opportunities, and Results (ASCOR), that was developed to centre EDI in the development and refinement of PLOs. This approach helps to link program level developments with institutional change. Independent of the Portal but with potential for broader application within the Portal, one Faculty has developed software to generate course outlines that include PLO's and the course assessment methods.

Recommendations to the Institution

Recommendations, which are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these recommendations, including in its response to the auditors' report when required.

Toronto Metropolitan University must:

RECOMMENDATION 1: **Ensure that Periodic Program Reviews (PPRs) are launched and completed in a timely manner to ensure that all PPRs are conducted within an eight-year cycle.**

The Audit Team was provided with a schedule of reviews from 2016-2025, the years between the previous audit and this one, and a list of programs with the status of their reviews. Some, but not all, delays can be attributed to the pandemic and the various disruptions that ensued. Of 22 undergraduate programs that launched or were scheduled for review between the years 2016-2017 and 2022-2023, the time span to Senate approval ranged from 4 – 8 years for 15 programs, with 7 programs completing in 2 or 3 years. Three programs have yet to complete; these are at various stages of completion and are 1-5 years behind schedule. Another indicator of delays is the range of the number of years between the completion of the most recent PPR and the subsequent one. A condensed timespan between the completion of one review and the launch of the subsequent one is an indicator of significant delay. Such circumstances result in the unfortunate consequence of conducting full reviews on a condensed timeline, thus eroding a program's capacity to make progress on changes identified in the Implementation Plan and/or accumulating sufficient evidence in order to reflect upon the effects of improvements.

The information provided for graduate programs was more difficult to interpret; however, three years of Senate approvals (taken from TMU's website) indicate that FAR/IPs have been posted for 11 program reviews during that period. Using the schedule provided, many of these programs were also somewhat to significantly delayed. There has been substantial growth in the number of graduate programs offered at TMU, and it is clear that a great many programs

are currently involved at various stages of completing PPRs, some with minor delays indicated. One of the programs selected for desk audit that did experience significant delays had a May 2024 Senate approval date for its PPR, followed by a May 2025 monitoring report; it is scheduled to begin its next PPR in 2026-2027.

During the site visit the Audit Team heard that program-level leadership transitions often accounted for delays. Clear expectations in letters of appointment and annual year-end reports for Chairs, Undergraduate Program Directors and Graduate Program Directors along with early detection by way of the CQA Portal of failure to meet timelines on specific tasks can be expected to yield results, particularly if the appropriate interventions can be made. YSGPS is also clearly committed to monitoring progress and providing support as necessary. The University must ensure that all PPRs are conducted within an eight-year timeframe.

See related Suggestions 2 and 4.

RECOMMENDATION 2: Ensure all steps related to quality assurance processes are documented and stored so that they are readily retrievable for future quality assurance auditors.

The Audit Team reviewed three iterations of the IQAP with Quality Council re-ratifications in 2018, 2019 and 2022. The desk audits reviewed a sample of new program proposals and PPRs that were developed under the auspices of the 2018 / 2019 IQAPs. In spite of revisions and clarifications in the IQAP that respond to recommendations and suggestions from the previous audit, there exist ongoing concerns with missing information in the desk audits in terms of communications, approvals and processes for nominating and selecting review teams. Monitoring reports are also missing documentation that demonstrates review / approval pathways including indication of Senate approval as required by the IQAP

It is as yet unclear the extent to which the CQA Portal will resolve these issues for those activities that make use of it.

The ISS describes plans to fully integrate graduate PPRs into the CQA Portal as a priority for TMU's ongoing improvement of quality assurance processes over the next five years. However, as described elsewhere in this report, fulfilling this commitment may not be straightforward. The Audit Team was informed that even with a new template and guidelines, the CQA Portal as it is currently structured is not capable of fully satisfying the needs of graduate program reviews. This suggests that graduate program oversight may continue to rely on processes that have not resulted in uniformly positive results. The University must ensure that all steps and review/approvals required in the IQAP are documented and stored.

See related Suggestion 1.

RECOMMENDATION 3: Ensure that all evaluation criteria for new program approvals and PPRs are included in new program submissions and PPR self-studies and that these criteria are adequately addressed.

Since the previous audit, the Quality Council's Appraisal Committee has identified the need for frequent requests for additional information on the evaluation criteria related to teaching and learning (QAF 2.1.2.4 a & b) as an indication of institutional level challenges. Aspects of the

parallel criterion for some of the PPR Self-Study Reports were either missing or underdeveloped.

Multiple evaluation criteria were either missing from or inadequately addressed in one PPR's self-study which was also significantly delayed. In another instance, a self-study quantified the high number of part-time instructors but provided no discussion about their qualifications or effect on student experience and sustainability of the program as required (QAF 5.1.6.1.3 b). The Audit Team noted that improved guidance directs programs to the significance of the evaluation criteria and provides prompts to encourage analysis and reflection.

