NOTE: Members who wish to have items moved from the Consent to the Regular Agenda should contact the University Secretariat before the Senate meeting. Members may also request to have items moved when the Agenda is presented for approval.

A. OPEN SESSION

OPENING REMARKS

1. APPROVAL OF AGENDA – OPEN SESSION

CONSENT

2. MINUTES OF PREVIOUS MEETING – DECEMBER 8, 2021 (OPEN SESSION)

REGULAR

3. BUSINESS ARISING

4. ENQUIRIES

5. COMMUNICATIONS

6. REPORT FROM GRADUATE COUNCIL

   3 - 4  Graduate Council Report
   5 - 25  Approval
           1. Faculty of Engineering - Change in Graduate Curriculum
           Information
           2. Faculty of Business - Course Requirements
           3. Faculty of Engineering - Calendar Copy Corrections
           4. Faculty of Health Sciences - Calendar Copy Changes

7. REPORT FROM UNDERGRADUATE COUNCIL

   26 - 27  Undergraduate Council Report
   28 - 107 Approval
           1. Establishment of New Certificate and Diploma Programs
           Information
           2. Revisions to the Policy on Academic Program Development and Review
3. Terms of Award
4. 2020-2021 Award Recipients Report
5. 2020-2021 Award Disbursement Summary
6. 2021 Major University and External Awards Selection Committee
7. New Certificate of Attendance Programs

8. AMENDMENTS TO THE SEXUAL VIOLENCE POLICY

  Approval

  a. Memo - Sexual Violence Policy Revisions
  b. Sexual Violence Policy

9. OTHER BUSINESS
REPORT TO SENATE from GRADUATE COUNCIL

At its meeting on December 7th, Graduate Council approved revisions to the Policy on Academic Program Development and Review. Please see the report from Undergraduate Council for details.

For Approval

I. Faculty of Engineering (attachment)
At the same meeting, Graduate Council approved, for recommendation to Senate, the addition of an accelerated option for the M.A.Sc. in Mechanical Engineering and the addition of a Biomanufacturing Stream for the Master of Engineering in Manufacturing Engineering.

It is now recommended, that Senate approve the revisions, for inclusion in the 2022-2023 Graduate Calendar, as recommended by the Faculty of Engineering and set out in the attached.

For Information

II. Faculty of Business
At the same meeting changes to course requirements for the Blended Learning Part-Time MBA program were approved, to substitute a new three-unit course for two 1.5-unit courses.

A change to the elective options, to add a newly created course to the list available for the Marketing Specialization in the MBA program was also approved.

III. Faculty of Engineering
At the same meeting, corrections to the calendar copy were approved for Master of Technology, Entrepreneurship and Innovation, Master of Engineering Entrepreneurship and Innovation and Master of Engineering in Manufacturing Engineering and changes to the core courses for Master of Engineering Design and the core courses and recommended electives for the Master of Engineering in Systems and Technology.

IV. Faculty of Health Sciences
At the same meeting changes to the calendar copy for Occupational Therapy and Speech Language Pathology M.Sc. programs were approved, converting their in-person interviews that are part of the admission process to online interviews.
[Note: A complete file for the information items listed above is available in the Graduate Council office, cbryee@mcmaster.ca.]
SCHOOL OF GRADUATE STUDIES

RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING DEGREE PROGRAM REQUIREMENTS / PROCEDURES / MILESTONES

**IMPORTANT:** PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:

1. This form must be completed for ALL changes involving degree program requirements/procedures. All sections of this form must be completed.

2. An electronic version of this form (must be in MS WORD not PDF) should be emailed to the Assistant Secretary, School of Graduate Studies (cbryce@mcmaster.ca).

3. A representative from the department is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>Mechanical Engineering</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF PROGRAM</td>
<td>Mechanical Engineering</td>
</tr>
<tr>
<td>and PLAN</td>
<td></td>
</tr>
<tr>
<td>DEGREE</td>
<td>Masters of Applied Science (M.A.Sc.)</td>
</tr>
</tbody>
</table>

**NATURE OF RECOMMENDATION (PLEASE CHECK APPROPRIATE BOX)**

Is this change a result of an IQAP review? ☒ Yes ☐ No

**CREATION OF NEW MILESTONE □**

<table>
<thead>
<tr>
<th>CHANGE IN ADMISSION REQUIREMENTS</th>
<th>CHANGE IN COMPREHENSIVE EXAMINATION PROCEDURE</th>
<th>CHANGE IN COURSE REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE IN THE DESCRIPTION OF A SECTION IN THE GRADUATE CALENDAR</td>
<td>EXPLAIN: Addition of an accelerated option to the description of: Mechanical Engineering – M.A.Sc. – Requirements</td>
<td></td>
</tr>
</tbody>
</table>

**OTHER CHANGES**

EXPLAIN:
The proposed calendar description for the Mechanical Engineering – M.A.Sc. Degree – Requirements includes a new 3rd paragraph describing an Accelerated Option, as follows:

The requirements for the M.A.Sc. degree in Mechanical Engineering can be satisfied through full- or part-time study. The minimum course requirement is four half courses, at least three of which should be at the 700-level. Students are required to present a thesis which embodies the results of independent work that the candidate has completed, and which demonstrates competence in Mechanical Engineering. An oral defense of the thesis is required.

In addition, all full-time graduate students are required to successfully complete MECH ENG 758 "Graduate Seminars in Mechanical Engineering". For further details see the MECH ENG 758 course description.

An Accelerated Option is also available to students currently enrolled at McMaster as undergraduate students in the Mechanical Engineering Department whereby the M.A.Sc. degree may be completed in 16-20 months of full-time study. In exceptional circumstances, students from other Engineering departments in McMaster may apply for entry into the Accelerated Option through the Associate Chair (Graduate). Application for entry into the Accelerated Option occurs in the penultimate year of undergraduate studies. Applicants must have maintained a minimum CGPA of 9.5 for their undergraduate course work with a sessional average of 9.5 at the time they are applying for the option. The Accelerated Option requires students to complete at least one term of their research project with a supervisor from the department prior to completion of their undergraduate degree. A one-term 600-level course is required under the Accelerated Option in the final undergraduate year for graduate credit provided it is listed within the department. For students enrolled in the Accelerated Option, research conducted in MECHENG 4X04 may count towards the Accelerated Option and therefore towards partial fulfillment of the graduate M.A.Sc. thesis work. Entry into the M.A.Sc. program under the Accelerated Option must occur less than one year after completing one’s undergraduate degree and must meet the same requirements for admission as other candidates.

The addition of an accelerated option for the M.A.Sc. degree was recommended by the most recent IQAP cyclical review of the Mechanical Engineering program.
### Fall 2022.

**ARE THERE ANY OTHER DETAILS OF THE RECOMMENDED CHANGE THAT THE CURRICULUM AND POLICY COMMITTEE SHOULD BE AWARE OF? IF YES, EXPLAIN.**

No.

**PROVIDE A DESCRIPTION OF THE RECOMMENDED CHANGE TO BE INCLUDED IN THE CALENDAR (please include a tracked changes version of the calendar section affected if applicable):**

The requirements for the M.A.Sc. degree in Mechanical Engineering can be satisfied through full- or part-time study. The minimum course requirement is four half courses, at least three of which should be at the 700-level. Students are required to present a thesis which embodies the results of independent work that the candidate has completed, and which demonstrates competence in Mechanical Engineering. An oral defense of the thesis is required.

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**CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:**

Name: Chan Y. Ching    Email: chingcy@mcmaster.ca    Extension: 24998    Date submitted: Oct 08, 2021

If you have any questions regarding this form, please contact the Assistant Secretary, School of Graduate Studies, cbryce@mcmaster.ca

SGS/2013
**Note – items for Senate consideration are highlighted in gray**

## SCHOOL OF GRADUATE STUDIES

### RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING DEGREE PROGRAM REQUIREMENTS / PROCEDURES / MILESTONES

**IMPORTANT:** PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:
1. This form must be completed for **ALL** changes involving degree program requirements/procedures. **All** sections of this form **must** be completed.
2. An electronic version of this form (must be in MS WORD not PDF) should be emailed to the Assistant Secretary, School of Graduate Studies (cbryce@mcmaster.ca).
3. A representative from the department is **required to attend** the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

### DEPARTMENT

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<th>MEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master of Engineering in Manufacturing Engineering</td>
<td></td>
</tr>
</tbody>
</table>

### DEGREE NATURE OF RECOMMENDATION (PLEASE CHECK APPROPRIATE BOX)

- [ ] Is this change a result of an IQAP review? **☐ Yes ☐ No**

### CREATION OF NEW MILESTONE **☐**

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<td><strong>☐</strong></td>
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</tr>
</tbody>
</table>

### CHANGE IN THE DESCRIPTION OF A SECTION IN THE GRADUATE CALENDAR

**EXPLAIN:**

- Addition of Biomanufacturing stream, and clerical changes.

### OTHER CHANGES **EXPLAIN:**

1
DESCRIBE THE EXISTING REQUIREMENT/PROCEDURE:
Currently there is only one MEME stream, Discrete Manufacturing, and we are adding a 2nd stream in Biomanufacturing. In addition, currently there is an error in the existing calendar where the program requirements are listed under the ‘Courses’ page of the calendar instead of the program page. This submission will rectify this error.

PROVIDE A DETAILED DESCRIPTION OF THE RECOMMENDED CHANGE (Attach additional pages if space is not sufficient.):
Currently there is only one MEME stream, Discrete Manufacturing, and we are adding a 2nd stream in Biomanufacturing and Industrial Biotechnology.

In addition, currently there is an error in the existing calendar where the program requirements are listed under the ‘Courses’ page of the calendar instead of the program page. This submission will rectify this issue. Pages showing errors noted below.

Program page:
https://academiccalendars.romcmaster.ca/preview_program.php?catoid=45&poid=23671&returnto=9166
Course page:
https://academiccalendars.romcmaster.ca/preview_program.php?catoid=45&poid=23672&returnto=9166

RATIONALE FOR THE RECOMMENDED CHANGE (How does the requirement fit into the department’s program and/or tie to existing Program Learning Outcomes from the program’s IQAP cyclical review?):
Introduction of streams in MEME will make it easier for the students to select the courses in their area of interest. The two streams correspond to two major types of manufacturing industries: discrete manufacturing and biomanufacturing.

Biomanufacturing is an interdisciplinary field using aspects of chemical engineering, biochemistry, and microbiology to create biological products used for human consumption. It’s a rapidly expanding field whose products influence industries from pharmaceuticals to biofuels to food. Through this program, students gain hands-on experience using industry-standard equipment along with a comprehensive education in the principles and theory of bioprocessing and biomanufacturing.

PROVIDE IMPLEMENTATION DATE: (Implementation date should be at the beginning of the academic year)
Fall 2022

ARE THERE ANY OTHER DETAILS OF THE RECOMMENDED CHANGE THAT THE CURRICULUM AND POLICY COMMITTEE SHOULD BE AWARE OF? IF YES, EXPLAIN.
N/A

PROVIDE A DESCRIPTION OF THE RECOMMENDED CHANGE TO BE INCLUDED IN THE CALENDAR (please include a tracked changes version of the calendar section affected if applicable):
Program Description

The Master of Engineering in Manufacturing Engineering is a 24 month program for full time students with an accelerated path to complete the program in 12 months of study. Part time students will normally be expected to complete the program in 3 years, one term, (40 months). The program attracts highly motivated students seeking advanced training in the discrete manufacturing. Students design their own program of studies by selecting (with approval of their academic advisor) courses of interest to them. Applications for admission to the program are made through the W Booth School of Engineering Practice and Technology. Applicants will be required to complete an online interview.

The program accepts full-time and part-time students.

In addition to the general requirements for entry into a graduate program in Engineering, students must hold a degree in Engineering or Technology with at least a B average (equivalent to a McMaster 8.0/12 GPA) in the penultimate and final years.

Delivery of the program includes a strong emphasis on project-based experience within the Manufacturing Industry, which is obtained through an industry-based project and through projects defined within courses. Requirements for these are outlined below. Due to the strong practical orientation of the project components of the program, successful completion requires that students have strong interpersonal and communication skills. Students completing the Program on a course-only basis will be required to complete 10 courses from the approved list of courses. Course selection must be done in consultation with the program lead.

Students completing the Program via course and project work will be required to complete eight courses from the approved list of courses and also successfully complete the M.Eng. project. Course and project selection must be done in consultation with the program lead.

McMaster students may receive advanced standing for up to two courses (note that a maximum of two 600-level courses can count towards a SEPT graduate program) with the approval of the Associate Dean of Graduate Studies.

Project

Students wishing to pursue the course plus project-based option must submit a project proposal for approval by both the faculty lead as well as the Associate Director of Graduate Studies in SEPT. If the project is not approved by either individual, students will be reverted to the course based option. Students are encouraged to develop their own ideas and find industrial sponsors. Projects are ideally undertaken at local companies but may be conducted
at locations inside Canada or abroad with the Program Lead’s approval and provided that none of the work on the project was done prior to admission into the program. Project groups or individuals will have an industry-based supervisor (stakeholder) with whom the student team can discuss progress, arrange trials, etc. Students will also have an academic supervisor who will normally have expertise in the subject area. It is expected that the teams will meet with their supervisors on a regular basis to discuss their progress.

The project team will orally defend their final project report to an examination committee comprised of their academic supervisor and the second reader (faculty member).

**Streams**

Students enrolling in the MEME program can tailor their program of studies according to their career interests. Students can choose from the following streams:

• Discrete Manufacturing

• Biomanufacturing and Industrial Biotechnology

Each stream has a set of core courses and a set of recommended elective courses. Students can take maximum of 2 half courses (one term courses) at 600 level. Courses can be selected from WBooth SEPT, Chemical, Materials or Mechanical Engineering departments.

Students wishing to take an elective course outside of the recommended electives need to obtain a permission from their academic supervisor.

Students should note that not all courses are offered every year.

**Discrete Manufacturing Courses**

Students enrolling in the program can tailor their program of studies according to their career interests. Students can take maximum of 2 half courses (one term courses) at 600 level. Courses can be selected from WBooth SEPT, Chemical, Materials or Mechanical Engineering departments. Students wishing to take an elective course outside of the recommended electives need to obtain a permission from their program lead.

Students should note that not all courses are offered every year.

**There are 2 pathways towards the degree:**
• 8 courses (24 units) + project (6 units)
  - 1 mandatory course
  - 2 professional development courses
  - 3 to 4 core courses
  - 1 to 2 elective courses

Students pursuing this option, in addition to taking 8 courses specified above, must register for the project-courses:

• MANUF 701 / Project, Part I
• MANUF 701 / Project, Part II

10 courses (30 units)

  - 1 mandatory course
  - 2 professional development courses
  - 4 to 6 core courses
  - 1 to 3 elective courses

All full-time students must register for the seminar series courses (attendance is mandatory), which are:

• SEP 771 / W Booth School of Engineering Practice and Technology Practitioner’s Forum Part I
• SEP 771 / W Booth School of Engineering Practice and Technology Practitioner’s Forum Part II

(seminar series, full-time students only)

SEP 771 is a seminar series presented by guest speakers, invited by the School, of relevance to all M.Eng. programs at the School. All full-time students are required to take these courses. Course grades are either ‘pass’ or ‘fail’. In order to pass the course the student must attend a minimum of 80% of the seminars.

**Required Course**

SEP 772 / Innovation Studio (3 units)

**Professional Development Courses**
Professional Development courses in MEng of Manufacturing Engineering, are listed below:

- SEP 6TC3 / Technical Communications
- SEP 725 / Practical Project Management for Today’s Business Environment
- SEP 760 / Design Thinking
- SEP 773 / Leadership for Innovation

**Technical Courses**

The following are core courses:

- SEP 6I03 / Sustainable Manufacturing Processes  
  MATLS 6I03 / Sustainable Manufacturing Processes
- SEP 726 / Discrete Manufacturing Processes I
- SEP 727 / Discrete Manufacturing Processes II
- MECH ENG 729 / Manufacturing Systems  
  SFP 729 / Manufacturing Systems
- CHEM ENG 720 / Lean Six Sigma for Engineers  
  SEP 731 / Lean Six Sigma for Engineering
- SEP 757 / Rapid Prototyping  
  MECH ENG 759
- SEP 780 / Advanced Robotics and Automation

Recommended elective courses are:

- MATLS 6T03 / Properties and Processing of Composites  
  SEP 6T03 / Properties and Processing of Composites
- SEP 767 / Multivariate Statistical Methods for Big Data Analysis and Process Improvement
- SEP 718 / Industrial Automation
- Other Elective Courses Available

**Biomanufacturing and Industrial Biotechnology Courses**

Students enrolling in the program can tailor their program of studies according to their career interests. Students can take a maximum of 2 half courses (one term courses) at 600 level. Courses can be selected from WBooth SEPT, Chemical, Materials or Mechanical Engineering departments. Students wishing to take an elective course outside of the recommended electives need to obtain a permission from their program lead.
Students should note that not all courses are offered every year.

There are 2 pathways towards the degree:

- 8 courses (24 units) + project (6 units)
  - 1 mandatory course
  - 2 professional development courses
  - 3 to 4 core courses
  - 1 to 2 elective courses

Students pursuing this option, in addition to taking 8 courses specified above, must register for the project-courses:

- MANUF 701 / Project, Part I
- MANUF 701 / Project, Part II

- 10 courses (30 units)
  - 1 mandatory course
  - 2 professional development courses
  - 4 to 6 core courses
  - 1 to 2 elective courses

All full-time students must register for the seminar series courses (attendance is mandatory), which are:

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Required Course

- SEP 772 / Innovation Studio (3 units)
Professional Development Courses

Professional Development courses in MEng of Manufacturing Engineering, are listed below:

- SEP 6TC3 / Technical Communications
- SEP 725 / Practical Project Management for Today’s Business Environment
- SEP 760 / Design Thinking
- SEP 773 / Leadership for Innovation

Technical Courses

The following are core courses:

2 required core courses:
- SEP 7XX / Biomanufacturing
- SEP 767 Multivariate Statistical Methods for Big Data Analysis and Process Improvement

Other core courses:
- SEP 7XX / cGMP Upstream Operations
- SEP 7XX / Fermentation of Recombinant Microorganisms
- SEP 7XX / Animal Cell Culture Engineering
- SEP 7XX / cGMP Downstream Operations

Recommended elective courses are:

- BIOMED-701 / Biomedical Engineering
- BIOMED-799 / Independent Study in Biomedical Engineering
- CHEMENG 742 / Membrane based bioseparation
- SEP 6BI3 / Bioinformatics
- SEP 6BS3 / Biotechnology Regulations

Other Elective Courses Available to all Streams
These courses require a written permission of the student’s graduate advisor.

Courses from Chemical Engineering, Materials Science Engineering, and from Mechanical Engineering.

In addition to the recommended elective courses listed above, students can take up to two 600 and an unrestricted number of 700 level courses as electives from Chemical Engineering, Materials Science Engineering, and from Mechanical Engineering.

Additional Elective Courses

Students can select additional elective courses from the following list, provided that the approval has been received prior from their program lead:

Note that not all courses are offered every year.