The University must provide clear documentation as required by the IQAP that all evaluation criteria for new program approvals and PPRs are included in new program submissions and PPR self-studies and that these criteria are adequately addressed.

RECOMMENDATION 4: Ensure that PPR self-studies comply with the IQAP regarding the documentation of involvement of faculty, staff and students in the preparation of the self-study.

Also missing from several PPRs examined during the desk audit were descriptions of how the self-study was written (QAF 5. 1.3 a). This is a key component of the self-study that reflects the program's collective responsibility for academic program quality and improvement, and it was clear from the site visit meetings that robust practices of consultation and participation inform self-studies. The requirement appears clearly in the 2022 IQAP in the opening description for the Self-Study Report and is reflected in the relevant manual for undergraduate programs, updated in 2024. A revised manual for graduate programs does not mention the requirement, but the new 2026 template provides a detailed discussion of the development of the self-study.

The University must ensure that self-studies include a description of how the document was prepared, including how faculty, staff and students were involved.

RECOMMENDATION 5: Ensure that Peer Review Team recommendations are clearly identified in the Final Assessment Report and that a rationale is provided for any that are not selected for implementation.

The preparation of Implementation Plans for PPRs at TMU involves the program(s) under review and the appropriate committees. The PPRs that were examined during the desk audit did not all follow the exact same process, but they did share key features that exemplify an approach that is iterative and that suggests a high level of program ownership of the process and outcomes. Each of the self-study reports included, under different titles, recommendations proposed by the program that served as a draft implementation plan. This document was then revised first to take into account external review report recommendations, if these differed, and then again to take into account any Senate committee revisions. Historically at least, PRT recommendations are not always clearly visible in the Implementation Plans. The most recent version of Policy 126 (2022) no longer requires an Implementation Plan as part of the self-study, and the mandate of the Peer Review Team has been revised. In place of the language in prior versions, reviewers are now asked to provide "at least three recommendations for specific steps to be taken that will lead to the continuous improvement of the program, distinguishing between

those the program can itself take and those that require external action." This aligns with the 2021 QAF (QAF 5.2.1 v.).

As has been noted in feedback to the University from Quality Council, Section 5.3.2 a) 5 allows universities to add additional recommendations proposed by the unit, Dean(s) and/or the University. The University must, therefore, ensure that recommendations provided by the Peer Review Team are clearly identified in the Final Assessment Report and Implementation Plan and that a rationale is provided for any that are not selected for implementation.

RECOMMENDATION 6: Ensure that the submission, review and approval process for monitoring reports be completed and documented as required by the IQAP (Policy 126).

The IQAP provides clarity with respect to the preparation and review of Monitoring Reports (Follow-up Reports). Section 11 describes the role of Senate as having the authority to approve, not only the PPR report, but also the mandated Follow-up Report. The Audit Team did not see evidence that this step was completed nor that these Reports have been submitted to the Dean and Vice-Provost, Academic/Vice-Provost and Dean, YSGPS.

The university must ensure that steps required by the IQAP for submission, review and approval of mandated monitoring reports be followed and documented.

See also related Suggestions 8 and 9.

RECOMMENDATION 7: Ensure that the IQAP be revised to align with the QAF requirement that monitoring reports be posted.

The QAF (5.4.1 d) requires "timely monitoring and appropriate distribution *including web-posting* of the scheduled monitoring reports." TMU's IQAP (Policy 126) does not include reference to posting mandated monitoring reports. However, the University does post monitoring reports as part of the Senate report from the Academic Standards Committee. They are titled "Follow up Reports" and are presented as For Information Items (typically on the Senate agendas in October, November and December). In the absence of an IQAP requirement, a change could be made to this practice resulting in a failure to meet QAF requirements

The University must ensure that its IQAP include reference to the posting of monitoring reports.

See also related Suggestion 14.

Suggestions to the Institution

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

Some suggestions aim at taking advantage of the CQA Portal which the Audit Team considers to be among best practices.

Toronto Metropolitan University should:

SUGGESTION 1: Consider the potential of the CQA Portal's capabilities to assess its effectiveness in the timely management of quality assurance processes and to identify potential bottlenecks.

This audit has identified delays in PPRs as a major challenge. The CQA Portal will help identify delays as they occur, thus making it possible to intervene quickly. Systemic bottlenecks in procedures could become more readily visible. One example of delay within the process was noted by the Audit Team during its desk audits: some PPRs require several meetings with the ASC prior to approval. The interventions identified in the ISS focus on the launch and completion of the self-study; however, there may be additional aspects of the process that contribute to delays that occur between launch and approval that warrant attention.

See related Recommendation 1.

SUGGESTION 2: Consider creating a resource for Faculty Deans that provides information about their roles and responsibilities, outlines activities that are to occur on an annual basis, and provides guidance on the integration of quality assurance in the life of the Faculty.

It is important that Deans and Associate Deans prioritize IQAP responsibilities in meetings with Chairs, Directors, and Program Directors and that they use meetings to check in on progress and hear concerns. The Audit Team was informed that Deans do in fact take up IQAP matters in their meetings, and their commitment was evident in the depth and thoughtfulness with which they responded to the auditors' questions. The same was true for Associate Deans who work more closely with both the Offices supporting PPRs and the programs. The Audit Team heard the suggestion to provide a resource and endorses the possibility of creating a "Dean's Binder" to outline activities on an annual basis, identify themes and trends related to quality assurance, and link implementation of relevant university priorities to quality assurance activities.

SUGGESTION 3: Explore opportunities to acknowledge and leverage the institutional experience developed by members of the community and, in particular, members of the committees that play key roles in quality assurance activities at the undergraduate and graduate levels.

The TMU community's collegial governance processes are robust. The ASC and Graduate Council/PPC play key roles in all IQAP activities reviewing, providing feedback for and approving curricular modifications, program reviews and new program proposals. The Audit Team met with individuals whose experience with quality assurance activities spanned significant lengths of time or was a result of various roles within and across academic units. Their perspectives enhance TMU's commitment to fostering a strong culture of quality assurance. In particular, the members of ASC and Graduate Council/PPC are deeply immersed in quality assurance activities and are well-positioned to develop institution-wide understandings of the trends, challenges and innovations that inform the university's continuous improvement.

Even taking into consideration the ASC's practice of assigning three leads for thorough review

of documents, the volume of work is substantial. The committee meets weekly, and it is clear from its minutes and from the Audit Team's meeting with current members, that it takes its work very seriously. The documentation submitted by the University indicates that YSGPS has also added additional meetings for the YSGPS Council and the PPC in order to provide timely feedback and approvals. These committees provide, in addition to advice and reliable collegial oversight, a deep education to their participants from across the institution and a powerful arena for identifying trends and issues that affect the University's undergraduate and graduate teaching mission.

The members who met with the Audit Team value their experience serving on the committees, but they also expressed the view that the very high workload was not visible to the broader community. Members of Senate, in Faculty Councils and those joining PPR orientations would benefit from the perspectives of their colleagues who have served on these committees on quality assurance of curriculum. In addition, several individuals who had served as Internal Reviewers shared ideas for improvement with the Audit Team suggesting that their participation might also warrant acknowledgement.

A few ideas to acknowledge the contributions of members of the afore-mentioned committees include the following: An annual report to Senate documenting their activities, invitations to join PPR orientations, informal coaching roles, and documentation of members' participation in these important committees for personnel portfolios.

SUGGESTION 4: Consider developing common language based on IQAP role descriptions to outline expectations of Chairs/Directors and Graduate Program Directors whose obligations will include quality assurance activities.

Recent efforts to ensure that appointment letters include such information have been undertaken. Given the large size of the institution, the number of academic units and the distinct processes for undergraduate and graduate programs, common language about the nature and scope of obligations will ensure consistency and recognition of context as appropriate.

A recent change to launch undergraduate PPR's in May of the year prior to the Fall Data Collection period has made it possible to recruit members of the PPR team at the same time as other unit-level committees. Faculty colleagues now have a better sense of their unit's service demands. It would be helpful for appointment letters for incoming Chairs and Directors as well as Graduate Program Directors (GPDs) to also address the importance of encouraging collegial participation. It will be important that such letters are monitored by the appropriate academic leader to ensure consistency in terms of information and participation and that activities outlined in letters of appointment be reviewed in year-end reports in order to monitor progress and effective transitions.

See related Recommendation 1.

SUGGESTION 5: Consider further review of data packages and guidance provided to programs in relation to prompts and evaluation criteria.

TMU provides very thorough manuals for graduate and undergraduate PPRs and templates are also detailed. As noted there have been improvements in the timing and packaging of data since the previous audit. However, the Audit Team heard from one program that data provided did not align with their own. Effective use of data definitions as well as guidance on how to interpret data could potentially aid in developing better understanding of the value of institutional over unit-generated data. In other instances, the Audit Team was advised that a program was asked to respond to prompts in the absence of data. For example, if perspectives of alumni are required, perhaps more guidance is needed that could, at least in part, be based on some initiatives already undertaken by individual programs. (See Best Practice 3) There is a robust practice of surveying students, and graduate programs also use focus groups to assess student experience. The Student Feedback and Engagement Sessions conducted in-class by Curriculum Specialists seem to be particularly valuable, and graduate programs might benefit from this form of evaluation as well. Representatives from one program have begun to use exit surveys. Methods for soliciting student feedback may be an area that would benefit from review with a menu of approaches supported that take into account different kinds of programs. In terms of evaluation criteria, TMU does add criteria (such as need and demand and EDI considerations). There may be opportunities to streamline some of the prompts and ensure that data provide the appropriate information.