Chemical Engineering

- CHEM ENG 6B03 / Polymer Reaction Engineering
- CHEM ENG 6E03 / Digital Computer Process Control
- CHEM ENG 6X03 / Polymer Processing
- CHEM ENG 6Z03 / Interfacial Engineering
- CHEM ENG 742 / Membrane Based Bioseparations
- CHEM ENG 752 / Optimization of Chemical Processes
- CHEM ENG 753 / Systems Modeling and Optimization
- CHEM ENG 761 / Multivariable, Stochastic and Adaptive Control of Chemical Processes
- CHEM ENG 764 / Process Control and Design for Operability
- CHEM ENG 765 / Multivariate Statistical Methods for Big Data Analysis and Process Improvement
- CHEM ENG 770 / Selected Topics in Polymer Science and Engineering
- CHEM ENG 773 / Advanced Concepts of Polymer Extrusion
- CHEM ENG 774 / Advances in Polymeric Materials
- CHEM ENG 782 / Biopharmaceuticals
- CHEM ENG 786 / Artificial Intelligence and Machine Learning Fundamentals
- CHEM ENG 787 / Machine Learning: Classification Models
- CHEM ENG 788 / Neural Networks and Development Tools
- CHEM ENG 789 / Deep Learning and Its Applications
• CHEM ENG 791 / Nanotechnology in Chemical Engineering

Materials Science and Engineering

• MATLS 6C03 / Modern Iron and Steelmaking
• MATLS 6H03 / Thin Film Science and Engineering
• MATLS 6I03 / Sustainable Manufacturing Processes
• MATLS 6P03 / Properties of Polymeric Materials
• MATLS 6T03 / Properties and Processing of Composites
• MATLS 6MS4 / Materials Selection in Design and Manufacturing
• MATLS 754 / Fracture Mechanics
• MATLS 771 / Principles of Heterogeneous Kinetics
• MATLS 780 / Metallic and Non-metallic Coatings

Mechanical Engineering

• MECH ENG 6B03 / Topics in Product Development
• MECH ENG 6K03 / Robotics
• MECH ENG 6L03 / Industrial Design
• MECH ENG 6Q03 / Mechanical Vibrations
• MECH ENG 6T03 / Finite Element Applications
• MECH ENG 6Z03 / CAD/CAM/CAE
• MECH ENG 702 / Advanced Dynamics of Machines
• MECH ENG 705 / Advanced Finite Element Analysis
• MECH ENG 710 / Machine Tool Analysis
• MECH ENG 714 / Solidification Processing
• MECH ENG 724 / Solid and Surface Modeling Techniques
• MECH ENG 728 / Manufacturing Processes I
• MECH ENG 729 / Manufacturing Systems
• MECH ENG 734 / Theory of Plasticity
• MECH ENG 735 / Additive Manufacturing
• MECH ENG 738 / Manufacturing Processes II
• MECH ENG 743 / Advanced Mechatronics
• MECH ENG 751 / Advanced Mechanical Engineering Control Systems
• MECH ENG 752 / Advanced MEMS Fabrication and Microfluidics
• MECH ENG 759 / Rapid Prototyping
• MECH ENG 760 / Electric Drive Vehicles

A maximum of two courses can be selected from the following list:
### Electrical Engineering

- ECE 710 / Engineering Optimization
- ECE 732 / Non-linear Control Systems
- ECE 736 / 3D Image Processing and Computer Vision
- ECE 744 / System-on-a-Chip (SOC) Design and Test: Part I - Methods
- ECE 772 / Neural Networks and Learning Machines
- ECE 778 / Introduction to Nanotechnology

### Software Engineering

- SFWR ENG 6HC3 / The Human Computer Interface

### Computer Science

- COMP SCI 6F03 / Distributed Computer Systems
- COMP SCI 6TE3 / Continuous Optimization

### Computing and Software

- CAS 767 / Information Privacy and Security
- CAS 771 / Introduction to Big Data Systems and Applications

### School of Engineering Practice and Technology

- SEP 6AS3 / Advanced System Components and Integration
- SEP 6AT3 / Conceptual Design of Electric and Hybrid Electric Vehicles
- SEP 6DM3 / Data Mining
- SEP 735 / ADDITIVE MANUFACTURING
- SEP 748 / Development of Sustainable Communities
- SEP 751 / Process Design and Control for Operability
- SEP 752 / Systems Modeling and Optimization
- SEP 754 / Process Design and Integration for Minimal Environmental Impact

### Manufacturing Engineering
Courses

Discrete Manufacturing Courses

Students enrolling in the program can tailor their program of studies according to their career interests. Students can take a maximum of 2 half courses (one term courses) at 600 level. Courses can be selected from WBooth SEPT, Chemical, Materials or Mechanical Engineering department. Students wishing to take an elective course outside of the recommended electives need to obtain a permission from their program lead.

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There are 2 pathways towards the degree:

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Students pursuing this option, in addition to taking 8 courses specified above, must register for the project courses:

- MANUF 701 / Project, Part I
- MANUF 701 / Project, Part II

Commented [551]: Please note that this section of changes refers to the ‘Course’ page specifically which currently incorrectly references program requirements: https://academiccalendars.rmc.mcmaster.ca/preview_program.php?catoid=45&poid=23672&returnto=9166
10 courses (30 units)

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- SEP 725 / Practical Project Management for Today’s Business Environment
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- SEP 773 / Leadership for Innovation

**Technical Courses**
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- MATLS 6103 / Sustainable Manufacturing Processes
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- SEP 727 / Discrete Manufacturing Processes II
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- CHEM ENG 720 / Lean Six Sigma for Engineers
- SEP 731 / Lean Six Sigma for Engineering
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- MECH ENG 759
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- SEP 718 / Industrial Automation

Other Elective Courses Available

- 

These courses require a written permission of the student’s graduate advisor.

- 

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- CHEM ENG 773 / Advanced Concepts of Polymer Extrusion
- CHEM ENG 774 / Advances in Polymeric Materials
- CHEM ENG 782 / Biopharmaceuticals
- CHEM ENG 786 / Artificial Intelligence and Machine Learning Fundamentals
- CHEM ENG 787 / Machine Learning : Classification Models
- CHEM ENG 788 / Neural Networks and Development Tools
- CHEM ENG 789 / Deep Learning and Its Applications
- CHEM ENG 791 / Nanotechnology in Chemical Engineering

### Materials Science and Engineering

- MATLS 6C03 / Modern Iron and Steelmaking
- MATLS 6H03 / Thin Film Science and Engineering
- MATLS 6I03 / Sustainable Manufacturing Processes
- MATLS 6P03 / Properties of Polymeric Materials
- MATLS 6T03 / Properties and Processing of Composites
- MATLS 6MS4 / Materials Selection in Design and Manufacturing
- MATLS 754 / Fracture Mechanics
- MATLS 771 / Principles of Heterogeneous Kinetics
### Mechanical Engineering

- MATLS 780 / Metallic and Non-metallic Coatings
- MECH ENG 6B03 / Topics in Product Development
- MECH ENG 6K03 / Robotics
- MECH ENG 6L03 / Industrial Design
- MECH ENG 6Q03 / Mechanical Vibrations
- MECH ENG 6T03 / Finite Element Applications
- MECH ENG 6Z03 / CAD/CAM/CAE
- MECH ENG 702 / Advanced Dynamics of Machines
- MECH ENG 705 / Advanced Finite Element Analysis
- MECH ENG 710 / Machine Tool Analysis
- MECH ENG 714 / Solidification Processing
- MECH ENG 724 / Solid and Surface Modeling Techniques
- MECH ENG 728 / Manufacturing Processes I
- MECH ENG 729 / Manufacturing Systems
- MECH ENG 734 / Theory of Plasticity
- MECH ENG 735 / Additive Manufacturing
- MECH ENG 738 / Manufacturing Processes II
- MECH ENG 743 / Advanced Mechatronics
- MECH ENG 751 / Advanced Mechanical Engineering Control Systems
- MECH ENG 752 / Advanced MEMS Fabrication and Microfluidics
- MECH ENG 759 / Rapid Prototyping
- MECH ENG 760 / Electric Drive Vehicles

A maximum of two courses can be selected from the following list:

### Electrical Engineering

- ECE 710 / Engineering Optimization
- ECE 732 / Non-linear Control Systems
- ECE 736 / 3D Image Processing and Computer Vision
- ECE 744 / System-on-a-Chip (SOC) Design and Test: Part I - Methods
- ECE 772 / Neural Networks and Learning Machines
- ECE 778 / Introduction to Nanotechnology
Software Engineering

- SFWR ENG 6HC3 / The Human Computer Interface

Computer Science

- COMP SCI 6F03 / Distributed Computer Systems
- COMP SCI 6TE3 / Continuous Optimization

Computing and Software

- CAS 767 / Information Privacy and Security
- CAS 771 / Introduction to Big Data Systems and Applications

School of Engineering Practice and Technology

- SEP 6AS3 / Advanced System Components and Integration
- SEP 6AT3 / Conceptual Design of Electric and Hybrid Electric Vehicles
- SEP 6OM3 / Data Mining
- SEP 735 / ADDITIVE MANUFACTURING
- SEP 748 / Development of Sustainable Communities
- SEP 751 / Process Design and Control for Operability
- SEP 752 / Systems Modeling and Optimization
- SEP 754 / Process Design and Integration for Minimal Environmental Impact
- SEP 750 / Advanced Robotics and Automation
- SEP 772 / Innovation Studio (3 units)
- SEP 771 / W. Booth School of Engineering Practice and Technology Practitioner's Forum Part I
- SEP 771 / W. Booth School of Engineering Practice and Technology Practitioner’s Forum Part II

Manufacturing Engineering

- MANUF 6RM3 / Robot Mechanics and Mechatronics
- MANUF 710 / SYSTEM ANALYSIS SIMULATION
CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:
Name: Vladimir Mahalec Email: mahalec@mcmaster.ca Date submitted: October 26, 2021

If you have any questions regarding this form, please contact the Assistant Secretary, School of Graduate Studies, cbryce@mcmaster.ca

SGS/2013
REPORT TO SENATE  
from the  
UNDERGRADUATE COUNCIL  

FOR APPROVAL

I Establishment of New Certificate and Diploma Programs

At its December 7th, 2021 meeting, the Undergraduate Council reviewed, for approval, the Health Humanities & Social Sciences Concurrent Certificate Proposal. Details of the proposal are contained within the circulated report.

It is now recommended,

that Senate approve the creation of the Health Humanities & Social Science Concurrent Certificate, as set out in the attached.

II Revisions to the Policy on Academic Program Development and Review

At the same meeting, the Undergraduate Council reviewed, for approval, revisions to the Policy on Academic Program Development and Review. It should be noted that a friendly amendment was requested at Graduate Council. The request was to remove part of bullet #3 from section 5.3.2 and add it to the previous section. Details of all revisions are contained within the tracked changes version of the policy.

It is now recommended,

that Senate approve the revisions to the Policy on Academic Program Development and Review, as set out in the attached.

FOR INFORMATION

III Terms of Award

At its December 7th, 2021 meeting, the Undergraduate Council reviewed for approval: a) three new awards, b) one new bursary and c) three changes to award terms.

a) New Awards

- The Konrad Group Women in Technology Scholarship
- The Mary Di Battista Academic Grant
The Dr. Robert and Andree Rheaume Fitzhenry Academic Grant

b) **New Bursaries**
The Nabab Kaur Deshwar Bursary

c) **Changes to Award Terms**
The Patricia Ann French Bursary  
The William Mackenzie Memorial Prize  
The Dr. Ronald V. Joyce Award for Athletes

**IV 2020-2021 Award Recipients Report**

At the same meeting, the Undergraduate Council also received, for information, the 2020-2021 In-course, Graduand, Travel and Community Contribution Award Recipient.

**V 2020-2021 Award Disbursement Summary**

At the same meeting, Undergraduate Council also received, for information, the 2020-2021 Award Disbursement Summary and the corresponding summary chart.

**VI 2021 Major University and External Awards Selection Committee**

At the same meeting, the Undergraduate Council also received, for information, the membership of the 2021 Major University and External Awards Selection Committee.

**VII New Certificate of Attendance Programs**

At the same meeting, the Undergraduate Council received, for information, the Centre for Continuing Education’s overview of the attached Certificate of Attendance Program Proposals.

Documents detailing items for information are available for review on the Secretariat’s website.

*Senate: January 12, 2022*
Faculty of Health Sciences, Faculty of Humanities, Faculty of Social Sciences

Proposal for a Concurrent Certificate in
Health Humanities & Social Sciences

1. Certificate Overview

The Concurrent Certificate in Health Humanities & Social Sciences (HHSS Certificate) is designed to provide students from many disciplines with an interest in the health humanities and social sciences with an opportunity to develop an academic focus in this area, with the HHSS Certificate serving to recognize that they have gained core knowledge in this area through their coursework. For these purposes, HHSS is understood as the application of creative or fine arts (art, music, performing arts) and humanities and social sciences disciplines (eg. literary studies, languages, law, history, philosophy, religion, sociology, anthropology, etc.) to discuss, express, understand, or promote human health and well-being.

a. **Rationale**: Undergraduate students interested in pursuing careers in health and medicine are often enrolled in science programs, and often have only limited exposure to humanities and social sciences scholarship that can help to broaden their perspectives and insights in ways that would make them more effective health practitioners, researchers, and policy-makers. The creation of a Concurrent Certificate in HHSS would incentivize students to enroll in these types of courses in order to earn the credential, and support robust enrollment in these courses.

b. **Structure**: The HHSS Concurrent Certificate will require students to complete a total of 18 units of coursework. Existing courses in the HHSS are currently offered through the Faculties of Health Sciences, Humanities, and Social Sciences, and the Arts & Science Program, providing an opportunity for cross-faculty and cross-program collaboration, and interdisciplinary learning amongst students in these programs. Of these 18 units, at least 9 units must be elective to the student’s degree, and at least 9 units must be taken from outside the student’s home faculty.

2. Academic Merit

a. **Learning Outcomes**: By completing the courses required for the HHSS Certificate, all students will be able to:

   - Demonstrate an appreciation for health as a complex human phenomenon that goes beyond bioscientific perspectives;
   - Become familiar with a range of disciplinary approaches and scholarly perspectives and methods of relevance to health beyond the strictly biomedical, including narratives of health, arts-based representations and
interventions in health, discourses and language of health, politics and cultures of health, among others;

• Provide an analysis of the cultural, social, historical, political, and philosophical understandings of health and illness.

b. **Certificate Requirements**: Any student in an undergraduate program at McMaster may declare the HHSS Certificate at the time of graduation provided that they satisfy the following requirements:

• Completion of 18 units from the following list; at least 9 units must be elective to the student’s degree, and at least 9 units must be taken from outside the student’s home faculty.

Courses in the Arts & Science Program

• ARTSSCI 4CT3 – Medical Humanities Inquiry
• ARTSSCI 4HS3 – History of Science Inquiry

Courses in the Faculty of Health Sciences

• HTHSCI 3CC3 – Theatre for Development
• HTHSCI 3EE3 – Biomedical Graphics
• HTHSCI 3HL3 – Health Law: Current & Emerging Issues
• HTHSCI 3L03 – Introduction to Bioethics
• HTHSCI 3MU3 – Music, Health & the Community
• HTHSCI 3N03 – Written Communication in Health Sciences 1
• HTHSCI 4DN3 – Dance in Health & Wellness
• HTHSCI 4MS3 – The Social Lives of Molecules
• HTHSCI 4NN3 – Written Communication in Health Sciences 2
• HTHSCI 4TE3 – The Teaching Hospital
• HTHSCI 4Y03 – Science, Culture & Identity

Courses in the Faculty of Humanities

• ARTHIST 2AA3 – Introduction to the Practice of Art Therapy
• CLASSICS 2MT3 – Ancient Roots of Medical Terminology
• CLASSICS 3MT3 – Advanced Ancient Roots of Medical Terminology
• ENGLISH 2NH3 – Narratives of Health
- ENGLISH 2S03 – Spectacular Bodies
- ENGLISH 4AR3 – Rhetoric, Culture, Catastrophe: AIDS and its Representations
- GENDERST 4A03 - Stories, bodies, archives: un/Learning in Movements
- HISTORY 1Q03 - History of Medicine
- HISTORY 4FF3 – History of Health and Medicine
- LINGUIST 3AS3 - Language and Communication in Autism Spectrum Disorder
- LINGUIST 3DS3 - ASL & Deaf Studies
- MUSIC 2MT3 – Music Therapy
- MUSIC 2MU3 – Introduction to Music Therapy Research
- PEACJUST 2XX3 - Social and Structural Determinants of Health
- PEACEST 3B03 – Peace-Building and Health Initiatives
- PEACEST 4G03 - Peace Through Health: Praxis
- PEACEST 4L03 – Peace, Environment & Health
- PHILOS 2D03 – Bioethics
- PHILOS 2U03 – Philosophy of Health & Medicine
- PHILOS 3C03 – Advanced Bioethics
- PHILOS 3D03 – Philosophy of Science
- PHILOS 3GH3 - Global Health Ethics

Courses in the Faculty of Social Science
- ANTHROP 2U03 – Plagues and People
- ANTHROP 3B03 – The Black Death
- ANTHROP 3FA3 – Forensic Anthropology
- ANTHROP 2HI3 – Medical Anthropology (previously 3HI3)
- HLTHAGE 2C03 – Health Economics and Its Application to Health Policy
- INDIGST 3H03 – Indigenous Medicine I – Philosophy
• INDIGST 4HH3 – Indigenous Health and Interdisciplinary Approaches
• LABRST 3D03 – Work: Dangerous to your Health?
• SCAR 2ER3 – Religion, the Body, and the Machine
• SCAR 2M03 – Death and Dying: Comparative Views
• SCAR 2N03 – Death and Dying: The Western Experience
• SCAR 2WW3 – Health, Healing & Religion: Western Perspectives
• SCAR 2WX3 – Health, Healing & Religion: Comparative Views
• SOCIOL 3G03 – Sociology of Health Care
• SOCIOL 3HH3 – Sociology of Health
• SOCIOL 4G03 – Advanced Topics in the Sociology of Health & Illness

• Transfer credits or substitutions may be considered for credit toward the HHSS Certificate by submitting a request to the Assistant Dean – BHSc (Hons) Program.

c. **Access to Courses:** The participating Faculties and Programs have reviewed the courses to be included in the HHSS Certificate and to ensure that students can have appropriate access to the courses from various programs:

• Of the 46 courses listed, 22 are open or are restricted by level only; 14 are available with one or more prerequisite courses or are available by permission; only 10 are highly restricted to students in certain programs only. Thus, we do not anticipate that students would have difficulty meeting the certificate requirement to take 6 3-unit courses due to prerequisites.

3. **Resources**

a. All of the courses to be offered in the HHSS Certificate are already being offered in the participating programs/faculties; no new courses or teaching resources are required.

b. The Certificate will be administered through the BHSc (Hons) Program Office.
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<tr>
<td>Academic Program Development and Review – Policy on Approved by: Senate</td>
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<td>Date of Original Approval(s): May 11, 2011 (effective July 1, 2011)</td>
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1. PREAMBLE

McMaster University is widely recognized for innovation in teaching and learning and for the quality of its programs. Nevertheless, knowledge of our disciplines and the scholarship of teaching and learning are constantly evolving. Our reputation can only be maintained and improved if we, as academics and educators, critically review what we do in our programs and seek opinions and advice from colleagues at McMaster and at other institutions.

Although the primary objective for these reviews is the improvement of our academic programs, the processes that we adopt is also designed to meet our responsibility to the government on quality assurance: Every publicly assisted Ontario university that grants degrees and diplomas is responsible for ensuring the quality of all of its programs of study, including modes of delivering programs and those academic and student services that affect the quality of the respective programs under review, whether or not the program is eligible for government funding.

The process by which institutions meet this accountability to the government is outlined in the Quality Assurance Framework (QAF), developed by the Ontario Council of Academic Vice-Presidents (OCAV) and approved by Executive Heads in April 2010. Institutions' compliance with the QAF is monitored by the Ontario Universities Council on Quality Assurance, also known as the Quality Council, which reports to OCAV and the Council of Ontario Universities (COU).

As part of the Quality Assurance Framework, McMaster was required to develop an Institutional Quality Assurance Process (IQAP), which is contained within this Policy. In addition to the 15 guiding principles contained within the QAF, McMaster determined the following internal principles to guide the development of the IQAP Policy. The guiding principles used for developing McMaster’s IQAP were:

- curriculum development and improvement are an ongoing, iterative process that is normally initiated, developed and controlled at the departmental level;
- McMaster’s IQAP incorporates input from all principal stakeholders; and,
- McMaster’s IQAP is designed primarily to help improve programs and shape them to have characteristics that are most valued at our University, while also meeting the responsibility for quality assurance.