SUGGESTION 6: Consider opportunities for streamlining processes for program changes as described in the IQAP policy 127.

During the site visit, members of the Audit Team heard very positive comments on efforts to improve procedures, practices, supports and resources. While not always the case, many of the program representatives found that the review process encouraged collegial reflection on what was and was not going well and the opportunity to develop strategies for improvement. The Audit Team heard that making changes to curriculum took what was deemed to be an inordinately long time.

Academic units may benefit from being reminded that, as communicated in Policy 127, proposals for curriculum changes submitted after August 31 may not be approved by the November Senate meeting, a requirement if approved changes are to be implemented for the following academic year. The Audit Team also heard that the multiple categories of minor modifications can be confusing for programs planning curriculum changes.

The policy's procedures have been recently reviewed, and the policy itself is slated for review in 2027. Consultations may identify areas for streamlining requirements and procedures and will also provide an opportunity for developing a mindset attuned to a cycle of reflection, review, and revision in assuring academic program quality.

SUGGESTION 7: Consider establishing a process to document consultations with programs/units affected by proposed curriculum modifications.

Policy 127 governs major and minor curriculum modifications for graduate and undergraduate programs. In the current version, specified consultations are required for each type of change. Representatives from one program informed the Audit Team that changes were made to course offerings that were integral to its curriculum without their knowledge. The current version of

Policy 127 requires consultations with the Chair/Director and the Faculty Dean of the Departments/Schools affected by the curriculum modification. When collaborative and inter-disciplinary programs are approved with resource interdependencies, consideration should be given to the consequences of proposed changes prior to approval.

SUGGESTION 8: Consider a two-year timeline for submission of monitoring reports for Implementation Plan action items.

In order for implementation plans to function as an effective support for programs as they undertake often complex program modifications, it is important that timelines, along with expectations on progress, be closely aligned to the nature of requirements associated with prioritized changes.

While it is possible to determine a two-year report in lieu of the mandatory one-year monitoring report for PPRs at the time of approval, criteria for such a decision may not be well understood. The Audit Team was told that the standard one-year period does not always allow for significant progress to be made. This may contribute to a sense that the process is little more than an exercise**.** Moreover, the policy also clarifies that changes requiring the University to provide resources should be requested following normal annual planning processes and that the expectation is that such changes be made within two years of Senate approval of the PPR report.

SUGGESTION 9: Consider reviewing process(es) for ensuring that action items requiring the Dean or other university administrator to approve and / or supply are addressed by those responsible.

The IQAP describes the role of the Dean(s) as receiving monitoring reports for new programs and PPRs as well as processes for requesting and approving resources required for the implementation of approved recommendations. The preparation of monitoring reports is the responsibility of the academic units, and, while the Audit Team heard that there is discussion between the unit and the Dean as monitoring reports are prepared, it was also told of instances where either no action was taken on items or the actions did not meet the unit's expectations given specific recommendations. Greater clarity on addressing items involving decanal or other levels of the university administration's participation within the monitoring report would provide transparency.

SUGGESTION 10: Consider seeking a way to make more transparent the role of the Dean in receiving / reviewing monitoring reports.

In general, the monitoring reports are thorough and detailed. However, during the site visit, program representatives advised that their post-PPR activities were based on a "list" that they were working through in no particular order. This suggests that, in this particular case, the relationship between the IQAP requirement that the Implementation Plan guide subsequent action and the program's activities that actually take place could be disconnected. In another instance, progress on some aspects of a PPR implementation plan was deferred as program members turned attention to preparations for an accreditation review. Members of the university

leadership team also drew attention to a lack of clarity regarding the decanal involvement and oversight of IP actions. They also noted that increases in the role of the Faculty Dean for oversight of monitoring in the case of graduate programs may not as yet be well-understood. As the administrator closest to the academic unit and its activities, it would be advantageous if the Faculty Dean were required to indicate approval of the monitoring report.

SUGGESTION 11: Continue to identify opportunities for further alignment between undergraduate and graduate processes, including opportunities to bundle program reviews.

The Audit Team heard about efforts underway to align processes, including a very recently developed graduate template and manual for PPR, which coincided with endeavours to integrate with the CQA Portal. The Team heard that such efforts are appreciated but also that there may be limits in the extent to which alignment and collaboration are possible. Given the very different structures that govern undergraduate and graduate practices, limits are understandable. However, the growth in graduate programs puts significant pressure on the resources allocated to graduate program quality assurance activities. As the CQA Portal develops, it will be beneficial to take into account the needs of graduate programs. Even a step as minor as the use of ASCOR by graduate programs in lieu of the SWOT analysis as a tool for program reviews would orient graduate programs towards common university goals.

SUGGESTION 12: Encourage the use of the CQA Portal as the central repository for program level learning outcomes and related materials to deepen connections among and between programs and assess effectiveness of institutional priorities.