Thus, the goal of McMaster’s IQAP is to facilitate the development and continued improvement of our undergraduate and graduate academic programs, and to ensure that McMaster continues to lead internationally in its reputation for innovation in teaching and learning and for the quality of its programs. McMaster’s IQAP is intended to complement existing mechanisms for critical assessment and enhancement, including departmental reviews and accreditation reviews. The uniqueness of each program at McMaster will emerge in the IQAP self-study.
The IQAP is subject to approval by the Quality Council when it is initiated and thereafter, when it is revised. The Quality Council will audit the University on an 8-year cycle under the terms outlined in the Quality Assurance Framework.

1.1 Cyclical Audit

One year prior to the scheduled Cyclical Audit, McMaster’s key contact to the Quality Council (or their delegate) will participate in a half-day briefing by the Quality Council Secretariat and an Audit Team member.

In advance of the cyclical audit, the Vice-Provost (Faculty) and Vice-Provost and Dean of Graduate Studies, or their delegates, will prepare a self-study of McMaster’s Institutional Quality Assurance Process, highlighting its strengths as well as areas for improvement and enhancement. The self-study will also identify the institutional response to any issues identified in the previous audit. To prepare this self-study, consultation with Faculty representatives as well as key stakeholders from central university supports, such as the Registrar’s Office, the MacPherson Institute, Institutional Research and Analysis and the Library will take place, as appropriate. The self-study will be submitted to the Quality Council’s Secretariat as part of the Cyclical Audit process.

The Cyclical Audit provides accountability to the principal stakeholders of Ontario’s university education system. The purpose of the Cyclical Audit is to evaluate the alignment of past and current practice with policy as well as the university’s approach to continuous improvement. Cyclical Program Reviews that were undertaken within the period since the previous Cyclical Audit are eligible for selection for the university’s next Cyclical Audit. Any new undergraduate and graduate programs that have been approved since the previous Cyclical Audit are eligible for selection in the next university’s cyclical audit. Graduate Diplomas that were approved through the expedited approvals process as well as major modifications to existing academic programs are not subjected to the institution’s cyclical audit.

Excluding any confidential information, the Audit Report and any follow up response report will be posted on McMaster’s Quality Assurance webpage. If an area of concern is identified during the Cyclical Audit, the Quality Council may determine that a focused audit of a specific process is necessary. Reports related to a Focused Audit will be posted on the McMaster’s Quality Assurance webpage.

2. CONTACT

The authority responsible for the IQAP is the Vice-Provost (Faculty). The authorities responsible for its application will be the Vice-Provost (Faculty) for undergraduate programs and the Vice-Provost and Dean of Graduate Studies for graduate programs. When undergraduate and graduate programs are reviewed concurrently, the Vice-Provost (Faculty) and the Vice-Provost and Dean of Graduate Studies will be jointly responsible for its application.
The person responsible for all contact between the University and the Quality Council is the Vice-Provost (Faculty).

Throughout this Policy, the Chair refers to the head of the academic unit (usually a Department, sometimes a School or an interdisciplinary group) that is proposing a new program or is responsible for an existing program, although we recognize that the official title of such person varies across programs and Faculties. Similarly, the Dean refers to the head of the Faculty or equivalent individual responsible for the program, again recognizing that official titles vary.

In the case of joint academic programs (e.g., a combined honours program or a collaborative program with another educational institution), the relevant Chair and Dean shall be those at McMaster University who have the administrative responsibility for the program.

3. PURPOSE

This Policy on Academic Program Development and Review guides the development of new undergraduate and graduate programs (including for-credit graduate diploma programs) and aids in the ongoing improvement of existing programs. It has also been designed to meet the University’s responsibility of ensuring the quality of such programs. It applies to all undergraduate and graduate programs offered at McMaster University, as well as programs offered in collaboration with other institutions that lead to McMaster University degrees or graduate diplomas.

4. DEFINITION OF NEW PROGRAMS

A new program is normally considered to be any new degree or degree program that has not been previously offered at McMaster University. In contrast to the normal evolution of academic programs, a new program will generally involve some combination of new courses, new learning outcomes, and new or re-allocated resources, and will be meant to provide students with an academic path that was previously not available to them.

Although not new, a program that has been offered at McMaster University without funding from the Ministry of Colleges and Universities and for which a request for funding is to be made, will follow the procedures for new programs that are outlined in Section 5.

Examples of what constitutes a ‘new program’ are included at: http://oucqa.ca/guide/examples-of-new-programs/

5. NEW GRADUATE AND UNDERGRADUATE PROGRAMS
The steps required for the approval of any new program include:

5.1 Beginning a New Program Proposal

Proponents of a new program may begin by preparing a Statement of Intent and acquiring endorsement from the relevant Dean(s) and Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies.

5.2 Broad Consultation

The Chair, in consultation with the Dean, is responsible for ensuring that there is broad consultation. It will also be essential to have appropriate discussions with other institutions when the proposed programs are to be offered in collaboration with those institutions.

Whenever faculty members from several departments will be involved in a proposed program, these proponents must have the opportunity to discuss the proposal with their respective Dean(s) and Chair(s). Similarly, if there is a proposal to cross-list a course, or to recommend or require students in the new program to take existing courses, the teaching Department(s) must be consulted and agreement obtained, in writing, from the appropriate Chair/Dean. Approvals of the relevant Curriculum Committees are required.

Discussions are to be held with central support units such as, but not limited to, the Library, the Registrar, the MacPherson Institute for Leadership, Innovation and Excellence in Teaching and Learning, and other relevant units, to assess the impact of the introduction of the new program. Input also should be sought from relevant groups of students for whom there is a potential impact of the proposal, and consideration given to the demographics of the student market for the program.
Broad consultation is especially important when proposing interdisciplinary programs particularly when the initiators of the proposed plan are unfamiliar with all various disciplines involved in the proposed program or individual faculty members who might potentially be interested or have expertise. A proposal for a new interdisciplinary program must be presented to any related Faculty/Program to ensure that there is widespread awareness of the program and of its potential impact. If a new interdisciplinary program utilizes or cross-lists one or several new courses from other Departments, the Department(s) offering the course(s), rather than the new interdisciplinary group, must submit those courses for approval. Prior written agreement also must be obtained from Chairs of participating Departments for teaching, graduate supervision and other resources required for interdisciplinary programs. Departments must be given adequate time to consider these requests. The program proponents, in consultation with the appropriate Dean(s), or their delegate(s), will consult and obtain proposed administrative and governance structures from the Faculties involved in interdisciplinary program proposals for inclusion in the new program proposal. - must include the proposed administrative and governance structures in interdisciplinary program proposals.

5.3 New Program Proposal

The Chair is responsible, in collaboration with relevant groups and/or individuals, for the preparation of a New Program Proposal. Both the Chair and the Dean, or Dean’s delegate, ensure that the proposal has met all of the New Program Proposal criteria outlined below and both will sign off on the completeness of the proposal. For an interdisciplinary program, all affiliated program Chairs and appropriate Deans, or the Deans’ delegates, sign off on the completeness of the proposal. Program proponents are to complete McMaster’s New Program Proposal template and address the criteria for the New Program Proposal as outlined below:

5.3.1 Program Overview

- Description of the extent and method of the consultation process undertaken during the development of the proposal, including the diversity of groups and/or individuals who were engaged in and informed the preparation of the proposal, including the groups and/or individuals who helped to prepare the proposal.

- Consistency of the program’s goals with the University’s tripartite research, teaching, and service excellence mission, its values and purpose, and its academic priorities and plans.

- Mission and academic plans.

- Ways in which the program addresses the institution’s current Strategic Mandate.

- Agreement

- Ways in which the program addresses the institution’s current strategies, frameworks and/or principles regarding equity, diversity and inclusion, and how the
program advances EDI-related academic goals (e.g., Indigenous perspectives, international relevance, interdisciplinarity, intercultural competencies, social and environmental equity and sustainability).

- Clarity and appropriateness of the program's requirements and the Program Learning Outcomes in meeting the University's Undergraduate Degree Level Expectations (UDLEs) or Graduate Degree Level Expectations (GDLEs), as outlined in Appendix A.

- Appropriateness of degree nomenclature and program's goals.

5.3.2 Admission requirements

- Appropriateness of the program's admission requirements for meeting its goals and the Program Learning Outcomes established for completion of the program.

- Alternative requirements, if any, for admission into the program, such as minimum grade point average, additional languages or portfolios, along with how the program recognizes prior work or learning experience.

- Consideration of accessible and equitable admissions processes and practices.

5.3.3 Structure

- Appropriateness of the administrative, governance, and communication processes proposed in support of the program.

- Appropriateness of the program's structure and regulations to meet specified Program Learning Outcomes and Degree Level Expectations.

- For graduate programs, a clear rationale for program length, which ensures that the program requirements can be reasonably completed within the proposed time period.

5.3.4 Program content, curriculum, and teaching

- Ways in which the curriculum addresses the current state of the discipline or area of study, and extent to which a comparative review of the state of the discipline informs the curriculum.

- Identification of any unique curriculum or program innovations or creative components with attention to experiential and community-engaged pedagogy.

- Appropriateness of the proposed mode(s) of delivery to meet the intended Program Learning Outcomes and Degree Level Expectations and availability of the necessary physical resources, including infrastructure and technologies for accessible education.
• Ways in which the program will address current institutional, faculty, or departmental priorities (e.g., experiential learning, equity, diversity and inclusion, accessibility, community engagement, and entrepreneurship).

• For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

• For graduate programs, verification that the courses included meet university requirements in terms of the minimum number of courses required, the level of courses required, and the appropriate inclusion of other required elements appropriate for the degree level (e.g., transfer exams, comprehensive exams). At least two thirds of the course requirements must be at the 700-level.

5.3.5 Assessment of teaching and learning

• Plans to monitor and assess the overall quality of the program and whether the program is achieving its proposed goals, ensuring evaluation methods are accessible and inclusive and audiences are diverse.

• Appropriateness of the proposed methods for the instruction and assessment of student achievement of the intended Program Learning Outcomes. The Program Learning Outcomes must meet the Degree Level Expectations.

• Completeness of plans for documenting and demonstrating the level of performance of students, consistent with the Degree Level Expectations.

• Description of how the resulting information from level of student performance will be documented and used to inform continuous program improvement.

5.3.6 Resources

For all programs:

• Adequacy of the administrative unit’s planned utilization of existing human, physical and financial resources, and any institutional commitment to supplement those resources, to support the program.

• Participation of a sufficient number and quality of faculty who are competent to teach and/or supervise in the program.

• Evidence that there are adequate resources to sustain the quality of scholarship produced by undergraduate students, as well as graduate students’ scholarship, and research activities, including library support, information technology support, and laboratory access.
• If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience.

• If applicable, provision of supervision of experiential learning opportunities

• If applicable, additional institutional resource commitments to support the program in step with its ongoing implementation.

For undergraduate programs:

• Evidence of plans for adequate numbers of faculty and staff to achieve the goals of the program.

• Evidence of plans to provide the necessary resources in step with the implementation of the program.

• Planned/anticipated class sizes.

• Provision of supervision of experiential learning opportunities, if applicable.

For graduate programs:

• Evidence that full-time tenured/tenure-track/CAWAR faculty have the recent research and/or professional/clinical expertise needed to sustain the program, promote innovation, foster an appropriate intellectual climate, and provide excellent supervision of students in academic and research components of the program.

• Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students.

• For programs with a research component, evidence that faculty research supervisors have current and ongoing research programs and funding, and space and relevant research infrastructure appropriate to support students’ research in the program.

• Evidence of how supervisory loads will be distributed, and the qualifications and appointment status of faculty who will provide instruction and supervision.

• Evidence of prior experience in graduate teaching and research supervision for faculty participating in the program.

For undergraduate programs:
Evidence of plans for adequate numbers of faculty and staff to achieve the goals of the program;
Evidence of plans to provide the necessary resources in step with the implementation of the program;
Planned/anticipated class sizes;
Provision of supervision of experiential learning opportunities (if required); and Role of adjunct and sessional faculty.

5.3.7 Quality and other indicators
- Definition and use of indicators that provide evidence of quality of the faculty (e.g., qualifications, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the proposed program).
- Evidence of a program structure and faculty research that will ensure the intellectual quality of the student experience.
- If applicable, any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

5.35.4 External Evaluation: Review Team
The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the Dean, will select a diverse team of reviewers to assess the proposal. The Review Team will consist of at least one external reviewer for new undergraduate programs and two external reviewers for new graduate programs. The team will also include one internal reviewer selected by the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the Dean (or the Dean's designate). Additional members may be added to the team, if appropriate, for instance when evaluating professional programs or interdisciplinary programs.

External reviews of new undergraduate, Master's, and PhD program proposals must incorporate a site visit. Site visits are normally conducted on-site. However, there may be circumstances that require exceptions to on-site visits. Exceptions to on-site visits for new undergraduate program reviews are determined by the Vice-Provost (Faculty) or, in the case of new graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the appropriate Dean or Dean's delegate, and agreed to by the Review Team prior to the commencement of the review. The Vice-Provost (Faculty) or, in the case of new graduate programs, the Vice Provost and Dean of Graduate Studies, will provide clear justification for the decision for an exception to an on-site visit.

If it is determined that a site visit can take place virtually, the virtual site visit will require all elements of the Review Team's site visit using videoconferencing software and/or other
suitable platforms. A virtual site visit will still include elements such as virtual meetings with students, faculty, and other stakeholders. It may also include remote attendance at performances or events, and virtual facilities tours. A virtual site visit may replace an in-person site visit with agreement from both the external reviewers and the Vice Provost (Faculty) or, in the case of graduate programs, the Vice Provost and Dean of Graduate Studies.

As appropriate, the Review Team shall meet with the following:

- Chair or Director;
- Full-time faculty members (a broad cross section in groups);
- Part-time faculty members (a broad cross section, in groups);
- Program students (a broad cross section of students are to be invited by the program to participate in a meeting with the review team);
- Departmental/Program support staff;
- Associate Dean;
- Dean;
- for graduate programs, the Vice-Provost and Dean of Graduate Studies;
- for undergraduate programs, the Vice-Provost (Faculty) and, Provost and Vice-President (Academic), if available.

External members of the Review Team will normally be individuals who are in the same discipline as the program under review (or across disciplines for interdisciplinary programs) and who are distinguished senior academics of broad experience, with an established commitment to higher education. External reviewers will not be faculty members from McMaster University. Internal reviewers are faculty members from McMaster but from outside of the discipline (or interdisciplinary group) engaged in the proposed program. Non-academics with relevant expertise and experience are permitted to serve as reviewers when it would enhance the diversity of relevant disciplinary or interdisciplinary perspectives, or in community-engaged or professional programs. Non-traditional programs are permitted to have non-academics with relevant expertise and experience are permitted to serve as reviewers. Reviewers must have an impartial, arms-length relationship to the program (for clarity, arms-length reviewers should not have been a research supervisor or student of members of the proposed program; and should not have collaborated with members of the proposed program within the past six years, nor have made plans to collaborate with those individuals in the immediate future. There also should be no other potential conflicts of interest (e.g., personal or financial). Wherever possible the review team will represent broad institutional categories and/or geographic regions.
External reviewers will be selected from a list of at least six suggested individuals compiled by the Department and endorsed by the Dean. An internal reviewer will be selected from a list of at least three suggested individuals compiled by the Department and endorsed by the Dean.

The list shall include, for each proposed external reviewer:

- name;
- rank and position;
- institution or company and current address, telephone and fax numbers, e-mail address, and URL if available;
- professional (including administrative) experience or expertise relevant to the Program under review;
- details of any previous or current affiliation with the University, and any association with individual members of the Program under review (e.g., co-author, previous student/supervisor, close relationship); and,
- for graduate programs, a description of research expertise, and a partial listing of recent scholarly publications.

The New Program Proposal, all relevant faculty CVs, the McMaster’s Review Team Guidelines and other materials specific to the review will be provided to all members of the review team no less than two weeks prior to their visit.

5.4.5 Reviewers’ report

Excepting when contrary circumstances apply, the Review Team will submit a co-authored report, including an Executive Summary, for the program(s) under review within four weeks of the visit to the Vice-Provost (Faculty), or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies. The report will be written primarily by the external reviewer(s), and then sent to the internal reviewer for their review and comment. The report will the reviewers normally will provide, within four weeks of the review, a joint report that appraises the standards and quality of the proposed program, and addresses the criteria set out in Section 5.3, including the associated faculty and the adequacy of existing physical, human and financial materials/resources. Reviewers also will be invited to acknowledge any clearly innovative aspects of the proposed program, together with recommendations on any essential or otherwise desirable modifications to the program. The report may include a confidential section (e.g., where personnel issues can be addressed). The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will review the reviewers’ report for completeness. If satisfactory, the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will approve the reviewers’ report and disseminate it to the Chair. If there are concerns with the,
5.55.6 Internal response

Responses to the reviewers' report from both the Chair and the Dean, or their delegates, should be prepared, as per the New Program Response template, and attached to the reviewers' report. Any substantive revisions (e.g., revisions to Program Learning Outcomes, modes of delivery, curriculum and/or assessment practices) to the New Program Proposal required by the Reviewers' Report and agreed to by the Chair and Dean must be made to the proposal prior to submission for approval at Undergraduate Council or Graduate Council.

5.55.7 Institutional approval

In addition to the completion of the external review, approval of new program proposals by the following University bodies, normally in the order listed below, is required:

- The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will review the New Program Proposal to ensure that the program is consistent with McMaster's principles and priorities and existing strengths of the University, the program is of high academic quality; there is convincing evidence of student demand and societal need for the program; and, sufficient financial support, infrastructure, and human resources can be made available to initiate and support the program either within the Faculty budget or based on the program being a full-revenue generating program.

- The Faculty Curriculum Committee(s), representing a diversity of faculty members and equipped to consider EDI principles, reviews the New Program Proposal to ensure that the new program adds sufficient value to the programs already offered in the Faculty:
  - the Faculty(ies) reviews the New Program Proposal to ensure that the program is consistent with the Faculty’s strategic plans and that the necessary resources are available if these are to be provided from within the Faculty’s envelope; and
  - the Executive Director of Finance and Planning reviews the Resource Implications and Financial Viability document to ensure that all potential University resource requirements are captured, and the program is properly costed. In addition, for interdisciplinary or partnership programs, ensures that an MOU is properly completed.

- for Undergraduate programs, the Undergraduate Council-Curriculum and Admissions Committee reviews the New Program Proposal to assess the impact of the new program on students enrolled in other Faculties:

- the University Student Fees Committee reviews the proposed Resource...
Implications and Financial Viability document

Program and Supplementary Fees and ensures that Ministry and University fee policies are adhered to, are reasonable relative to market and that fee collection can be properly administered within existing systems.

- Undergraduate Council or Graduate Council reviews the New Program Proposal to provide a venue for a broad discussion on the new program by elected faculty and student members with specific knowledge of and expertise in undergraduate or graduate programming, and ensure that the program is consistent with University-wide goals and criteria specifically related to undergraduate or graduate programming;

- University Planning Committee reviews the New Program Proposal and the Resource Implications and Financial Viability documents to understand the financial implications of the new program, evaluate the impact University-wide, and assess value-for-money for the intended student;

- Senate reviews the New Program Proposal and Resource Implications and Financial Viability documents to ensure that the program is consistent with the University’s general strategic plans with respect to academic programs.

These bodies should consider the criteria outlined in Section 5.3 when evaluating the proposal.

The site visit with external reviewers will be held after The Faculty Curriculum Committee(s) and prior to approval at Undergraduate Council or Graduate Council and Senate.

Special considerations, such as collaboration agreements or non-standard distribution and full revenue generating programs are to refer to the Academic Revenue Generating Activity Policy and other relevant University policies, as applicable. If any one of the bodies requires changes to the proposal, those changes may have to be subsequently provided to the other approving bodies for approval, depending on the nature of the changes.

5.7.8 Quality Council Secretariat

Once all approvals outlined in Section 5.7 are obtained, the institution will submit the New Program Proposal, together with the Reviewers’ Report and the internal response to the Report, to the Quality Council Secretariat. The submission template will require information on whether or not the proposed program will be a cost-recovery program. The same standards and protocols apply regardless of the source of funding. The Quality Council Appraisal’s Committee will review the new program proposal submission and determine if additional information is required. If sufficient, the Quality Council will review the new program proposal submission and will make one of the following decisions:

- Approved to commence;
- Approved to commence, with report.
5.85.9 Announcement of new programs

Following its submission to the Quality Council, the University may announce, per guidelines within the New Program Proposal Guidebook, its intention to offer the program, provided that clear indication is given that approval by the Quality Council is pending, and that no offers of admission will be made until the program has been approved by the Quality Council. When such announcements are made at this stage, they must contain the following statement: “Prospective students are advised that the program is still subject to formal approval.”

5.85.10 Approved new programs

After a new program is submitted to the Quality Council, the University may seek Provincial funding for the program, which must begin within thirty-six months of the date of approval; otherwise, the approval will lapse. If program approval lapses, the program must begin the new program proposal process again.

The first cyclical review for any new program must be conducted no more than eight years after the date of the program’s initial enrolment.

Between eighteen and twenty-four months after onset of the program, the Chair will provide the Dean and Vice- Provost (Faculty) or, in the case of graduate programs, the Vice- Provost and Dean of Graduate studies, with a brief update on progress report on the program, that assesses the program’s success in realizing its goals, addressing any concerns from the initial program reviewers’ report and notes from the Appraisal Committee, and highlighting any unanticipated changes in curriculum, resources, enrollment, funding mechanisms, or governance structure. If, after consultation with the Dean, the Vice- Provost (Faculty) or, in the case of graduate programs, the Vice- Provost and Dean of Graduate Studies, deems it appropriate, an informal internal assessment of the program may be undertaken, including interviews with current faculty, students, and staff, to determine if a more complete, early cyclical review is warranted.

The first cyclical review for any new program must be conducted no more than eight years after the date of the program’s initial enrolment. Outcomes identified in the program progress report, described above, must be included in the programs first cyclical review.

New undergraduate and graduate programs that have been approved are eligible for
6. EXPEDITED APPROVALS OF NEW PROGRAMS

The Protocol for Expedited Approvals applies when one or more of the following applies:

- an institution requests endorsement of the Quality Council to declare a new Field or to revise Fields in a graduate program (note: there is no requirement to declare fields in either master’s or doctoral programs);

- there is a proposal for a new Collaborative Specialization; a Collaborative Specialization must have:
  - at least one core one-semester course that is foundational to the specialization and does not form part of the course offerings of any of the partner programs. This course must be completed by all students from partner programs registered in the specialization and provides an opportunity for students to appreciate the different disciplinary perspectives that can be brought to bear on the area of specialization. This course may serve as an elective in the student’s home program.
  - clear and explicit requirements for each Collaborative Specialization. In programs requiring a major research paper, essay, or thesis, the topic must be in the area of the collaborative specialization. In course-only master’s programs, at least 30% of the courses must be in the area of specialization, including the core course described above. Courses in the area of specialization may be considered electives in the home program.
  - only core faculty who have an interest and expertise in the area of the collaborative specialization.
  - appropriate administrative and academic oversight/governance to ensure requirements associated with the specialization are being met.

- there are proposals for new for-credit graduate diplomas; including new graduate diplomas (Type 2) offered in conjunction with a master’s or Doctoral degree program and usually represents an additional interdisciplinary qualification.

- new graduate diplomas (Type 3) a stand-alone, direct-entry program, generally developed by a unit already offering a related master’s or doctoral degree.

The Expedited Proposal will describe the new graduate field, collaborative specialization, or graduate diploma (including, as appropriate, reference to Program Learning Outcomes, Degree Level Expectations, faculty and resource implications), provide a brief account of the rationale for the changes, and address the evaluation criteria for the program.

The Expedited Approvals process requires all the approvals listed in Section 5.7 and
the submission to the Quality Council of a New Program Proposal of the proposed new program and the rationale for it. Expedited approvals of new program do not require external reviewers be involved in the approval process and provides for a faster turn-around on decisions by the Quality Council. Common decisions by Quality Council are: a) approved to commence, b) approved to commence, with a report or C) not approved.

Type 3 graduate diplomas are included in the schedule for cyclical reviews and will be subject to external review during the cyclical program review process. Graduate Diplomas not associated with a parent program are reviewed by desk audit. A desk audit is conducted independently of the university (i.e., does not typically include interviews or in-person or virtual site visits).

6.1. Expedited Proposal

The Expedited Proposal will describe the new graduate field, collaborative specialization, or graduate diploma or the significant changes being proposed (including, as appropriate, reference to Program Learning Outcomes, Degree Level Expectations, faculty and resource implications), provide a brief account of the rationale for the changes, and address the evaluation criteria.

7. CYCLICAL PROGRAM REVIEWS

All academic programs are scheduled to be reviewed on a seven-year cycle and must be reviewed no more than eight years from the previous review. New programs must be reviewed no more than eight years after the date of the program’s first enrolment. The steps taken to address any issues that have been identified in monitoring reports of the new program or in follow up by Quality Council are to be identified in first cyclical review self-study.

The primary purpose for cyclical program reviews is continuous improvement of existing academic programs. An academic program is defined as a complete set and sequence of courses, combinations of courses and/or other units of study, research and practice as outlined by the university for the fulfillment of the requirements for either undergraduate or graduate degrees. Combined programs do not require review if their constituting programs are reviewed separately. Undergraduate Diplomas, Emphases, Options and Minors are not required to undergo the cyclical program review process outlined in this policy, however, Chairs are to consult with the Vice Provost (Faculty) to determine if other review processes are required. The list of programs that require review including those that are joint/inter-institutional, multi-disciplinary, interdisciplinary, and at multiple sites, as well as the schedule of such reviews, will be maintained by the Vice-Provost (Faculty) in consultation with the Vice-Provost and Dean of Graduate Studies. Programs that are closed or that have suspended admissions are not subject to cyclical program review. Program Chairs will be notified of a scheduled review by the Vice-Provost (Faculty) or their delegate. Each of the specific programs to be reviewed will be listed in the notification.
Departments can choose to review undergraduate and graduate programs jointly or separately. If the reviews are done jointly, the evaluation criteria and quality indicators described below must be applied to each program included in the self-study and there must be sections within the report to address different situations that apply to each program. Program reviews can also be done jointly with accreditation reviews, at the discretion of the Chair, in consultation with the Dean (see Section 7.8.5). Where programs seek to combine previously separate undergraduate and graduate reviews, they shall adopt the timeline of the earliest scheduled program review. For academic programs delivered in partnership with other educational institutions, the Chair must ensure that representatives from all educational institutions in the partnership are consulted during all key stages of the cyclical review process, including self-study, site visit, implementation and monitoring. For professional programs, the Chair must ensure the views of employers and professional associations are solicited and included in the self-study and site visit.

The key outcome of a cyclical program review is the Final Assessment Report and its associated Implementation Plan which forms the basis of the continuous improvement process. It is the primary responsibility of the program Chair to ensure that the implementation plan is achieved.

The review consists of the following steps:

7.1 Self-study: Internal program perspective

The Chair is responsible, in collaboration with relevant groups and/or individuals such as faculty, students and staff, for preparing a self-study document that is broad-based, reflective, forward-looking and inclusive of critical analysis. The self-study must address and document the consistency of the program’s learning outcomes with the University’s mission and Degree Level Expectations, and how its graduates achieve those outcomes. Both the Chair and the Dean, or the Dean’s delegates, ensure that the self-study has met all of the self-study criteria and sign off on the completeness of the self-study. For interdisciplinary programs, all affiliated program Chairs and appropriate Deans, or the Deans’ delegates, sign off on the completeness of the self-study.

The self-study criteria and quality indicators are as follows:

7.1.1 Program Description and Overview

- Program goals are consistent with the University’s tripartite research, teaching, and service excellence mission, its values and purpose, and its academic priorities and plans and mission and academic plans.
- Ways in which the program addresses the institution’s current strategies, frameworks and/or principles regarding equity, diversity and inclusion, and how the program advances EDI-related academic goals (e.g., Indigenous perspectives, international relevance, interdisciplinarity, intercultural competencies, social and environmental equity and sustainability, etc.).
- Program structure and requirements are appropriate to meet the Program
Learning Outcomes

- Program Learning Outcomes are clear, appropriate and align with the Degree Level Expectations.

7.1.2 Admission requirements

- Admission requirements are appropriately aligned with the Program Learning Outcomes established for completion of the program.
- Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.
- Consideration of the demographics of the student market for the program, and accessible and equitable admissions processes and practices.

7.1.3 Curriculum

- How the curriculum reflects the current state of the discipline or area of study, and extent to which a comparative review of the state of the discipline informs the curriculum.
- Evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs, with attention to experiential and community-engaged pedagogy.
- How the mode(s) of delivery are appropriate and effective at meeting the Program Learning Outcomes, including infrastructure and technologies for accessible education.
- Ways in which the program addresses current institutional, faculty, or departmental priorities (e.g. experiential learning, equity, diversity and inclusion, accessibility, community engagement, entrepreneurship, et cetera) and the current Strategic Mandate Agreement.

7.1.4 Teaching and assessment

- Methods for assessing the overall effectiveness of the program quality are appropriate and effective, ensuring evaluation methods are accessible and inclusive, and audiences are diverse.
- Methods for assessing student achievement of the defined Program Learning Outcomes and Degree Level Expectations are appropriate and effective.
- Appropriate and effectiveness of the means of assessment, especially in the students’ final year of the program, in clearly demonstrating
achievement of the Program Learning Outcomes and the Degree Level Expectations, and the program’s goals.

- Description of how information on assessment effectiveness is documented and used to inform continuous program improvement

7.1.5 Resources

- Appropriateness and effectiveness of the academic unit’s use of existing human, physical and financial resources in delivering and maintaining the quality of its program(s), in relation to the University’s priorities for and constraints on funding, space, and faculty allocation.
- Given the program’s class sizes and cohorts, as well as its program level learning outcomes, describe the participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment.
- If applicable, discuss the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience.
- If applicable, outline the supervision of experiential learning opportunities.

Graduate Programs Only

- Given the program’s class sizes and cohorts as well as its program level learning outcomes, provide evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation.
- Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty.
- If appropriate, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students.

7.1.6 Quality indicators

- Information on the quality of the program under review. Standard quality indicators, outlined in the McMaster’s Self-Study Guidebook, are available to Chairs from the Office of Institutional Research and Analysis, the Office of the Registrar, the School of Graduate Studies, or from the departments themselves. Chairs will be expected to provide context and commentary on the data. When possible and appropriate, Chairs will also refer to applicable professional standards.
- Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring).
• For students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates.
• Any other evidence that the program and faculty ensure the intellectual quality of the student experience.

Additional graduate program criteria:

• Evidence that students’ time-to-completion is both monitored and managed in relation to the program’s defined length and program requirements.

• Quality and availability of graduate supervision.

• Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses.

• For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

• Definition and application of indicators that provide evidence of faculty, student and program quality, for example:
  o Faculty: funding, honours and awards, and commitment to student mentoring;
  o Students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards;
  o Program: evidence of a program structure and faculty research that will ensure the intellectual quality of the student experience, and commitment to development of professional and transferable skills; evidence of sufficient and regular graduate level course offerings to ensure that students will be able to meet university requirements in terms of the minimum number of courses required, the level of courses required, and the timely completion of other required elements appropriate for the degree level (e.g., transfer exams, comprehensive exams).

7.1.7 Quality enhancement

• Concerns and recommendations raised in previous reviews especially those detailed in the Final Assessment Report, Implementation Plan and subsequent monitoring reports from the previous Cyclic Review of the program;

• Initiatives that have been undertaken to enhance the teaching, learning and/or
research environments thus far, the quality of the program, and how these will be sustained:

- Areas identified through the conduct of the self-study as requiring improvement;
- Areas that hold promise for continued enhancement.

7.1.8 System of governance

- Evidence that a consultative and inclusive system of governance has been used on an ongoing basis to assess the program and implement changes as appropriate.

7.1.9 Academic Services

Academic services that directly contribute to the academic quality of each program under review.

7.1.10 Self-Study Participation

Participation of program faculty, staff, and students in the self-study and how their views were obtained and taken into account, and who contributed to the development and writing of the self-study. For professional programs, the Chair must ensure the views of employers and professional associations are solicited and included in the self-study and site visit.

7.1.11 External Participation

The input of others deemed by the Chair to be relevant and useful, such as graduates of the program, representatives of industry, the professions, practical training programs, and employers is to be included in the self-study.

The input of others deemed by the Chair to be relevant and useful, such as graduates of the program, representatives of industry, the professions, practical training programs, and employers is to be included in the self-study.

7.2 External evaluation: Review Team

The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the Dean (or the Dean’s designate), will select a diverse team of reviewers to evaluate the program. The Review Team shall consist of at least one external reviewer for undergraduate programs and two external reviewers for either graduate programs or for concurrent reviews of undergraduate and graduate programs. If appropriate, additional members are to be added to the review team, such as when evaluating professional programs or interdisciplinary programs. The team will also include one internal reviewer selected by the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the Dean (or the Dean’s designate).
External members of the Review Team normally shall be individuals in the same discipline as the Program under review (or across disciplines for interdisciplinary programs) who are distinguished senior academics of broad experience, with an established commitment to higher education. Where it would enhance the diversity of relevant disciplinary or interdisciplinary perspectives, or in community-engaged or professional programs, Non-traditional programs are permitted to have non-academics with relevant expertise and experience to serve as reviewers with the approval of the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies. Reviewers must have an impartial, arms-length relationship to the Program (as defined in Section 5.4). Wherever possible the Review Team shall represent broad institutional categories and/or geographic regions.

External reviewers will be selected from a list of at least six suggested individuals compiled by the Program/Department under review and endorsed by the Dean. An internal reviewer will be selected from a list of at least three suggested individuals compiled by the Department Chair and endorsed by the Dean. The lists shall include, for each proposed external reviewer:

- name;
- rank and position;
- institution or company and current address, telephone and fax numbers, and e-mail address, and URL if available;
- professional (including administrative) experience or expertise relevant to the Program under review;
- details of any previous or current affiliation with the University, and any association with individual members of the Program under review (e.g., co-author, previous student/supervisor, close relationship); and,
- for graduate program or combined reviews, a description of research expertise, and a partial listing of recent scholarly publications.

Cyclical Program Reviews must incorporate a site visit. Site visits are normally conducted on-site, however, exceptions to on-site visits for undergraduate program reviews are determined by the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the Dean or Dean’s delegate prior to the commencement of the review and agreed to by the Review Team prior to the commencement of the review. The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice Provost and Dean of Graduate Studies, will provide clear justification for the decision for an exception to an on-site visit.
If it is determined that a site visit can take place virtually, the virtual site visit requires all elements of the external reviewers’ site visit using videoconferencing software and/or other suitable platforms. A virtual site visit will still include elements such as virtual meetings with students, faculty, and other stakeholders. It may also include remote attendance at performances or events, and virtual facilities tours. A virtual site visit may replace an in-person site visit with agreement from both the external reviewers and the Vice-Provost (Faculty) or in the case of graduate programs, the Vice Provost and Dean of Graduate Studies.

The Self-Study, the Guidelines for Review Team, and other materials specific to the current review will be provided to all members of the Review Team no less than two weeks prior to their visit. If applicable, the results of the previous accreditation review also will be made available to the Review Team to provide them with the views of the relevant professional association(s). The Guidelines for Review Team describes the review process and the roles and obligations of the Review Team, which include:

- to identify and comment on the program’s notably strong and creative attributes;
- to describe the program’s respective strengths, areas for improvement, and opportunities for enhancement;
- to recommend specific steps to be taken to improve the program, distinguishing between those the program can itself take with existing resources and those that require external action;
- to recognize the University’s autonomy to determine priorities for funding, space, and faculty allocation; and,
- to respect the confidentiality required for all aspects of the review process

As appropriate, the Review Team shall meet with the following:

- Chair or Director,
- Full-time faculty members (a broad cross section, in groups)
- Part-time faculty members (a broad cross section, in groups)
  - Full-time faculty members (in groups);
  - Part-time faculty members (in groups);
- Program students (a broad cross section of students is to be invited by the program to participate in a meeting with the review team);
- Departmental/Program support staff;
- Associate Dean;
- Dean;
- for graduate programs, the Vice-Provost and Dean of Graduate Studies;
• for undergraduate programs, the Vice-Provost (Faculty); and,
• Provost and Vice-President (Academic), if available.

The Review Team will submit a co-authored report, including an Executive Summary, for the program(s) under review within four weeks of the visit to the Vice-Provost (Faculty), or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies. The report will be written primarily by the external reviewer(s), and then sent to the internal reviewer for their review and comment. The Review Team’s report is to address the substance of both the self-study report and the evaluation criteria set out in Section 7.1. The report may include a confidential section (e.g., where personnel issues can be addressed). In the case that the self-study addresses more than one program, for example when a self-study describes both an undergraduate and graduate program or multiple undergraduate programs, reviewers in their report must make specific reference to each program described in the self-study. The intent of these reports is to be formative and constructive. Reviewers are required to make 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. Any commentary on issues such as faculty complement and/or space requirements made by the reviewers must be directly tied to issues of program quality and/or sustainability. The reports are intended to provide counsel rather than prescriptive courses of action. The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will review the Review Team’s report for completeness. If satisfactory, the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will approve the reviewers’ report and disseminate it to the Chair. If there are concerns with the completeness of the report, the Review Team will be asked to provide more clarity.

Responses to the reviewers’ report from both the Chair and the Dean, or the Dean’s delegate, is prepared, as per the Program Response template, and attached to the reviewers’ report.

7.3 Institutional perspective and Final Assessment Report (FAR)

The self-study, reviewer’s report excluding the confidential section, and responses from the Chair and Dean, will be submitted as a package to McMaster’s Quality Assurance Committee, a joint committee of Undergraduate and Graduate Councils. The Quality Assurance Committee will assess the review and will submit a Final Assessment Report (FAR) to Undergraduate Council or Graduate Council that

- provides an Executive Summary,
- identifies significant strengths of the program,
- addresses the appropriateness of resources for the success of the program;
- identifies opportunities for program improvement and enhancement.
identifies and prioritizes the recommendations; may include additional recommendations or comments to the Provost and Vice-President (Academic). Recommendations could include, for example, requiring a detailed progress report that will describe progress towards addressing major concerns or scheduling an additional cyclical review sooner than specified by the normal 8-year cycle.

includes an Implementation Plan that: prioritizes recommendations that will be implemented; identifies who is responsible for acting on each recommendation; specifies timelines related to each recommendation; and, as necessary, identifies the unit or individual responsible for providing resources needed to address each recommendation.

The Final Assessment Report from the Quality Assurance Committee along with any recommendations or comments is sent to the Chair and presented to Undergraduate Council or Graduate Council, as appropriate, for approval and then to Senate for information. These governing bodies will consider if additional recommendations or comments are necessary. If so, these recommendations or comments will be presented to the Provost and Vice-President (Academic). These will be communicated to the Chair, the Dean and the Vice-Provost (Faculty) or, in the case of graduate programs, to the Vice-Provost and Dean of Graduate Studies. Once approved, the FAR including an Executive Summary and the associated Implementation Plan is posted on the institution’s Quality Assurance webpage. Programs are strongly encouraged to post their FAR and Implementation Plans on their program’s webpage as well. The Final Assessment Report is the synthesis of the cyclical review process and as such is an important tool for a program’s continuous improvement.

Eighteen months after receiving the report from Undergraduate Council or Graduate Council, the Chair will submit a process report on the program to the Dean. The Dean will provide commentary and response to the progress report and submit the progress report along with their commentary to the Quality Assurance Committee summarizing the status of any actions taken or being taken. The Quality Assurance Committee, in some circumstances, will request follow up reporting on specific components if not satisfactorily addressed in the 18-month report. These reports are posted on the institution’s Quality Assurance webpage as an addendum to the program’s FAR and Implementation Plan. The Quality Assurance Committee will present progress reports to Undergraduate Council or Graduate Council, if deemed necessary by the Chairs of the Quality Assurance Committee.