The growth in graduate programming at TMU marks a significant change in the University and its student populations. The CQA Portal is currently linked to the Curriculum Mapping Tool for both undergraduate and graduate programs and, once the PPR has been approved by Senate the PLOs will be published. Opportunities exist to reflect on how this change is playing out and on the ways graduate and undergraduate programs might evolve such that relationships between and among programs and in relation to institutional priorities (such as EDI/Anti-Racism) serve to strengthen TMU's distinctiveness. Leveraging the CQA Portal as a site for collaborative innovation seems very promising.

See also Suggestion 10.

SUGGESTION 13: Consider developing guidelines that define the role of the internal reviewer and offer guidance about their role.

Revisions to Policies 112 and 126 to clarify the selection and role of internal reviewers for PPR and new program review teams were made in response to a suggestion in the previous audit. The Audit Team heard from several people who had served as internal reviewers that they were not clear about their role and relied on the external reviewers' preferences or their own experiences serving as reviewers for other universities. The kick-off meeting for the review team provided clarification; however, guidelines about how to prepare for the site visit and expectations in terms of involvement in the writing of the report would be well-received. Some of those who have taken on the role have a sense that invitations are related to familiarity with

university culture and others because of a connection with the program under review, which suggests that further clarification of the criteria or their communication could also be beneficial. As noted in Suggestion 3 above, internal reviewers have valuable insights and may have or develop heightened levels of interest in quality assurance activities, which could benefit the institution.

SUGGESTION 14: Consider posting Monitoring Reports on the same website as the Executive Summaries and Implementation Plans.

As noted in Recommendation 7, while not required by the University's IQAP, monitoring reports are posted to a website as part of a Senate Report and, as such, are challenging to find and disconnected from the University's reporting on Quality Assurance Activities.

Conclusion and Next Steps for Toronto Metropolitan University

Quality Assurance at TMU is well integrated into collegial governance processes with committees at the undergraduate and graduate levels deeply engaged in reviewing, advising and approving quality assurance activities. The support and resources provided by the Offices of the Vice-Provost, Academic and the Vice-Provost and Dean of YSGPS are described as having improved considerably over the past few years, with high and consistent praise for the Centre for Excellence in Learning and Teaching, which houses the Curriculum Quality Assurance staff. Graduate programs are primarily supported by the Associate Dean, Programs and a small staff, who are also greatly appreciated. While there is close collaboration between the two Vice-Provosts, the significant recent and ongoing growth in the number of graduate programs has resulted in an imbalance between the levels of support and resources dedicated to graduate program quality assurance, particularly in relation to cyclical program reviews.

This imbalance may be most visible in terms of the serious delays that have historically affected program reviews across the University. The University has recently developed resources, supports and oversight mechanisms to ameliorate the issue. The Auditors have noted these efforts and have identified Recommendations and Suggestions to ensure and strengthen these efforts, noting that outcomes may be different for undergraduate and graduate programs. Given the importance of maintaining the eight-year review cycle, a follow-up report addressing this issue is recommended. Other Recommendations and Suggestions address ongoing concerns about the tracking and documentation of steps in quality assurance activities. A key recommendation concerning the posting of Monitoring Reports must also be addressed in the required follow-up report. The University is to be commended for the development of the Curriculum Quality Assurance Portal, while recently launched, holds considerable potential for easing many aspects of administrative burdens, strengthening oversight, and providing centralized infrastructure for enhancing the University's commitment to continuous improvement.

Recommendation: The University must provide a Follow-Up Report to be submitted one-year after the approval of this Audit Report to report on the findings of this audit report in relation to on-going issues of delayed PPRs as well as issues related to posting of monitoring reports, both for PPRs and new programs.

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

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

Purpose

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

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

Objectives

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

a) Improved/enhanced its quality assurance processes and practices;

b) Created a culture of continuous improvement; and

c) Developed processes that support program-level learning outcomes and student-centered learning.

Scope

The Cyclical Audit:

a) Reviews institutional changes made in policy, process, and practice in response to the recommendations from the previous audit;

b) Confirms the University's practice is compliant with its IQAP as ratified by the Quality Council and notes any misalignment of its IQAP with the QAF; and

c) Reviews institutional quality assurance practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews.

Audit Process (QAF 6.2)

A. Pre-orientation and briefing

To initiate the audit process, a briefing occurred on January 27, 2025. The Quality Assurance Secretariat and a member of the Audit Team provided an orientation on what to expect from the Cyclical Audit to the Key Contact and other relevant stakeholder(s).

B. Assignment of auditors

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

C. Institutional self-study

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

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

The audit team independently selected a sample of programs for audit, normally two programs developed under the New Program Approval Protocol and three or four programs that have undergone a Cyclical Program Review. Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications are not normally subject to audit.