7.4 Reporting requirements

The Final Assessment Reports, which include the Implementation Plans, and subsequent Progress Reports are posted on the Provost and Vice-President (Academic) section of the University’s website. The Vice-Provost (Faculty) provides an annual report to Quality Council that lists the past year’s completed Final Assessment Reports and attests that all IQAP-required Cyclical Program Review processes have been followed. This report will
also provide the link to the institution's Quality Assurance webpage. The annual report of Final Assessment Reports and their related Cyclical Program Review processes will occasionally be reviewed for compliance by the Quality Council and that if issues are found, the Quality Council may decide to initiate a Focused Audit.

7.5 Use of accreditation and other external reviews in the Institutional Quality Assurance Process

Programs that periodically undergo accreditation reviews are permitted to request that the associated accreditation documentation serve to meet some of the elements required of the IQAP cyclical review self-study when these elements are fully consistent with the requirements outlined within this policy. The program chair with support from the Dean of the program will submit a request form and all required supporting documentation to the Vice Provost (Faculty) for undergraduate programs or the Vice Provost and Dean of Graduate Studies for graduate programs, McMaster's Quality Assurance Committee. When requested by the Dean, or the Dean’s delegate, and permitted by the accreditation authorities, the site visit by the Review Team is permitted to be performed at the same time or by the same people as the accreditation reviewers, however there must be at least two external reviewers (and one internal reviewer) dedicated to the Cyclical Program Review.

Approval for substitution. The Quality Assurance Committee's decision is only applicable for the cyclical review year related to the request. The remaining steps in the cyclical review will then take place. Programs must participate in all reporting related to the cyclical review. If desired by the program, a request to substitute some accreditation documentation in order to meet partial requirements of their program's Quality Assurance review must be submitted for every subsequent cyclical review.

8. INSTITUTIONAL IDENTIFICATION OF MAJOR MODIFICATIONS TO EXISTING PROGRAMS

As part of the continuous improvement of McMaster's academic programs, existing programs are expected to routinely undergo revisions with the aim of improving student experience and quality enhancement. This includes, for example, the introduction or deletion of courses, major exam structures, change in emphases, options, minors, or mode of delivery. Such revisions provide an opportunity for improving the student experience and staying current with the discipline.
The revisions must be submitted through the university’s normal curriculum approval process. This is the same approval process as outlined for New Program Proposals, outlined in Section 5.7 (excluding the University Planning Committee and University Fees, unless there are significant resource implications). These revisions will be assessed during the course of the next cyclical review of the program.

Program revisions are described as minor or major modifications. In both cases, any changes to the program will be subject to the regular cyclical program review process as outlined in Section 7. Once per year, the MacPherson Institute and School of Graduate Studies consults with the Registrar’s Office and prepares a report of major modifications to existing programs including program closures and submits the report to the Quality Council.

In situations where it is unclear or where disagreement exists on whether a planned change constitutes a minor modification, a major modification, or a new program, the determination will be made by the Vice-Provost (Faculty) for undergraduate programs or the Vice-Provost and Dean of Graduate Studies for graduate programs, in consultation with McMaster’s Quality Assurance Committee, where appropriate. Quality Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol for New Program Approvals. A record of any decision will be kept with McMaster’s Quality Assurance Committee.

Minor modifications include: changes to course titles or codes; the addition or deletion of a single course; weighting of courses; creating or closing a minor; and creating or closing an undergraduate certificate.

Major modifications include the following program changes:

a) Requirements that differ significantly from those existing at the time of the previous cyclical program review or, if a program review has not taken place yet, from the new program proposal. For undergraduate programs, it would be considered a major modification when more than 30% of the program requirements are being changed from one academic year to the next. For graduate programs, it would be considered a major modification when more than 50% of the program requirements (including requirements such as courses, major exams, and research) are being changed from one year to the next.

b) Significant changes lasting more than one academic year and that differ from what was outlined in the last cyclical program review or, if a program review has not taken place yet, from the new program proposal to the faculty engaged in delivering the program and/or to the essential physical resources, for example, where there have been changes to the existing mode(s) of delivery (such as different campus, online delivery and inter-institutional collaboration).

c) Significant changes to the Program Learning Outcomes that are made outside of the cyclical program review process. Significant changes are defined as: changes to the majority of the Program Learning Outcomes such that they differ from those
existing at the time of the previous cyclical program review (or, if a program review has not taken place yet, from the new program proposal) but do not. However, meet the threshold of a new program.

d) Change in program name and/or degree nomenclature, when this results in a change in program learning outcomes.

e) Program closure.

f) The inclusion of a new program of specialization where another with the same degree designation already exists.

g) The addition of a single new field to an existing graduate program. The creation of more than one field at one time or over consecutive years may be required to complete the Expedited Approvals process. This process is outlined in Section 6.

Chairs are responsible for ensuring any major modifications align with the Program Learning Outcomes and that the impact of the modification on students has been assessed, where appropriate.

Changes to an existing Emphasis, Option, or Minor Program; the creation of a new micro-credential(s); undergraduate certificate(s); and laddering, stacking or similar options, or comparable elements do not require Quality Council appraisal or approval. Micro-credentials are approved using the same internal approval process outlined in Section 5.7. This approval process is subject to change and proponents of micro-credentials are encouraged to consult with the Vice Provost (Faculty) or the Vice Provost and Dean of Graduate Studies prior to seeking institutional approval for a micro-credential.

Revisions to an existing program will be classified as either a minor or a major modification to the program. In both cases, the program will continue to be subject to a cyclical program review as outlined in Section 7.

Major modifications include the following program changes:

a) Requirements that differ significantly from those existing at the time of the previous cyclical program review. For undergraduate programs, it would be considered a major modification when more than 30% of the program requirements (including requirements such as courses, major exams, and research) are being changed from one academic year to the next. For graduate programs, it would be considered a major modification when more than 50% of the program requirements are being changed from one academic year to the next.

b) Significant changes to the program learning outcomes. Significant changes, lasting more than one academic year to the faculty engaged in...
delivering the program and/or to the essential physical resources, for example, where there have been changes to the existing mode(s) of delivery (such as different campus-online delivery and inter-institutional collaboration) program.

The inclusion of a new program of specialization where another with the same degree designation already exists. The addition of a new field to an existing graduate program is considered to be a major modification, but is subject to an Expedited Approval process. The Expedited Approval process requires all the approvals listed in Section 5.7 and the submission to the Quality Council of a major-modification report. It does not require that external reviewers be involved in the approval process and provides for a faster turn-around on decisions by the Quality Council.

Additional examples of what constitutes major modifications are included at:
http://oucqa.ca/guide/5-major-modifications-to-existing-programs/

Once per year, the MacPherson Institute and School of Graduate Studies consults with the Registrar’s Office and prepares a report of major modifications to existing programs and submits the report to the Quality Council.

There may be situations where although the changes to the program meet the definition of a major modification, the changes are of such significance that a more immediate review is desirable. This situation may occur, for example, when the fundamental goals, objectives of the program change; or there are significant changes to the faculty engaged in delivering the program and/or to the essential physical resources.

In such cases, the Department, the Faculty, Undergraduate Council or Graduate Council may, if it deems it advisable after consultation with the relevant Dean(s) and Vice-Provost (Faculty) and/or Vice-Provost and Dean of Graduate Studies, initiate a program review and request that the Quality Council review the major modification proposal. The proposal must include a description and rationale for the proposed changes and how they will improve the student experience. The proposal will include input from current students and recent graduates of the program. When requested, this process will occur through the Quality Council’s Expedited Approval Process. Normally, such review will occur through an Expedited Approval Process.

In situations where it is unclear or where disagreement exists on whether a planned change constitutes a minor modification, a major modification, or a new program, the determination will be made by the Vice-Provost (Faculty) for undergraduate programs or the Vice-Provost and Dean of Graduate Studies for graduate programs, in consultation with McMaster’s Quality Assurance Committee, where appropriate. A record of any decision will be kept with McMaster’s Quality Assurance Committee.
McMaster University has adopted the following Undergraduate Degree Level Expectations (UDLEs) or Graduate Degree Level Expectations (GDLEs) that were developed by the Ontario Council of Academic Vice-Presidents and endorsed by the Council of Ontario Universities in December 2005. These degree level expectations are to be viewed as a minimum threshold for all degree programs at McMaster.

**UNDERGRADUATE**

<table>
<thead>
<tr>
<th>Depth and breadth of knowledge</th>
<th>Baccalaureate/bachelor’s degree</th>
<th>Baccalaureate/bachelor’s degree: honours</th>
</tr>
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<tbody>
<tr>
<td>1. General knowledge and understanding of many key concepts, methodologies, theoretical approaches and assumptions in a discipline</td>
<td>a) General knowledge and understanding of many key concepts, methodologies, theoretical approaches and assumptions in a discipline</td>
<td>a) Developed knowledge and critical understanding of the key concepts, methodologies, current advances, theoretical approaches and assumptions in a discipline overall, as well as in a specialized area of a discipline</td>
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<tr>
<td>b) Broad understanding of some of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</td>
<td>b) Developed understanding of many of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</td>
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<tr>
<td>c) Ability to gather, review, evaluate and interpret information relevant to one or</td>
<td>c) Developed ability to:</td>
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<tr>
<td>i) gather, review, evaluate and interpret information;</td>
<td>i) gather, review, evaluate and interpret information;</td>
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<tr>
<td></td>
<td>more of the major fields in a discipline and ii) compare the merits of alternate</td>
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<tr>
<td>d)</td>
<td>Some detailed knowledge in an area of the discipline</td>
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<tr>
<td>e)</td>
<td>Critical thinking and analytical skills inside and outside the discipline</td>
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<tr>
<td>f)</td>
<td>Ability to apply learning from one or more areas outside the discipline</td>
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<td></td>
<td>hypotheses or creative options, relevant to one or more of the major fields in a discipline</td>
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<tr>
<td></td>
<td>Developed, detailed knowledge of and experience in research in an area of the discipline</td>
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<tr>
<td></td>
<td>Developed critical thinking and analytical skills inside and outside the discipline</td>
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<tr>
<td></td>
<td>Ability to apply learning from one or more areas outside the discipline</td>
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<tr>
<td>2. Knowledge of methodologi es</td>
<td>An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</td>
<td>An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</td>
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<td>-------------------------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques; and</td>
<td>a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques;</td>
</tr>
<tr>
<td></td>
<td>b) devise and sustain arguments or solve problems using these methods.</td>
<td>b) devise and sustain arguments or solve problems using these methods; and</td>
</tr>
<tr>
<td>3. Application of knowledge</td>
<td>The ability to review, present, and interpret quantitative and qualitative information to:</td>
<td>The ability to review, present and critically evaluate qualitative and quantitative information to:</td>
</tr>
<tr>
<td></td>
<td>a) develop lines of argument;</td>
<td>a) develop lines of argument;</td>
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<tr>
<td></td>
<td>b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; and</td>
<td>b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study;</td>
</tr>
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</table>
### 4. Communication Skills

<table>
<thead>
<tr>
<th>The ability to communicate accurately and reliably, orally and in writing to a range of audiences.</th>
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</thead>
<tbody>
<tr>
<td>The ability to communicate information, arguments, and analyses accurately and reliably, orally and in writing to a range of audiences.</td>
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</table>
### 5. Awareness of limits of knowledge

An understanding of the limits to their own knowledge and how this might influence their analyses and interpretations.

### 6. Autonomy and professional capacity

<table>
<thead>
<tr>
<th>Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring:</th>
</tr>
</thead>
</table>

- a) the exercise of personal responsibility and decision-making;
- b) working effectively with others;
- c) the ability to identify and address their own learning needs in changing circumstances and to select an appropriate program of further study; and
- d) behaviour consistent with academic integrity and social responsibility.

An understanding of the limits to their own knowledge and ability, and an appreciation of the uncertainty, ambiguity and limits to knowledge and how this might influence analyses and interpretations.

Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring:

- a) the exercise of initiative, personal responsibility and accountability in both personal and group contexts;
- b) working effectively with others;
- c) decision-making in complex contexts;
- d) the ability to manage their own learning in changing circumstances, both within and outside the discipline and to select an appropriate program of further study;
- e) and behaviour consistent with academic integrity and social responsibility.
<table>
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<tr>
<th>Master's degree</th>
<th>Doctoral degree</th>
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<tbody>
<tr>
<td>This degree is awarded to students who have demonstrated the following:</td>
<td>This degree extends the skills associated with the Master's degree and is awarded to students who have demonstrated the following:</td>
</tr>
<tr>
<td>1. Depth and breadth of knowledge</td>
<td>A systematic understanding of knowledge, including, where appropriate, relevant knowledge outside the field and/or discipline, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice.</td>
</tr>
<tr>
<td>2. Research and scholarship A conceptual understanding and methodological competence that:</td>
<td>A) The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems; b) The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods; and c) The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication.</td>
</tr>
<tr>
<td>a) Enables a working comprehension of how established techniques of research and inquiry are used to create and interpret knowledge in the discipline;</td>
<td>On the basis of that competence, has shown at</td>
</tr>
<tr>
<td>b) Enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and</td>
<td>a) The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems; b) The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods; and c) The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication.</td>
</tr>
<tr>
<td>c) Enables a treatment of complex issues and judgments based on established principles and techniques; and,</td>
<td></td>
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</table>
least one of the following:

| 3. Level of application of knowledge | a) The development and support of a sustained argument in written form; or  
b) Originality in the application of knowledge. |
|-------------------------------------|--------------------------------------------------------------------------|
| Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting. | The capacity to:  
a) Undertake pure and/or applied research at an advanced level; and  
b) Contribute to the development of academic or professional skills, techniques, tools, practices, ideas. |
### 4. Professional capacity/autonomy

<table>
<thead>
<tr>
<th>Professional capacity/autonomy</th>
<th>The qualities and transferable skills necessary for employment requiring:</th>
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<tbody>
<tr>
<td></td>
<td>a) The exercise of initiative and of personal responsibility and accountability; and</td>
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<tr>
<td></td>
<td>i) Decision-making in complex situations;</td>
</tr>
<tr>
<td></td>
<td>b) The intellectual independence required for continuing professional development;</td>
</tr>
<tr>
<td></td>
<td>c) The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and</td>
</tr>
<tr>
<td></td>
<td>d) The ability to appreciate the broader implications of applying knowledge to particular contexts.</td>
</tr>
</tbody>
</table>

### 5. Level of communications skills

<p>| The ability to communicate ideas, issues and conclusions clearly, orally and in writing, to a range of audiences. | The ability to communicate complex and/or ambiguous ideas, issues and conclusions clearly and effectively, orally and in writing, to a range of audiences. |
| 6. Awareness of limits of knowledge | Cognizance of the complexity of knowledge and of the potential contributions of other interpretations, methods, and disciplines. | An appreciation of the limitations of one's own work and discipline, of the complexity of knowledge, and of the potential contributions of other interpretations, methods, and disciplines. |</p>
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<tr>
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<th>Date of Most Recent Approval</th>
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<tr>
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<td>December 9, 2020</td>
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<td>February 13, 2013 (effective July 1, 2013)</td>
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<td>Equity and Inclusion Office</td>
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**DISCLAIMER:** If there is a Discrepancy between this electronic policy and the written copy held by the policy owner, the written copy prevails.
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1. **PREAMBLE**

McMaster University is widely recognized for innovation in teaching and learning and for the quality of its programs. Nevertheless, knowledge of our disciplines and the scholarship of teaching and learning are constantly evolving. Our reputation can only be maintained and improved if we, as academics and educators, critically review what we do in our programs and seek opinions and advice from colleagues at McMaster and at other institutions.

Although the primary objective for these reviews is the improvement of our academic programs, the processes that we adopt is also designed to meet our responsibility to the government on quality assurance: Every publicly assisted Ontario university that grants degrees and diplomas is responsible for ensuring the quality of all of its programs of study, including modes of delivering programs and those academic and student services that affect the quality of the respective programs under review, whether or not the program is eligible for government funding.

The process by which institutions meet this accountability to the government is outlined in the Quality Assurance Framework (QAF), developed by the Ontario Council of Academic Vice-Presidents (OCAV) and approved by Executive Heads in April 2010. Institutions’ compliance with the QAF is monitored by the Ontario Universities Council on Quality Assurance, also known as the Quality Council, which reports to OCAV and the Council of Ontario Universities (COU).

As part of the Quality Assurance Framework, McMaster was required to develop an Institutional Quality Assurance Process (IQAP), which is contained within this Policy. In addition to the 15 guiding principles contained within the QAF, McMaster determined the following internal principles to guide the development of the IQAP Policy:

- curriculum development and improvement is an ongoing, iterative process that is initiated, developed and controlled at the departmental level
- McMaster’s IQAP incorporates input from all principal stakeholders
- McMaster’s IQAP is designed primarily to help improve programs and shape them to have characteristics that are most valued at our University, while also meeting the responsibility for quality assurance

Thus, the goal of McMaster’s IQAP is to facilitate the development and continued improvement of our undergraduate and graduate academic programs, and to ensure that McMaster continues to lead internationally in its reputation for innovation in teaching and learning and for the quality of its programs. McMaster’s IQAP is intended to complement existing mechanisms for critical assessment and enhancement, including departmental reviews and accreditation reviews. The uniqueness of each program at McMaster will emerge in the IQAP self-study.

The IQAP is subject to approval by the Quality Council when it is initiated and thereafter, when it is revised. The Quality Council will audit the University on an 8-year cycle under the terms outlined in the Quality Assurance Framework.
1.1 Cyclical Audit

One-year prior to the scheduled Cyclical Audit, McMaster’s key contact to the Quality Council (or their delegate) will participate in a half-day briefing by the Quality Council Secretariat and an Audit Team member.

In advance of the cyclical audit, the Vice-Provost (Faculty) and Vice-Provost and Dean of Graduate Studies, or their delegates, will prepare a self-study of McMaster’s Institutional Quality Assurance Process, highlighting its strengths as well as areas for improvement and enhancement. The self-study will also identify the institutional response to any issues identified in the previous audit. To prepare this self-study, consultation with Faculty representatives as well as key stakeholders from central university supports, such as the Registrar’s Office, the MacPherson Institute, Institutional Research and Analysis and the Library will take place, as appropriate. The self-study will be submitted to the Quality Council’s Secretariat as part of the Cyclical Audit process.

The Cyclical Audit provides accountability to the principal stakeholders of Ontario’s university education system. The purpose of the Cyclical Audit is to evaluate the alignment of past and current practice with policy as well as the university’s approach to continuous improvement. Cyclical Program Reviews that were undertaken within the period since the previous Cyclical Audit are eligible for selection for the university’s next Cyclical Audit. Any new undergraduate and graduate programs that have been approved since the previous Cyclical Audit are eligible for selection in the next university’s cyclical audit. Graduate Diplomas that were approved through the expedited approvals process as well as major modifications to existing academic programs are not subjected to the institution’s cyclical audit.

Excluding any confidential information, the Audit Report and any follow up response report will be posted on McMaster’s Quality Assurance webpage. If an area of concern is identified during the Cyclical Audit, the Quality Council may determine that a focused audit of a specific process is necessary. Reports related to a Focused Audit will be posted on McMaster’s Quality Assurance webpage.

2. CONTACT

The authority responsible for the IQAP is the Vice-Provost (Faculty). The authorities responsible for its application will be the Vice-Provost (Faculty) for undergraduate programs and the Vice-Provost and Dean of Graduate Studies for graduate programs. When undergraduate and graduate programs are reviewed concurrently, the Vice-Provost (Faculty) and the Vice-Provost and Dean of Graduate Studies will be jointly responsible for its application.

The person responsible for all contact between the University and the Quality Council is the Vice-Provost (Faculty).

Throughout this Policy, the Chair refers to the head of the academic unit (usually a Department, sometimes a School or an interdisciplinary group) that is proposing a new program or is responsible for an existing program, although we recognize that the official title of such person varies across programs and Faculties. Similarly, the Dean refers to the head of the Faculty or equivalent individual responsible
for the program, again recognizing that official titles vary.

In the case of joint academic programs (e.g., a combined honours program or a collaborative program with another educational institution), the relevant Chair and Dean shall be those at McMaster University who have the administrative responsibility for the program.

3. PURPOSE

This Policy on Academic Program Development and Review guides the development of new undergraduate and graduate programs (including for-credit graduate diploma programs) and aids in the ongoing improvement of existing programs. It has also been designed to meet the University's responsibility of ensuring the quality of such programs. It applies to all undergraduate and graduate programs offered at McMaster University, as well as programs offered in collaboration with other institutions that lead to McMaster University degrees or graduate diplomas.

4. DEFINITION OF NEW PROGRAMS

A new program is considered to be any new degree or degree program that has not been previously offered at McMaster University. In contrast to the normal evolution of academic programs, a new program will generally involve some combination of new courses, new learning outcomes, and new or re-allocated resources, and will be meant to provide students with an academic path that was previously not available to them.

Although not new, a program that has been offered at McMaster University without funding from the Ministry of Colleges and Universities and for which a request for funding is to be made, will follow the procedures for new programs that are outlined in Section 5.

5. NEW GRADUATE AND UNDERGRADUATE PROGRAMS

The steps required for the approval of any new program include:

5.1 Beginning a New Program Proposal

Proponents of a new program may begin by preparing a Statement of Intent and acquiring endorsement from the relevant Dean(s) and Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies.

5.2 Broad Consultation

The Chair, in consultation with the Dean, is responsible for ensuring that there is broad consultation. It will also be essential to have appropriate discussions with other institutions when the proposed programs are to be offered in collaboration with those institutions.

Whenever faculty members from several departments will be involved in a proposed program, these
proponents must have the opportunity to discuss the proposal with their respective Dean(s) and Chair(s). Similarly, if there is a proposal to cross-list a course, or to recommend or require students in the new program to take existing courses, the teaching Department(s) must be consulted and agreement obtained, in writing, from the appropriate Chair/Dean. Approvals of the relevant Curriculum Committees are required.

Discussions are to be held with central support units such as, but not limited to, the Library, the Registrar, the MacPherson Institute for Leadership, Innovation and Excellence in Teaching and Learning, and other relevant units, to assess the impact of the introduction of the new program. Input also should be sought from relevant groups of students for whom there is a potential impact of the proposal and consideration given to the demographics of the student market for the program.

Broad consultation is especially important when proposing interdisciplinary programs particularly when the initiators of the proposed plan are unfamiliar with all disciplines involved in the proposed program or individual faculty members who might potentially be interested or have expertise. A proposal for a new interdisciplinary program must be presented to any related Faculty/Program to ensure that there is widespread awareness of the program and of its potential impact. If a new interdisciplinary program utilizes or cross-lists one or several new courses from other Departments, the Department(s) offering the course(s), rather than the new interdisciplinary group, must submit those courses for approval. Prior written agreement also must be obtained from Chairs of participating Departments for teaching, graduate supervision and other resources required for interdisciplinary programs. Departments must be given adequate time to consider these requests. The program proponents, in consultation with the appropriate Dean(s), or their delegate(s), will consult and obtain proposed administrative and governance structures from the Faculties involved in interdisciplinary program proposals for inclusion in the new program proposal.
5.3 New Program Proposal

The Chair is responsible, in collaboration with relevant groups and/or individuals, for the preparation of a New Program Proposal. Both the Chair and the Dean, or Dean’s delegate, ensure that the proposal has met all of the New Program Proposal criteria outlined below and both will sign off on the completeness of the proposal. For an interdisciplinary program, all affiliated program Chairs and appropriate Deans, or the Deans’ delegates, sign off on the completeness of the proposal. Program proponents are to complete McMaster’s New Program Proposal template and address the criteria for the New Program Proposal as outlined below:

5.3.1 Program Overview

- Description of the extent and method of the consultation process undertaken during the development of the proposal, including the diversity of groups and/or individuals who were engaged in and informed the preparation of the proposal
- Consistency of the program’s goals with the University’s tripartite research, teaching, and service excellence mission, its values and purpose, and its academic priorities and plans
- Ways in which the program addresses the institution’s current Strategic Mandate Agreement
- Ways in which the program addresses the institution’s current strategies, frameworks and/or principles regarding equity, diversity and inclusion, and how the program advances EDI-related academic goals (e.g., Indigenous perspectives, international relevance, interdisciplinarity, intercultural competencies, social and environmental equity and sustainability)
- Clarity and appropriateness of the program’s requirements and the Program Learning Outcomes in meeting the University’s Undergraduate Degree Level Expectations (UDLEs) or Graduate Degree Level Expectations (GDLEs), as outlined in Appendix A.
- Appropriateness of degree nomenclature and program’s goals.

5.3.2 Admission requirements

- Appropriateness of the program’s admission requirements for meeting its goals and the Program Learning Outcomes established for completion of the program.
- Alternative requirements, if any, for admission into the program, such as minimum grade point average, additional languages or portfolios, along with how the program recognizes prior work or learning experience.
- Consideration of accessible and equitable admissions processes and practices

5.3.3 Structure

- Appropriateness of the administrative, governance, and communication processes proposed in support of the program.
- Appropriateness of the program’s structure and regulations to meet specified Program Learning Outcomes and Degree Level Expectations.
• For graduate programs, a clear rationale for program length, which ensures that the program requirements can be reasonably completed within the proposed time period.

5.3.4 Program content, curriculum, and teaching
• Ways in which the curriculum addresses the current state of the discipline or area of study, and extent to which a comparative review of the state of the discipline informs the curriculum.
• Identification of any unique curriculum or program innovations or creative components with attention to experiential and community-engaged pedagogy.
• Appropriateness of the proposed mode(s) of delivery to meet the intended Program Learning Outcomes and Degree Level Expectations and availability of the necessary physical resources including infrastructure and technologies for accessible education.
• Ways in which the program addresses current institutional, faculty, or departmental priorities (e.g. experiential learning, diversity and inclusion, accessibility, community engagement, entrepreneurship, et cetera).
• Ways in which the program addresses the current Strategic Mandate Agreement.
• For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.
• For graduate programs, verification that the courses included meet university requirements in terms of the minimum number of courses required, the level of courses required, and the appropriate inclusion of other required elements appropriate for the degree level (e.g., transfer exams, comprehensive exams). At least two thirds of the course requirements must be at the 700-level.

5.3.5 Assessment of teaching and learning
• Plans to monitor and assess the overall quality of the program and whether the program is achieving its proposed goals, ensuring evaluation methods are accessible and inclusive and audiences are diverse.
• Appropriateness of the proposed methods for the instruction and assessment of student achievement of the intended Program Learning Outcomes. The Program Learning Outcomes must meet the Degree Level Expectations.
• Completeness of plans for documenting and demonstrating the level of performance of students, consistent with the Degree Level Expectations.
• Description of how the resulting information from level of student performance will be documented and used to inform continuous program improvement.

5.3.6 Resources
For all programs:
• Adequacy of the administrative unit’s planned utilization of existing human, physical and financial resources, and any institutional commitment to supplement those resources, to support the program.

• Participation of a sufficient number and quality of faculty who are competent to teach and/or supervise in the program.

• Evidence that there are adequate resources to sustain the quality of scholarship produced by undergraduate students, as well as graduate students’ scholarship and research activities, including library support, information technology support, and laboratory access.

• If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience.

• If applicable, provision of supervision of experiential learning opportunities

• If applicable, additional institutional resource commitments to support the program in step with its ongoing implementation.

For undergraduate programs:

• Evidence of plans for adequate numbers of faculty and staff to achieve the goals of the program.

• Evidence of plans to provide the necessary resources in step with the implementation of the program.

• Planned/anticipated class sizes.

• Provision of supervision of experiential learning opportunities, if applicable

For graduate programs:

• Evidence that full-time tenured/tenure-track/CAWAR faculty have the recent research and/or professional/clinical expertise needed to sustain the program, promote innovation, foster an appropriate intellectual climate, and provide excellent supervision of students in academic and research components of the program.

• Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students.

• For programs with a research component, evidence that faculty research supervisors have current and ongoing research programs and funding, and space and relevant research infrastructure appropriate to support students’ research in the program.

• Evidence of how supervisory loads will be distributed, and the qualifications and appointment status of faculty who will provide instruction and supervision.
• Evidence of prior experience in graduate teaching and research supervision for faculty participating in the program.

5.3.7 Quality and other indicators

• Definition and use of indicators that provide evidence of quality of the faculty (e.g., qualifications, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the proposed program).

• Evidence of a program structure and faculty research that will ensure the intellectual quality of the student experience.

• If applicable, any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

5.4 External Evaluation: Review Team

The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the Dean will select a diverse team of reviewers to assess the proposal. The Review Team will consist of two external reviewers and one internal reviewer. Additional members may be added to the team, if appropriate, for instance when evaluating professional programs or interdisciplinary programs.

External reviews of new undergraduate, Master’s and PhD program proposals must incorporate a site visit. Site visits are conducted on-site. There may be circumstances that require exceptions to on-site visits. Exceptions to on-site visits for new undergraduate program reviews are determined by the Vice-Provost (Faculty) or, in the case of new graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the appropriate Dean or Dean’s delegate and agreed to by the Review Team prior to the commencement of the review. The Vice-Provost (Faculty) or, in the case of new graduate programs, the Vice Provost and Dean of Graduate Studies, will provide clear justification for the decision for an exception to an on-site visit.

If it is determined that a site visit can take place virtually, the virtual site visit will require all elements of the Review Team’s site visit using videoconferencing software and/or other suitable platforms. A virtual site visit will still include elements such as virtual meetings with students, faculty, and other stakeholders. It may also include remote attendance at performances or events, and virtual facilities tours. A virtual site visit may replace an in-person site visit with agreement from both the external reviewers and the Vice Provost (Faculty) or, in the case of graduate programs, the Vice Provost and Dean of Graduate Studies.

As appropriate, the Review Team shall meet with the following:

• Chair or Director
• Full-time faculty members (a broad cross section, in groups)
• Part-time faculty members (a broad cross section, in groups)
• Program students (a broad cross section of students is to be invited by the program to participate in a meeting with the review team)
• Departmental/Program support staff
• Associate Dean
• Dean
• for graduate programs, the Vice-Provost and Dean of Graduate Studies
• for undergraduate programs, the Vice-Provost (Faculty)
• Provost and Vice-President (Academic), if available

External members of the Review Team will be individuals who are in the same discipline as the program under review (or across disciplines for interdisciplinary programs) and who are distinguished senior academics of broad experience, with an established commitment to higher education. External reviewers will not be faculty members from McMaster University. Internal reviewers are faculty members from McMaster but from outside of the discipline (or interdisciplinary group) engaged in the proposed program. Non-academics with relevant expertise and experience are permitted to serve as reviewers when it would enhance the diversity of relevant disciplinary or interdisciplinary perspectives, or in community-engaged or professional programs. Reviewers must have an impartial, arms-length relationship to the program (for clarity, arms-length reviewers should not have been a research supervisor or student of members of the proposed program; and should not have collaborated with members of the proposed program within the past six years or have made plans to collaborate with those individuals in the immediate future. There also should be no other potential conflicts of interest (e.g., personal or financial). Wherever possible the review team will represent broad institutional categories and/or geographic regions.

External reviewers will be selected from a list of at least six suggested individuals compiled by the Department and endorsed by the Dean. An internal reviewer will be selected from a list of at least three suggested individuals compiled by the Department and endorsed by the Dean. Reviewers will be selected from a list of at least six suggested individuals compiled by the Department and endorsed by the Dean.

The lists shall include, for each proposed external reviewer:

- name
- rank and position
- institution or company and current address, telephone, e-mail address, and URL if available
- professional (including administrative) experience or expertise relevant to the Program under review
- details of any previous or current affiliation with the University, and any association with individual members of the Program under review (e.g., co-author, previous student/supervisor, close relationship)
• for graduate programs, a description of research expertise, and a partial listing of recent scholarly publications

The New Program Proposal, all relevant faculty CVs, the McMaster’s Review Team Guidelines and other materials specific to the review will be provided to all members of the review team no less than two weeks prior to their visit.

5.5 Reviewers’ report

Excepting when contrary circumstances apply, the Review Team will submit a co-authored report, including an Executive Summary, for the program(s) under review within four weeks of the visit to the Vice-Provost (Faculty), or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies. The report will be written primarily by the external reviewer(s), and then sent to the internal reviewer for their review and comment. The report will appraise the standards and quality of the proposed program, and address the criteria set out in Section 5.3, including the associated faculty and the adequacy of existing physical, human and financial resources. Reviewers also will be invited to acknowledge any clearly innovative aspects of the proposed program, together with recommendations on any essential or otherwise desirable modifications to the program. The report may include a confidential section (e.g., where personnel issues can be addressed). The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will review the reviewers’ report for completeness. If satisfactory, the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will approve the reviewers’ report and disseminate it to the Chair. If there are concerns with the completeness of the report, the Review Team will be asked to provide more clarity.

5.6 Internal response

Responses to the reviewers’ report from both the Chair and the Dean, or their delegates, should be prepared, as per the New Program Response template, and attached to the reviewers’ report. Any substantive revisions (e.g., revisions to Program Learning Outcomes; modes of delivery; curriculum and/or assessment practices) to the New Program Proposal required by the Reviewers’ Report and agreed to by the Chair and Dean must be made to the proposal prior to submission for approval at Undergraduate Council or Graduate Council.

5.7 Institutional approval

In addition to the completion of the external review, approval of new program proposals by the following University bodies, in the order listed below, is required:

• The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will review the New Program Proposal to ensure that the program is consistent with McMaster’s principles and priorities and existing strengths of the University, the program is of high academic quality; there is convincing evidence of student demand and societal need for the program; and, sufficient financial support, infrastructure, and human
resources can be made available to initiate and support the program either within the Faculty budget or based on the program being a full revenue generating program.

- The Faculty Curriculum Committee(s), representing a diversity of faculty members and equipped to consider EDI principles reviews the New Program Proposal to ensure that the new program adds sufficient value to the programs already offered in the Faculty.
- The Faculty(ies) reviews the New Program Proposal to ensure that the program is consistent with the Faculty’s strategic plans and that the necessary resources are available if these are to be provided from within the Faculty’s envelope.
- The Executive Director of Finance and Planning reviews the Resource Implications and Financial Viability document to ensure that all potential University resource requirements are captured, and the program is properly costed. In addition, for interdisciplinary or partnership programs, ensures that an MOU is properly completed.
- For Undergraduate programs, the Undergraduate Curriculum and Admissions Committee reviews the New Program Proposal to assess the impact of the new program on students enrolled in other Faculties.
- The University Student Fees Committee reviews the proposed Resource Implications and Financial Viability document and ensures that Ministry and University fee policies are adhered to, are reasonable relative to market and that fee collection can be properly administered within existing systems.
- Undergraduate Council or Graduate Council reviews the New Program Proposal to provide a venue for a broad discussion on the new program by elected faculty and student members with specific knowledge of and expertise in undergraduate or graduate programming, and ensure that the program is consistent with University-wide goals and criteria specifically related to undergraduate or graduate programming.
- University Planning Committee reviews the New Program Proposal and the Resource Implications and Financial Viability documents to understand the financial implications of the new program, evaluate the impact University-wide, and assess value-for-money for the intended student.
- Senate reviews the New Program Proposal and Resource Implications and Financial Viability documents to ensure that the program is consistent with the University’s general strategic plans with respect to academic program.

These bodies should consider the criteria outlined in Section 5.3 when evaluating the proposal.

The site visit with external reviewers will be held after the Faculty Curriculum Committee(s) and prior to approval at Undergraduate Council or Graduate Council and Senate.

Special considerations, such as collaboration agreements or non-standard distribution and full revenue generating programs are to refer to the Academic Revenue Generating Activity Policy and other relevant University policies, as applicable.
5.8 Quality Council Secretariat

Once all approvals outlined in Section 5.7 are obtained, the institution will submit the New Program Proposal, together with the Reviewers’ Report and the internal response to the Report, to the Quality Council Secretariat. The submission template will require information on whether or not the proposed program will be a cost-recovery program. The same standards and protocols apply regardless of the source of funding.

Once all approvals outlined in Section 5.7 are obtained, the institution will submit the New Program Proposal, together with the Reviewers’ Report and the internal response to the Report, to the Quality Council Secretariat. The submission template will require information on whether or not the proposed program will be a cost-recovery program. The same standards and protocols apply regardless of the source of funding. The Quality Council Appraisal’s Committee will review the new program proposal submission and determine if additional information is required. If sufficient, the Quality Council will review the new program proposal submission and will make one of the following decisions:

- Approved to commence
- Approved to commence, with report
- Deferred for up to one year during which time the university may address identified issues and report back
- Not approved
- or such other action as the Quality Council considers reasonable and appropriate in the circumstances.

Within 30 days of being notified, the university may appeal Quality Council’s decision.

5.9 Announcement of new programs

Following its submission to the Quality Council, the University may announce, per guidelines within the New Program Proposal Guidebook, its intention to offer the program, provided that clear indication is given that approval by the Quality Council is pending, and that no offers of admission will be made until the program has been approved by the Quality Council. Ministry approval may also be required. When such announcements are made at this stage, they must contain the following statement: “Prospective students are advised that the program is still subject to formal approval.”

5.10 Approved new programs

After a new program is submitted to the Quality Council, the University may seek Provincial funding for the program, which must begin within thirty-six months of the date of approval; otherwise, the approval will lapse. If program approval lapses, the program must begin the new program proposal process again.

Between eighteen and twenty-four months after onset of the program, the Chair will provide the Dean and Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate studies, with a brief progress report on the program, that assesses the program’s success in realizing its
goals; addresses any concerns from the program reviewers’ report and notes from the Appraisal Committee; and highlights any unanticipated changes in curriculum, resources, enrollment, funding mechanisms, or governance structure. If, after consultation with the Dean, the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, deems it appropriate, an informal internal assessment of the program may be undertaken, including interviews with current faculty, students, and staff, to determine if a more complete, early cyclical review is warranted.

The first cyclical review for any new program must be conducted no more than eight years after the date of the program’s initial enrolment. Outcomes identified in the program progress report, described above, must be included in the programs first cyclical review.

New undergraduate and graduate programs that have been approved are eligible for selection in the university’s next cyclical audit.

6. EXPEDITED APPROVALS OF NEW PROGRAMS

The Protocol for Expedited Approvals applies when one or more of the following applies:

- an institution requests endorsement of the Quality Council to declare a new Field or to revise Fields in a graduate program (note: there is no requirement to declare fields in either master’s or doctoral programs);
- there is a proposal for a new Collaborative Specialization; a Collaborative Specialization must have:
  - At least one core one-semester course that is foundational to the specialization and does not form part of the course offerings of any of the partner programs. This course must be completed by all students from partner programs registered in the specialization and provides an opportunity for students to appreciate the different disciplinary perspectives that can be brought to bear on the area of specialization. This course may serve as an elective in the student’s home program.
  - Clear and explicit requirements for each Collaborative Specialization. In programs requiring a major research paper, essay, or thesis, the topic must be in the area of the collaborative specialization. In course-only master’s programs, at least 30% of the courses must be in the area of specialization including the core course described above. Courses in the area of specialization may be considered electives in the home program.
  - Only core faculty that are those faculty members in the participating home programs who have an interest and expertise in the area of the collaborative specialization
  - Appropriate administrative and academic oversight/governance to ensure requirements associated with the specialization are being met.
- there are proposals for new for-credit graduate diplomas; including new graduate diplomas (Type 2) offered in conjunction with a Master’s or Doctoral degree program and usually
represent an additional interdisciplinary qualification

- new graduate diplomas (Type 3) a stand-alone, direct-entry program, generally developed by a unit already offering a related master’s or doctoral degree

The Expedited Proposal will describe the new graduate field, collaborative specialization, or graduate diploma (including, as appropriate, reference to Program Learning Outcomes, Degree Level Expectations, faculty and resource implications), provide a brief account of the rationale for the changes, and address the evaluation criteria for the program.

The Expedited Approvals process requires all the approvals listed in Section 5.7 and the submission to the Quality Council of a New Program Proposal of the proposed new program and the rationale for it. Expedited approvals of new program do not require external reviewers be involved in the approval process and provides for a faster turn-around on decisions by the Quality Council. Common decisions by Quality Council are: a) approved to commence b) approved to commence, with a report or C) not approved.