A small sample of new programs still in development and/or cyclical program reviews that are still in progress may additionally be selected, in consultation with the University. In these instances, documentation for these in-progress programs is not required for submission. Instead, the auditors ask to meet with program representatives to gain an understanding of current quality assurance practices.

Specific areas of focus may also be added to the audit when an immediately previous audit has documented causes for concern, or when the Quality Council so requests. The University may also request specific programs and/or quality assurance elements be included in the audit. The auditors may consider, in addition to the required documentation, any additional elements and related documentation stipulated by the university in its IQAP.

The auditors selected the following Toronto Metropolitan University programs for audit:

New Programs:

- Management (PhD)
- Master of Cybersecurity (MC)

Cyclical Program Reviews:

- Social Work (BSW)
- Hospitality and Tourism Management (B Comm)
- Computer Science (MSc and PhD)
- Creative Industries (BA)

New programs in development (if applicable): Cyberscience (BSc)

Cyclical Program Reviews in progress (if applicable): International Economics and Finance (MA)

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

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

In preparation for the site visit, the auditors undertook a desk audit of the University's quality assurance practices. Using the university's self-study and records of the sampled programs, together with associated documents, this audit tests whether the university's practice is compliant with its IQAP[2], as ratified by the Quality Council, as well as any misalignments of the IQAP with the QAF.

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

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

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

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

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

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

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

F. Site visit

The principal purpose of the site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of its IQAP in its pursuit of continuous improvement of its programs. Further, the site visit serves to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality assurance practices contribute to continuous improvement of its programs.

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

G. Audit Report

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

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

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

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

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

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

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

g) Comments on the approach that the University has taken to ensuring continuous improvement in quality assurance through the implementation of the outcomes of cyclical program reviews and the monitoring of new programs.

The report shall not contain any confidential information. A separate addendum, not subject to publication, provides the University with detailed findings related to the audited programs.

Where appropriate, the report may include:

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

- **Recommendations**, which are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these recommendations in its response to the auditors' report.

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

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

i. Direct specific attention by the auditors to the issue(s) with in the subsequent audit, as described in QAF 6.2.4;

ii. Schedule a larger selection of programs for the university's next audit;

iii. Require a Focused Audit;

iv. Adjust the degree of oversight and any associated requirements for more or less oversight;

v. Require a Follow-up Response Report, with a recommended timeframe for submission; and/or

vi. Any other action that is deemed appropriate.

H. Disposition of the Audit Report

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

- The Quality Assurance Secretariat provides a copy to the University's '"authoritative contact" (QAF 1.3), for fact checking to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report.

- That authority submits its report on the factual accuracy of the draft report within 30 days. If needed, the authority can request an extension of this deadline by contacting the Quality Assurance Secretariat and providing a rationale for the request. This response becomes part of the official record, and the audit team may use it to revise their report. The University's fact checking response will not be published on the Quality Council's website. When substantive changes are required, the draft report will be taken back to the Audit Committee.

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

I. Transmittal of the Audit Report

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

J. Publication of main audit findings

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

K. Institutional Follow-up Response Report

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

L. Web publication of Follow-up Report

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

M. Additional reporting requirements

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

Appendix B: Auditor Bios

Dr. Johanne Bénard, *Professor, French Studies, Queen's University*

Dr. Bénard is a bilingual Professor in Queen's University's Department of French Studies and has held the position of Associate Dean (Studies) in the Faculty of Arts and Science from 2013 to 2018. As a member of the senior leadership team, she was responsible for academic consideration and accommodation, academic integrity, advising and appeals. Dr. Bénard worked on the New Protocol on Academic Consideration (2016-2018). As Undergraduate Chair and Head of the French Studies Department, Dr. Bénard played a significant role in many curriculum changes and reviews of the French Studies Department over a period of 25 years. Additionally, she has held Chair positions on the Academic Orientation Committee, Board of Studies, and Curriculum Committee in the Faculty of Arts and Science.

Dr. Gregory Finn, *Associate Professor, Earth Sciences (Retired), Brock University*

A geologist by training and an administrator by choice, Greg joined the Department of Geological Sciences at Brock University in 1985. He served as Department Chair (1996-2002) prior to becoming Associate Dean of the Faculty of Mathematics and Science (2003-2007) with responsibilities related to all aspects of the undergraduate student experience in the Faculty. Following this he moved to the position of Vice Provost and Associate Vice President, Academic (2007-2018), initially with a focus on the undergraduate student experience, including overseeing UPRAC reviews. With the introduction of the QAF in 2010, he was responsible for developing and implementing the quality assurance process at Brock, including drafting the IQAP, overseeing the internal and external approval, developing protocols, processes and templates, establishing the Quality Assurance Office and the Cycle I audit. As Provost and Vice President, Academic (2018-2020), institutional responsibility for all matters related to quality assurance rested with the Provost.