Type 3 graduate diplomas are included in the schedule for cyclical reviews and will be subject to external review during the cyclical program review process. Graduate Diplomas not associated with a parent program are reviewed by desk audit. A desk audit is conducted independently of the university (i.e., does not typically include interviews or in-person or virtual site visits).

7. CYCLICAL PROGRAM REVIEWS

All academic programs are scheduled to be reviewed on a seven-year cycle and must be reviewed no more than eight years from the previous review. New programs must be reviewed no more than eight years after the date of the program’s first enrolment. The steps taken to address any issues that have been identified in monitoring reports of the new program or in follow up by Quality Council are to be identified in first cyclical review self-study.

The primary purpose for cyclical program reviews is continuous improvement of existing academic programs. An academic program is defined as a complete set and sequence of courses, combinations of courses and/or other units of study, research and practice as outlined by the university for the fulfillment of the requirements for either undergraduate or graduate degrees. Combined programs do not require review if their constituting programs are reviewed separately. Undergraduate diplomas, Emphases, Options and Minors are not require to undergo the cyclical program review process outlined in this policy, however, Chairs are to consult with the Vice Provost (Faculty) to determine if other review processes are required. The list of programs that require review including those that are joint/inter-institutional, multi-disciplinary, interdisciplinary, and at multiple sites, as well as the schedule of such reviews, will be maintained by the Vice-Provost (Faculty) in consultation with the Vice-Provost and Dean of Graduate Studies. Programs that are closed or that have suspended admissions are not subject to cyclical program review. Program Chairs will be notified of a scheduled review by the Vice-Provost (Faculty) or their delegate. Each of the specific programs to be reviewed will be listed in the notification.
Departments can choose to review undergraduate and graduate programs jointly or separately. If the reviews are done jointly, the evaluation criteria and quality indicators described below must be applied to each program included in the self-study and there must be sections within the report to address different situations that apply to each program. Program reviews can also be done jointly with accreditation reviews, at the discretion of the Chair, in consultation with the Dean (see Section 7.5). Where programs seek to combine previously separate undergraduate and graduate reviews, they shall adopt the timeline of the earliest scheduled program review. For academic programs delivered in partnership with other educational institutions, the Chair must ensure that representatives from all educational institutions in the partnership are consulted during all key stages of the cyclical review process, including self-study, site visit, implementation and monitoring. For professional programs, the Chair must ensure the views of employers and professional associations are solicited and included in the self-study and site visit.

The key outcome of a cyclical program review is the Final Assessment Report and its associated Implementation Plan which forms the basis of the continuous improvement process. It is the primary responsibility of the program Chair to ensure that the implementation plan is achieved.

The review consists of the following steps:

7.1 Self-study: Internal program perspective

The Chair is responsible, in collaboration with relevant groups and/or individuals such as faculty, students and staff, for preparing a self-study document that is broad-based, reflective, forward-looking and inclusive of critical analysis. The self-study must address and document the consistency of the program’s learning outcomes with the University’s mission and Degree Level Expectations, and how its graduates achieve those outcomes. Both the Chair and the Dean, or the Dean’s delegates, ensure that the self-study has met all of the self-study criteria and sign off on the completeness of the self-study. For interdisciplinary programs, all affiliated program Chairs and appropriate Deans, or the Deans’ delegates, sign off on the completeness of the self-study.

The self-study criteria and quality indicators are as follows

7.1.1 Program Description and Overview

- Program goals are consistent with the University’s tripartite research, teaching, and service excellence mission, its values and purpose, and its academic priorities and plans
- Ways in which the program addresses the institution’s current strategies, frameworks and/or principles regarding equity, diversity and inclusion, and how the program advances EDI-related academic goals (e.g., Indigenous perspectives, international relevance, interdisciplinarity, intercultural competencies, social and environmental equity and sustainability, etc.)
- Program structure and requirements are appropriate to meet the Program Learning Outcomes
- Program Learning Outcomes are clear, appropriate and align with the Degree Level Expectations.
7.1.2 Admission requirements

- Admission requirements are appropriately aligned with the Program Learning Outcomes established for completion of the program.
- Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.
- Consideration of the demographics of the student market for the program, and accessible and equitable admissions processes and practices.

7.1.3 Curriculum

- How the curriculum reflects the current state of the discipline or area of study, and extent to which a comparative review of the state of the discipline informs the curriculum.
- Evidence of any significant innovation or creativity in the content and/or delivery of the program relative to other such programs, with attention to experiential and community-engaged pedagogy.
- How the mode(s) of delivery are appropriate and effective at meeting the Program Learning Outcomes, including infrastructure and technologies for accessible education.
- Ways in which the program addresses current institutional, faculty, or departmental priorities (e.g. experiential learning, equity, diversity and inclusion, accessibility, community engagement, entrepreneurship) and the current Strategic Mandate Agreement.

7.1.4 Teaching and assessment

- Methods for assessing the overall effectiveness of the program quality are appropriate and effective, ensuring evaluation methods are accessible and inclusive, and audiences are diverse.
- Methods for assessing student achievement of the defined Program Learning Outcomes and Degree Level Expectations are appropriate and effective.
- Appropriateness and effectiveness of the means of assessment, especially in the students’ final year of the program, in clearly demonstrating achievement of the Program Learning Outcomes and the Degree Level Expectations and the program’s goals.
- Description of how information on assessment effectiveness is documented and used to inform continuous program improvement.

7.1.5 Resources

- Appropriateness and effectiveness of the academic unit’s use of existing human, physical and financial resources in delivering and maintaining the quality of its program(s), in relation to the...
University’s priorities for and constraints on funding, space, and faculty allocation.

- Given the program’s class sizes and cohorts, as well as its program level learning outcomes, describe the participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment.

- If applicable, discuss the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience.

- If applicable, outline the supervision of experiential learning opportunities.

Graduate Programs Only

- Given the program’s class sizes and cohorts as well as its program-level learning outcomes, provide evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation.

- Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty.

- If appropriate, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students.

7.1.6 Quality indicators

- Information on the quality of the program under review. Standard quality indicators, outlined in the McMaster’s Self-Study Guidebook, are available to Chairs from the Office of Institutional Research and Analysis, the Office of the Registrar, the School of Graduate Studies, or from the departments themselves. Chairs will be expected to provide context and commentary on the data. When possible and appropriate, Chairs will also refer to applicable professional standards.

- Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring).

- For students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates.

- Any other evidence that the program and faculty ensure the intellectual quality of the student experience.

Additional graduate program criteria:
• Evidence that students’ time-to-completion is both monitored and managed in relation to the program’s defined length and program requirements.
• Quality and availability of graduate supervision.
• Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses
• For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion
• Definition and application of indicators that provide evidence of faculty, student and program quality, for example:
  - Faculty: funding, honours and awards, and commitment to student mentoring
  - Students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards
  - Program: evidence of a program structure and faculty research that will ensure the intellectual quality of the student experience, and commitment to development of professional and transferable skills; evidence of sufficient and regular graduate level course offerings to ensure that students will be able to meet university requirements in terms of the minimum number of courses required, the level of courses required, and the timely completion of other required elements appropriate for the degree level (e.g., transfer exams, comprehensive exams)

7.17 Quality enhancement
• Concerns and recommendations raised in previous reviews especially those detailed in the Final Assessment Report, Implementation Plan and subsequent monitoring reports from the previous Cyclical Review of the program
• Initiatives that have been undertaken to enhance the teaching, learning and/or research environments thus far, the quality of the program, and how these will be sustained
• Areas identified through the conduct of the self-study as requiring improvement
• Areas that hold promise for continued enhancement

7.1.8 System of governance
• Evidence that a consultative and inclusive system of governance has been used on an ongoing basis to assess the program and implement changes as appropriate.

7.1.9 Academic Services
• Academic services that directly contribute to the academic quality of each program under review.
7.1.10  Self-Study Participation

- Participation of program faculty, staff, and students in the self-study and how their views were obtained and taken into account, and who contributed to the development and writing of the self-study. For professional programs, the Chair must ensure the views of employers and professional associations are solicited and included in the self-study and site visit.

7.1.11  External Participation

- The input of others deemed by the Chair to be relevant and useful, such as graduates of the program, representatives of industry, the professions, practical training programs, and employers is to be included in the self-study.

7.2  External evaluation: Review Team

The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the Dean (or the Dean’s designate), will select a diverse team of reviewers to evaluate the program. The Review Team shall consist of two external reviewers. If appropriate, additional members are to be added to the review team, such as when evaluating professional programs or interdisciplinary programs. The team will also include one internal reviewer selected by the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the Dean (or the Dean’s designate).

External members of the Review Team shall be individuals in the same discipline as the Program under review (or across disciplines for interdisciplinary programs) who are distinguished senior academics of broad experience, with an established commitment to higher education. Where it would enhance the diversity of relevant disciplinary or interdisciplinary perspectives, or in community-engaged or professional programs, non-academics with relevant expertise and experience are permitted to serve as reviewers with the approval of the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies. Reviewers must have an impartial, arms-length relationship to the Program (as defined in Section 5.4). Wherever possible the Review Team shall represent broad institutional categories and/or geographic regions.

External reviewers will be selected from a list of at least six suggested individuals compiled by the Program/Department under review and endorsed by the Dean. An internal reviewer will be selected from a list of at least three suggested individuals compiled by the Department Chair and endorsed by the Dean. The lists shall include, for each proposed reviewer

- name
- rank and position
- institution or company and current address, telephone, and e-mail address, and URL if available
- professional (including administrative) experience or expertise relevant to the Program under review
Cyclical Program Reviews must incorporate a site visit. Site visits are conducted on-site, however, exceptions to on-site visits for undergraduate program reviews are determined by the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, in consultation with the Dean or Dean’s delegate prior to the commencement of the review and agreed to by the Review Team prior to the commencement of the review. The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice Provost and Dean of Graduate Studies, will provide clear justification for the decision for an exception to an on-site visit.

If it is determined that a site visit can take place virtually, the virtual site visit requires all elements of the external reviewers’ site visit using videoconferencing software and/or other suitable platforms. A virtual site visit will still include elements such as virtual meetings with students, faculty, and other stakeholders. It may also include remote attendance at performances or events, and virtual facilities tours. A virtual site visit may replace an in-person site visit with agreement from both the external reviewers and the Vice-Provost (Faculty) or in the case of graduate programs, the Vice Provost and Dean of Graduate Studies.

The Self-Study, the Guidelines for Review Team, and other materials specific to the current review will be provided to all members of the Review Team no less than two weeks prior to their visit. If applicable, the results of the previous accreditation review also will be made available to the Review Team to provide them with the views of the relevant professional association(s). The Guidelines for Review Team describes the review process and the roles and obligations of the Review Team, which include:

- to identify and comment on the program’s notably strong and creative attributes
- to describe the program’s respective strengths, areas for improvement, and opportunities for enhancement
- to recommend specific steps to be taken to improve the program, distinguishing between those the program can itself take with existing resources and those that require external action
- to recognize the University’s autonomy to determine priorities for funding, space, and faculty allocation
- to respect the confidentiality required for all aspects of the review process

As appropriate, the Review Team shall meet with the following:

- Chair or Director
- Full-time faculty members (a broad cross section, in groups)
• Part-time faculty members (a broad cross section, in groups)
• Program students (a broad cross section of students is to be invited by the program to participate in a meeting with the review team)
• Departmental/Program support staff
• Associate Dean
• Dean
• for graduate programs, the Vice-Provost and Dean of Graduate Studies
• for undergraduate programs, the Vice-Provost (Faculty)
• Provost and Vice-President (Academic), if available

The Review Team will submit a co-authored report, including an Executive Summary, for the program(s) under review within four weeks of the visit to the Vice-Provost (Faculty), or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies. The report will be written primarily by the external reviewer(s), and then sent to the internal reviewer for their review and comment. The Review Team’s report is to address the substance of both the self-study report and the evaluation criteria set out in Section 7.1. The report may include a confidential section (e.g., where personnel issues can be addressed). In the case that the self-study addresses more than one program, for example when a self-study describes both an undergraduate and graduate program or multiple undergraduate programs, reviewers in their report must make specific reference to each program described in the self-study. The intent of these reports is to be formative and constructive. Reviewers are required to make 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. Any commentary on issues such as faculty complement and/or space requirements made by the reviewers must be directly tied to issues of program quality and/or sustainability. The reports are intended to provide counsel rather than prescriptive courses of action. The Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will review the Review Team’s report for completeness. If satisfactory, the Vice-Provost (Faculty) or, in the case of graduate programs, the Vice-Provost and Dean of Graduate Studies, will approve the reviewers’ report and disseminate it to the Chair. If there are concerns with the completeness of the report, the Review Team will be asked to provide more clarity.

Responses to the reviewers’ report from both the Chair and the Dean, or the Dean’s delegate, is prepared, as per the Program Response template, and attached to the reviewers’ report.

7.3 Institutional perspective and Final Assessment Report

The self-study, reviewer’s report excluding the confidential section, and responses from the Chair and Dean, will be submitted as a package to McMaster’s Quality Assurance Committee, a joint committee of Undergraduate and Graduate Councils. The Quality Assurance Committee will assess the review and will submit a Final Assessment Report (FAR) to Undergraduate Council or Graduate Council that:
• provides an Executive Summary
• identifies significant strengths of the program
• addresses the appropriateness of resources for the success of the program
• identifies opportunities for program improvement and enhancement
• identifies and prioritizes the recommendations; may include additional recommendations or comments to the Provost and Vice-President (Academic). Recommendations could include, for example, requiring a detailed progress report that will describe progress towards addressing major concerns or scheduling an additional cyclical review sooner than specified by the normal 8-year cycle
• includes an Implementation Plan that: prioritizes recommendations that will be implemented; identifies who is responsible for acting on each recommendation; specifies timelines related to each recommendation; and, as necessary, identifies the unit or individual responsible for providing resources needed to address each recommendation.

The Final Assessment Report from the Quality Assurance Committee along with any recommendations or comments is sent to the Chair and presented to Undergraduate Council or Graduate Council, as appropriate, for approval and then to Senate for information. These governing bodies will consider if additional recommendations or comments are necessary. If so, these recommendations or comments will be presented to the Provost and Vice-President (Academic). These will be communicated to the Chair, the Dean and the Vice-Provost (Faculty) or, in the case of graduate programs, to the Vice-Provost and Dean of Graduate Studies. Once approved, the FAR including an Executive Summary and the associated Implementation Plan is posted on the institution’s Quality Assurance webpage. Programs are strongly encouraged to post their FAR and Implementation Plans on their program’s webpage as well. The Final Assessment Report is the synthesis of the cyclical review process and as such is an important tool for a program’s continuous improvement.

Eighteen months after receiving the report from Undergraduate Council or Graduate Council, the Chair will submit a progress report on the program to the Dean. The Dean will provide commentary and response to the progress report and submit the progress report along with their commentary to the Quality Assurance Committee summarizing the status of any actions taken or being taken. The Quality Assurance Committee, in some circumstances, will request follow up reporting on specific components if not satisfactorily addressed in the 18-month report. These reports are posted on the institution’s Quality Assurance webpage as an addendum to the program’s FAR and Implementation Plan. The Quality Assurance Committee will present progress reports to Undergraduate Council or Graduate Council, if deemed necessary by the Chairs of the Quality Assurance Committee.

7.4 Reporting requirements

The Final Assessment Reports, which include the Implementation Plans, and subsequent Progress Reports are posted on the Provost and Vice-President (Academic) section of the University’s website.
The Vice-Provost (Faculty) provides an annual report to Quality Council that lists the past year’s completed Final Assessment Reports and attests that all IQAP-required Cyclical Program Review processes have been followed. This report will also provide the link to the institution’s Quality Assurance webpage. The annual report of Final Assessment Reports and their related Cyclical Program Review processes will occasionally be reviewed for compliance by the Quality Council and that if issues are found, the Quality Council may decide to initiate a Focused Audit.

7.5 Use of accreditation and other external reviews in the Institutional Quality Assurance Process

Programs that periodically undergo accreditation reviews are permitted to request that the associated accreditation documentation serve to meet some of the elements required of the IQAP cyclical review self-study when these elements are fully consistent with the requirements outlined within this policy. The program chair with support from the Dean of the program will submit a request form and all required supporting documentation to the Vice Provost (Faculty) for undergraduate programs or the Vice Provost and Dean of Graduate Studies for graduate programs.

When requested by the Dean, or the Dean’s delegate, and permitted by the accreditation authorities, the site visit by the Review Team is permitted to be performed at the same time as the accreditation review, however there must be at least two external reviewers and one internal reviewer dedicated to the Cyclical Program Review.

The Vice Provost (Faculty) for undergraduate programs or the Vice Provost and Dean of Graduate Studies for graduate programs will review the request and decide if an accreditation review can be substituted in part for a cyclical review. The program will be notified in writing of the decision. A record of substitutions or additions, and the grounds on which they were made, will be eligible for audit by the Quality Council.

Approval for substitution is only applicable for the cyclical review year related to the request. The remaining steps in the cyclical review will then take place. Programs must participate in all reporting related to the cyclical review. If desired by the program, a request to substitute some accreditation documentation in order to meet partial requirements of their program’s Quality Assurance review must be submitted for every subsequent cyclical review.

8. Institutional Identification of Major Modifications to Existing Programs

As part of the continuous improvement of McMaster’s academic programs, existing programs are expected to routinely undergo revisions with the aim of improving student experience and quality enhancement. This includes, for example, the introduction or deletion of courses, major exam structures, change in emphases, options, minors, or mode of delivery. Such revisions provide an opportunity for improving the student experience and staying current with the discipline.

The revisions must be submitted through the university’s curriculum approval process. This is the same
approval process as outlined for New Program Proposals in Section 5.7 (excluding the University Planning Committee and University Fees, unless there are significant resource implications).

Program revisions are described as minor or major modifications. In both cases, any changes to the program will be subject to the regular cyclical program review process as outlined in Section 7. Once per year, the MacPherson Institute and School of Graduate Studies consults with the Registrar’s Office and prepares a report of major modifications to existing programs including program closures and submits the report to the Quality Council.

In situations where it is unclear or where disagreement exists on whether a planned change constitutes a minor modification, a major modification, or a new program, the determination will be made by the Vice-Provost (Faculty) for undergraduate programs or the Vice-Provost and Dean of Graduate Studies for graduate programs, in consultation with McMaster’s Quality Assurance Committee, where appropriate. Quality Council has the final authority to decide if a major modification constitutes a new program and, therefore, must follow the Protocol for New Program Approvals. A record of any decision will be kept with McMaster’s Quality Assurance Committee.

Minor modifications include: changes to course titles or codes; the addition or deletion of a single course; weighting of courses; creating or closing a minor; and creating or closing an undergraduate certificate.

Major modifications include the following program changes:

a) Requirements that differ significantly from those existing at the time of the previous cyclical program review or, if a program review has not taken place yet, from the new program proposal. For undergraduate programs, it would be considered a major modification when more than 30% of the program requirements are being changed from one academic year to the next. For graduate programs, it would be considered a major modification when more than 50% of the program requirements (including requirements such as courses, major exams, and research) are being changed from one year to the next.

b) Significant changes lasting more than one academic year and that differ from what was outlined in the last cyclical program review or, if a program review has not taken place yet, from the new program proposal to the faculty engaged in delivering the program and/or to the essential physical resources, for example, where there have been changes to the existing mode(s) of delivery (such as different campus, online delivery and inter-institutional collaboration)

c) Significant changes to the Program Learning Outcomes that are made outside of the cyclical program review process. Significant changes are defined as: changes to the majority of the Program Learning Outcomes such that they differ from those existing at the time of the previous cyclical program review (or, if a program review has not taken place yet, from the new program proposal) but do not, however, meet the threshold of a new program

d) Change in program name and/or degree nomenclature, when this results in a change in program learning outcomes

e) Program closure
f) The inclusion of a new program of specialization where another with the same degree designation already exists

g) The addition of a single new field to an existing graduate program. The creation of more than one field at one time or over consecutive years may be required to complete the Expedited Approvals process. This process is outlined in Section 6.

Chairs are responsible for ensuring any major modifications align with the Program Learning Outcomes and that the impact of the modification on students has been assessed, where appropriate.