In 2016 he was appointed to the Appraisal Committee of the Quality Council, serving as the Chair from 2017-2023. In that time, he also served as an ex-officio member of the Quality Council.

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

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

Appendix C: Site Visit Schedule

Day 1 Wednesday, February 4th, 2026

Time	Participants	Location
8:00 – 8:30 a.m.	Audit Team Planning Meeting	JOR 1402
8:30 – 11:00 a.m.	Audit Team meets with the senior QA team Stéphanie Walsh Matthews (Director, Curriculum Quality Assurance) Sean Kheraj (Vice-Provost Academic) Heather Rollwagen (Associate Dean, Programs, Yeates School of Graduate and Postdoctoral Studies) Carl Kumaradas (Vice-Provost and Dean, Yeates School of Graduate and Postdoctoral Studies) Roberta Iannacito-Provenzano (Provost and Vice-President, Academic)	JOR 1402
11:00 – 11:15 a.m.	Break	JOR 1402
11:15 a.m. – 12:15 p.m.	Audit Team meets with representatives from the University's QA Support Services (e.g., Centre for Teaching and Learning (or equivalent), Institutional Analysis and Planning (or equivalent) (NOTE: Library representative also to be added to this meeting, if possible) ● Michelle B. Horowitz (Curriculum Specialist, CQA) ● Julia Gingerich(Curriculum Specialist, CQA) ● Nick Duarte (Administrative Assistant, CQA) ● Farheen Rashid (Lead, Graduate Quality Assurance and Governance, YSGPS) ● Terry McAfee (Director, Strategic Planning, Finance and Administration, YSGPS) ● Esther Ignani (Executive Director, CELT) ● Jim O'Brien - Director, Budgets & Institutional Research ● Dan Tassie - Senior Research Analyst	JOR 1410

	● Daniel Amin - Senior Research Analyst ● Kimberley McCausland - Vice Provost, University Planning ● Donna Bell (Secretary of Senate) ● Michelle Schwartz (Librarian)	
12:15 – 1:00 p.m.	Lunch	JOR 1402
1:00 – 2:00 p.m.	Audit Team meets with representatives of **Program A: Hospitality and Tourism Management, Undergraduate (BComm), *FAR Approved January 2023* Ted Rogers School of Management (PPR)** ● Chris Gibbs (UPD, Hospitality and Tourism Management)	JOR 1402
2:00 – 3:00 p.m.	**Audit Team meets with representatives of Program B: Computer Science, Graduate, (MSc / PhD), *FAR Approved May 2024,* Faculty of Science (PPR)** ● Alex Ferworn (GPD, Professor of Computer Science, Faculty of Science) ● Dave Mason (Chair, Professor of Computer Science, Faculty of Science)	JOR 1402
3:00 – 3:15 p.m.	Break	JOR 1402
3:15 – 4:00 p.m.	**Audit Team meets with representatives of in progress QA activity 1 International Economics and Finance (MA), PPR - Faculty of Arts** ● Keyvan Eslami (current GPD, since August 2025) ● German Pupato (former GPD, until August 2025) ● Brennan Thompson (Chair, Economics) ● Claustre Bajona (in capacity as former Chair of the Department) ● Karen Fajardo (Graduate Program Administrator, International Economics	JOR 1402

	and Finance)	
4:00- 4:45/5:00	**Audit Team meets with the Associate Deans** ● Anne-Marie Lee-Loy (Arts) ● Raktim Mitra (Faculty of Community Services) ● Dimitri Androutsos (Faculty of Engineering and Architectural Sciences) ● Idil Atak (Interim Law) ● Dorothy Bakker (Medicine) ● Sandra Tullio-Pow (The Creative School) ● Anthony Francescucci (TRSM) ● Fei Song (Interim - Graduate Programs, TRSM) ● Jean Bruce (Graduate Education, The Creative School) ● Annette Bailey (Graduate Studies and Internationalization, Faculty of Community Services) ● Claustre Bajona (Graduate Studies and International Engagement, Faculty of Arts) ● Russell Viirre (Graduate and Postdoctoral Studies, Faculty of Science) ● Miljana Horvat (Graduate Studies, Faculty of Engineering and Architectural Science)	JOR 1410

Day 2 Thursday, February 5th, 2026

Time	**Participants**	**Location**
8:00- 8:30 a.m.	**Audit Team Breakfast (option)**	JOR 1402

8:30 – 9:30 a.m.	**Audit Team meets with representatives of Program C: Management (PhD), Ted Rogers School of Management (New Program Proposal)** ● Hong Yu (former AD, Graduate, and proposal lead) ● Fei Song (current interim AD Graduate Studies)	JOR 1402
9:30- 11:00 am	**Audit Team meets with representatives from the Senate (or equivalent) QA sub-committee(s)** ● Shari Hodges, University Registrar & ED Strategic Enrolment Management ● Vadim Bostan, FOS (current and past ASC) ● Kristin Vickers, ARTS (current ASC) ● Hilary Evans Cameron, LAW (past ASC) ● Donatus Oguamanam, FEAS (past ASC) ● Paula Green, CE (current ASC) ● Joyce Smith, TCS (current ASC) ● Diane Pirner , FCS (current and past ASC) ● Nancy Walton (Associate Dean Student Affairs, YSGPS) ● Hong Yu - Former Associate Dean of Graduate Programs, TRSM ● John Shiga - Former member of PPC (representing The Creative School) ● Janet Koprivnikar - Former member of PPC (representing the Faculty of Science)	JOR 1402
11:00- 11:15	Break	JOR 1402
11:15 a.m. -12:15 p.m.	**Audit Team meets with representatives of Program D: Social Work (BSW), Undergraduate, *FAR Approved March 2024,* Faculty of Community Services (PPR)** ● Samantha Wehbi (Interim Co-UPD, Social Work) ● June Yee (Interim Co-UPD, Social Work)	JOR 1402

12:15-1:00 p.m.	Lunch with students ● Jacob Circo (Undergraduate past Senator 2018-2020 and past ASC and current alumni Senator) ● Latif Sayed (Undergraduate past Senator 2024-25, TRSM, Real Estate Management) ● Matthew Hamang (PhD student rep on YSGPS council) ● Katrina Moller (Master's student rep on YSGPS council)	JOR 1402
1:00 - 1:30 p.m.	Break	JOR 1402
1:30 - 3:00 p.m.	Audit Team meets with Deans ● Mark Robertson (Dean of Libraries) ● Linda Koechli (Dean of the G. Raymond Chang School of Continuing Education) ● Andrew McWilliams (Interim Dean, Faculty of Science) ● Cynthia Holmes (Dean, The Ted Rogers School of Management) ● Kiaras Gharabaghi (Dean, Faculty of Community Services) ● Amy Peng (Dean, Faculty of Arts) ● Natalie Alvarez (Dean, The Creative School) ● Teresa Chan (Dean, The School of Medicine) ● Graham Hudson (Interim Dean, The Lincoln Alexander School of Law) ● Sri Krishnan (Dean, Faculty of Engineering and Architectural Science)	JOR 1410
3:00 - 4:00	**Audit Team meets with representatives of Program E: Master of Cybersecurity (MC), Yeates School of Graduate Studies (New Program Proposal)** ● Atefeh (Atty) Mashatan (proposal lead in initial development; Associate Professor, Information Technology Management, TRSM) ● Ali Miri (current GPD; Professor of Computer Science, Faculty of Science)	JOR 1402

4:00- 4:15	Break	JOR 1402
4:15 - 5:15	**Audit Team meets with representatives of Program F: Creative Industries, Undergraduate, (BA), *FAR Approved March 2022*, The Creative School (PPR)** ● Chris Gibbs (former Chair, Creative Industries) ● Jeremy Shtern (Chair, Creative Industries) ● Ope Akandi (UPD, Creative Industries)	JOR 1402

Day 3 Friday, February 6th, 2026

Time	**Participants**	**Location**
8:00- 8:45 a.m.	**Audit Team meets with representatives of in progress QA activity 2 (PPR or new program): Cyber Science, BSc, New Program Proposal - Faculty of Science** ● Dave Mason (Chair, Computer Science) ● Marcus Santos (Faculty member of Computer Science, Proposal Lead)	JOR 1402
08:45 – 09:45 a.m.	Audit Team meets with Internal Reviewers ● Michelle Dionne (Faculty of Arts, Department of Psychology) ● Josh Price (Faculty of Arts, Department of Criminology) ● Asmaa Malik (The Creative School, School of Journalism) ● Carolyn Johns (Faculty of Arts, Department of Politics and Public Administration)	JOR 1402
09:45 – 11:15 a.m.	Audit Team meeting	JOR 1402
11:15 – 11:30 a.m.	Break	JOR 1402
11:30 – 12:15 p.m.	Lunch with the President	*TBD*

12:15 p.m. – 1:30 p.m.	Audit Team meets with the senior QA team *Include the Portal Demonstration* • Stéphanie Walsh Matthews (Director, Curriculum Quality Assurance) • Sean Kheraj (Vice-Provost Academic) • Heather Rollwagen (Associate Dean, Programs, Yeates School of Graduate and Postdoctoral Studies) • Carl Kumaradas (Vice-Provost and Dean, Yeates School of Graduate and Postdoctoral Studies)	JOR 1402
1:30 – 2:15 p.m.	Audit Team wrap-up meeting	JOR 1402
2:15 – 3:15 p.m.	Audit Team de-brief with Provost/QA leader Roberta Iannacito-Provenzano (Provost and Vice-President, Academic) Sean Kheraj (Vice-Provost Academic) Stéphanie Walsh Matthews (Director, Curriculum Quality Assurance)	JOR 1402