Changes to an existing Emphasis, Option, or Minor Program; the creation of a new micro-credential(s); undergraduate certificate(s); and laddering, stacking or similar options, or comparable elements do not require Quality Council appraisal or approval. Micro-credentials are approved using the same internal approval process outlined in Section 5.7. This approval process is subject to change and proponents of micro-credentials are encouraged to consult with the Vice Provost (Faculty) or the Vice Provost and Dean of Graduate Studies prior to seeking institutional approval for a micro-credential.

There may be situations where although the changes to the program meet the definition of a major modification, the changes are of such significance that a more immediate review is desirable. This situation may occur, for example, when the fundamental goals of the program change; or there are significant changes to the faculty engaged in delivering the program and/or to the essential physical resources. In such cases, the Department, the Faculty, Undergraduate Council or Graduate Council may, if it deems it advisable after consultation with the relevant Dean(s) and Vice-Provost (Faculty) and/or Vice-Provost and Dean of Graduate Studies, initiate a program review and request that the Quality Council review the major modification proposal. The proposal must include a description and rationale for the proposed changes and how they will improve the student experience. The proposal will include input from current students and recent graduates of the program. When requested, this process will occur through Quality Council’s Expedited Approval Process.
McMASTER UNIVERSITY’S STATEMENT ON DEGREE LEVEL EXPECTATIONS

A McMaster education enables students to develop sets of life and learning skills that promote a continuing ability and desire to learn, and a set of technical and professional skills that permit a range of career choices. Degree level expectations elaborate the intellectual and creative development of students and the acquisition of relevant skills that are usually widely, yet implicitly, understood.

McMaster University has adopted the following Undergraduate Degree Level Expectations (UDLEs) or Graduate Degree Level Expectations (GDLEs) that were developed by the Ontario Council of Academic Vice-Presidents and endorsed by the Council of Ontario Universities in December 2005. These degree level expectations are to be viewed as a minimum threshold for all degree programs at McMaster.

**UNDERGRADUATE**

<table>
<thead>
<tr>
<th><strong>BACCALAUREATE / BACHELOR’S DEGREE</strong></th>
<th><strong>BACCALAUREATE / BACHELOR’S DEGREE: HONOURS</strong></th>
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<tbody>
<tr>
<td>This degree is awarded to students who have demonstrated the following:</td>
<td>This degree is awarded to students who have demonstrated the following:</td>
</tr>
<tr>
<td>1. Depth and breadth of knowledge</td>
<td></td>
</tr>
<tr>
<td>a) General knowledge and understanding of many key concepts, methodologies, theoretical approaches and assumptions in a discipline</td>
<td>a) Developed knowledge and critical understanding of the key concepts, methodologies, current advances, theoretical approaches and assumptions in a discipline overall, as well as in a specialized area of a discipline</td>
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<tr>
<td>b) Broad understanding of some of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</td>
<td>b) Developed understanding of many of the major fields in a discipline, including, where appropriate, from an interdisciplinary perspective, and how the fields may intersect with fields in related disciplines</td>
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<tr>
<td>c) Ability to gather, review, evaluate and interpret information relevant to one or more of the major fields in a discipline</td>
<td>c) Developed ability to:</td>
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<td>(i) gather, review, evaluate and interpret information; and</td>
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<td>(ii) compare the merits of alternate hypotheses or creative options, relevant to one or more of the major fields in a discipline</td>
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d) Some detailed knowledge in an area of the discipline

e) Critical thinking and analytical skills inside and outside the discipline

f) Ability to apply learning from one or more areas outside the discipline

d) Developed, detailed knowledge of and experience in research in an area of the discipline

e) Developed critical thinking and analytical skills inside and outside the discipline

f) Ability to apply learning from one or more areas outside the discipline

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<tr>
<th>2. Knowledge of methodologies</th>
<th>An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</th>
<th>An understanding of methods of enquiry or creative activity, or both, in their primary area of study that enables the student to:</th>
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<tr>
<td>a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques; and</td>
<td>a) evaluate the appropriateness of different approaches to solving problems using well established ideas and techniques; and</td>
<td>b) devise and sustain arguments or solve problems using these methods.</td>
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<tr>
<td>b) devise and sustain arguments or solve problems using these methods.</td>
<td>b) devise and sustain arguments or solve problems using these methods. and</td>
<td>c) describe and comment upon particular aspects of current research or equivalent advanced scholarship.</td>
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<tr>
<th>3. Application of knowledge</th>
<th>The ability to review, present, and interpret quantitative and qualitative information to:</th>
<th>The ability to review, present and critically evaluate qualitative and quantitative information to:</th>
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<tbody>
<tr>
<td>a) develop lines of argument;</td>
<td>a) develop lines of argument;</td>
<td>b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; and</td>
</tr>
<tr>
<td>b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; and</td>
<td>b) make sound judgments in accordance with the major theories, concepts and methods of the subject(s) of study; and</td>
<td>c) apply underlying concepts, principles, and techniques of analysis, both within and outside the discipline;</td>
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<tr>
<td>d) where appropriate use this knowledge in the creative process; and</td>
<td>d) where appropriate use this knowledge in the creative process; and</td>
<td>d) where appropriate use this knowledge in the creative process; and</td>
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<tr>
<td>4. Communication skills</td>
<td>The ability to communicate accurately and reliably, orally and in writing to a range of audiences.</td>
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<tr>
<td></td>
<td>The ability to communicate information, arguments, and analyses accurately and reliably, orally and in writing to a range of audiences.</td>
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<tr>
<th>5. Awareness of limits of knowledge</th>
<th>An understanding of the limits to their own knowledge and how this might influence their analyses and interpretations.</th>
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<tbody>
<tr>
<td></td>
<td>An understanding of the limits to their own knowledge and ability, and an appreciation of the uncertainty, ambiguity and limits to knowledge and how this might influence analyses and interpretations.</td>
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</table>
### 6. Autonomy and professional capacity

<table>
<thead>
<tr>
<th>Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring:</th>
<th>Qualities and transferable skills necessary for further study, employment, community involvement and other activities requiring:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) the exercise of personal responsibility and decision-making;</td>
<td>a) the exercise of initiative, personal responsibility and accountability in both personal and group contexts;</td>
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<td>b) working effectively with others;</td>
<td>b) working effectively with others;</td>
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<tr>
<td>c) the ability to identify and address their own learning needs in changing circumstances and to select an appropriate program of further study; and</td>
<td>c) decision-making in complex contexts;</td>
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<tr>
<td>d) behaviour consistent with academic integrity and social responsibility.</td>
<td>d) the ability to manage their own learning in changing circumstances, both within and outside the discipline and to select an appropriate program of further study;</td>
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<td></td>
<td>e) and behaviour consistent with academic integrity and social responsibility.</td>
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GRADUATE

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<tr>
<th></th>
<th>MASTER’S DEGREE</th>
<th>DOCTORAL DEGREE</th>
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<tbody>
<tr>
<td><strong>1. Depth and breadth of knowledge</strong></td>
<td>This degree is awarded to students who have demonstrated the following:</td>
<td>This degree extends the skills associated with the Master's degree and is awarded to students who have demonstrated the following:</td>
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<td>A systematic understanding of knowledge, including, where appropriate, relevant knowledge outside the field and/or discipline, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice.</td>
<td>A thorough understanding of a substantial body of knowledge that is at the forefront of their academic discipline or area of professional practice including, where appropriate, relevant knowledge outside the field and/or discipline.</td>
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<tr>
<td><strong>2. Research and scholarship</strong></td>
<td>A conceptual understanding and methodological competence that:</td>
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<td></td>
<td>a) Enables a working comprehension of how established techniques of research and inquiry are used to create and interpret knowledge in the discipline;</td>
<td>a) The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems;</td>
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<td></td>
<td>b) Enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and</td>
<td>b) The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods; and</td>
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<td></td>
<td>c) Enables a treatment of complex issues and judgments based on established principles and techniques; and,</td>
<td>c) The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication.</td>
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<td>On the basis of that competence, has shown at least one of the following:</td>
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<td>a) The development and support of a sustained argument in written form; or</td>
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<td></td>
<td>b) Originality in the application of knowledge.</td>
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</table>
| 3. Level of application of knowledge | Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting. | The capacity to:  
| a) Undertake pure and/or applied research at an advanced level; and  
| b) Contribute to the development of academic or professional skills, techniques, tools, practices, ideas, theories, approaches, and/or materials.  
| 4. Professional capacity/autonomy | a) The qualities and transferable skills necessary for employment requiring:  
| i) The exercise of initiative and of personal responsibility and accountability; and  
| ii) Decision-making in complex situations;  
| b) The intellectual independence required for continuing professional development;  
| c) The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and  
| d) The ability to appreciate the broader implications of applying knowledge to particular contexts.  
| a) The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex situations;  
| b) The intellectual independence to be academically and professionally engaged and current;  
| c) The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and  
| d) The ability to evaluate the broader implications of applying knowledge to particular contexts.  
| 5. Level of communications skills | The ability to communicate ideas, issues and conclusions clearly, orally and in writing, to a range of audiences. | The ability to communicate complex and/or ambiguous ideas, issues and conclusions clearly and effectively, orally and in writing, to a range of audiences.  
| 6. Awareness of limits of knowledge | Cognizance of the complexity of knowledge and of the potential contributions of other interpretations, methods, and disciplines. | An appreciation of the limitations of one’s own work and discipline, of the complexity of knowledge, and of the potential contributions of other interpretations, methods, and disciplines. |
As the Responsible Executive for McMaster's Sexual Violence Policy, I am bringing your attention to and seeking your approval for proposed revisions to this Policy to take effect by March 1, 2022, in accordance with a recent Provincial directive.

The Rationale for Revisions

Following student advocacy and stakeholder consultation, on September 16, 2021, the provincial government announced Ontario Regulation 646/21 to amend Ontario Regulation 131/16, which stipulate provisions for Sexual Violence at Colleges and Universities under the Ministry of Training, Colleges and Universities Act.

The two amendments enacted through O. Reg. 646/21 s. 1 (1) and (2) are below:

1. Subsection 2 (1) of Ontario Regulation 131/16 is amended by striking out “and” at the end of clause (d) and by adding the following clause:

   (d.1) informs students that if they, in good faith, report an incident of, or make a complaint about, sexual violence, they will not be subject to discipline or sanctions for violations of the college’s or university’s policies relating to drug or alcohol use at the time the alleged sexual violence occurred; and

2. Subsection 2 (2) of the Regulation is amended by adding the following paragraph:

   14. A statement that students who disclose their experience of sexual violence through reporting an incident of, making a complaint about, or accessing supports and services for sexual violence, will not be asked irrelevant questions during the investigation process by the college’s or university’s staff or investigators, including irrelevant questions relating to the student’s sexual expression or past sexual history.
The Proposed Revisions to McMaster’s Policy

McMaster’s Commitment (s. 9 – s. 14) to trauma-informed practice has guided the university’s sexual violence response in a manner that is aligned with the new trauma-informed directives.

However, to make the practices more explicit, codification of the Provincial directives in the Policy is recommended by inserted the following two new clauses as s. 11 and s. 12, after existing clause s. 10 in the Commitments section.

11. A student who, in good faith, makes a Disclosure or files a Report or Complaint relating to Sexual Violence will not be subject to discipline or sanctions for violations under the University’s policies, including but not limited to the Code of Student Rights and Responsibilities, the Professional Behaviour Code for Undergraduate Health Sciences or the Professional Behaviour Code for Graduate Learners, Health Sciences, as it relates to drug or alcohol use at the time the alleged Sexual Violence occurred.

12. An individual who makes a Disclosure or files a Report or Complaint relating to Sexual Violence will not be asked questions relating to sexual expression, past sexual history or other irrelevant questions by an investigator and/or Staff or Faculty of the University during the investigation process.

Motion

that Senate approve, for recommendation to the Board of Governors, the proposed revisions to the Sexual Violence Policy, effective February 7, 2022.
<table>
<thead>
<tr>
<th>Complete Policy Title:</th>
<th>Sexual Violence Policy</th>
<th>Policy Number (if applicable):</th>
</tr>
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<tr>
<td>Approved by:</td>
<td>Senate / Executive and Governance Committee of the Board of Governors</td>
<td>Date of Most Recent Approval:</td>
</tr>
<tr>
<td>Date of Original Approval(s):</td>
<td>December 14, 2016 / December 15, 2016 effective January 1, 2017</td>
<td>Supersedes/Amends Policy dated:</td>
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<tr>
<td>Responsible Executive:</td>
<td>Associate Vice-President, Equity and Inclusion</td>
<td>Policy Specific Enquiries:</td>
</tr>
<tr>
<td>Reviewed for Compliance (OHSA):</td>
<td>June 21, 2021</td>
<td>General Policy Enquiries:</td>
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<tr>
<td>Non-Substantive Revisions</td>
<td>June 21, 2021 – title change</td>
<td>DISCLAIMER: If there is a Discrepancy between this electronic policy and the written copy held by the policy owner, the written copy prevails</td>
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SECTION I: INTRODUCTION

PURPOSE

1. All members of the University Community ("Community Members" see clause 5 below) have a right to study, work, and live in an environment that is free of Sexual Violence.

2. The purpose of this Policy is to:
   a) articulate McMaster University's commitment to Sexual Violence prevention and response;
   b) identify services and resources related to Sexual Violence that are available to all members of the McMaster University Community ("University Community"); and
   c) explain the complaint and reporting options, supports, and accommodations that are available to all members of the University Community who experience Sexual Violence.

SCOPE

3. Sexual Violence means any sexual act or act targeting a person's sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person's Consent, and includes Sexual Assault, Sexual Harassment, stalking, indecent exposure, voyeurism and sexual exploitation.

4. This Policy prohibits all forms of Sexual Violence:
   a) acts of Sexual Assault, which fall under the broad definition of Sexual Violence, are considered a violation of this Policy and its procedures below shall apply; and
   b) acts of Sexual Harassment, which fall under the broad definition of Sexual Violence, may be considered violations of the Discrimination & Harassment Policy and its procedures may apply.

5. The Policy applies to:
   a) all Members of the University Community ("Community Members") include: students (graduate, undergraduate, and continuing education), staff, faculty, medical residents, volunteers, visitors (including visiting professors), and institutional administrators and officials representing McMaster University; and
   b) all University-related activities, which are activities (authorized and non-authorized) where there is a clear nexus to the working or learning environment at the University (on and off University premises).

6. When allegations of Sexual Harassment are to be processed under the Discrimination & Harassment Policy, there may be circumstances where the allegations in a Complaint necessitate following the procedures under both this Policy and the Discrimination & Harassment Policy.

7. Where a Complaint is filed that involves behaviour prohibited by this Policy, as well as behaviour more appropriately dealt with under the Discrimination & Harassment Policy, the Complaint may be processed under the Discrimination & Harassment Policy, without compromising the Complainant's right to access the specialized supports available through the Sexual Violence Prevention and Response Office. However, any proceedings related to the Complaint will determine if there has been a violation of the Discrimination &

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1 Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19
Sexual Violence Policy  

Section I: Introduction

Harassment Policy, in addition to any findings related to this Policy. The decision regarding which policy or policies are most appropriate will be made by the University.

8. Unless otherwise specified in this Policy, the Policy and its provisions apply where the University has the jurisdiction to pursue, adjudicate, or take steps to safeguard the University community.

MCMASTER’S COMMITMENT

9. Notwithstanding the limits of confidentiality, described below, the University recognizes that enabling confidential disclosures of experiences of Sexual Violence enhances individual and community safety. The University is committed to creating an environment in which Community Members feel able to disclose experiences of Sexual Violence and access support, accommodations and information on complaint and reporting options under the Sexual Violence Response Protocol.

10. The University recognizes that making a Disclosure, filing a Complaint, or being the focus of allegations of Sexual Violence may be difficult. The University is committed to ensuring that all individuals making disclosures or who are parties to a complaint, be they Complainants or Respondents, will be treated with dignity and respect, will be guaranteed due process and procedural fairness, will be afforded privacy and confidentiality within its reasonable limits, and will have access to appropriate support and assistance throughout.

11. A student who, in good faith, makes a Disclosure or files a Report or Complaint relating to Sexual Violence will not be subject to discipline or sanctions for violations under the University’s policies, including but not limited to the Code of Student Rights and Responsibilities, the Professional Behaviour Code for Undergraduate Health Sciences or the Professional Behaviour Code for Graduate Learners, Health Sciences, as it relates to drug or alcohol use at the time the alleged Sexual Violence occurred.

12. An individual who makes a Disclosure or files a Report or Complaint relating to Sexual Violence will not be asked questions relating to sexual expression, past sexual history or other irrelevant questions by an investigator and/or staff or faculty of the University during the investigation process.

13. When a University complaint process is initiated, the University is committed to providing an intake, investigation, and adjudication process that is trauma-informed, timely, and follows the principles of procedural fairness.

14. The University is committed to addressing Sexual Violence in a manner that is informed by current knowledge, scholarship and best practices in understanding how Sexual Violence intersects with other forms of violence and social inequities.

15. The University recognizes that the experience of Sexual Violence can be traumatic, having negative immediate and/or longer-term effects on an individual’s physical, mental, emotional, spiritual, and social health and wellbeing. The University is committed to providing appropriate trauma-informed support, accommodations, resources and referrals.

16. The University recognizes that socially marginalized individuals (on the basis of factors such as race, disability, Indigeneity, sexual orientation, gender identity and gender expression, religion, spirituality, age, citizenship and socio-economic status) experience disproportionately higher incidences of sexual and other forms of violence. The University is committed to ensuring culturally respectful and relevant supports and services that are attuned to systemic social inequities. The University recognizes that individuals from
diverse communities who face systemic barriers and discrimination may be reluctant to disclose Sexual Violence to institutional authorities. The University is committed to examining and eliminating individual bias and institutional barriers in the organization and delivery of its services and supports.

**POLICY REVIEW**

17. The Policy will be reviewed annually for compliance with the *Occupational Health & Safety Act*. The Policy will be reviewed every three years in accordance with the *Sexual Violence and Harassment Plan Act* in a process inclusive of input from students, key University constituencies, women's organizations and other community partners with expertise in Sexual Violence.

18. Student participation in the three-yearly policy review process will be coordinated by the Equity and Inclusion Office in collaboration with the McMaster Student Union, and the McMaster Graduate Student Association, and will include a diverse cross-section of campus partners with experience and expertise related to Sexual Violence prevention and response.

**TERMS AND DEFINITIONS**

19. A full glossary of terms and definitions may be found in Appendix A.

20. For the purpose of interpreting this document:
   a) words in the singular may include the plural and words in the plural may include the singular
   b) Directors, members of the Administration, and Decision-Makers in this Policy may, where appropriate, delegate their authority;
   c) **AVP Equity and Inclusion** means the Associate Vice-President, Equity and Inclusion;
   d) **Chief Human Resources Officer** means the Assistant Vice-President & Chief Human Resources Officer;
   e) **Dean of Students** means the Associate Vice-President (Students and Learning) and Dean of Students;
   f) **Director (ELR)** means the Executive Director, Employee & Labour Relations;
   g) **Director (HRDR)** means the Director, Human Rights & Dispute Resolution Program;
   h) **Director (SVPRO)** means the Director, Sexual Violence Prevention and Response Office;
   i) **Director (SSCM)** means the Director, Student Support & Case Management Office;
   j) **Hearing Procedures** means the Hearing Procedures for the Board-Senate Hearing Panel for Discrimination, Harassment, and Sexual Violence;
   k) **Provost** means the Provost and Vice-President (Academic);
   l) **Tenure and Promotion Policy** means the McMaster University Revised Policy and Regulations with Respect to Academic Appointment, Tenure and Promotion; and
   m) **Security Services** means McMaster University Security and Parking Services.
SECTION II: OPTIONS AND SUPPORTS

OPTIONS

21. Community Members who believe there has been a violation of the Policy have a number of options available to them: Disclosure, Reporting (under the Policy and includes filing a Complaint, and/or Voluntary Resolution), making a Criminal Report, or Other External Options.

22. Prior to pursuing one of the options below, Community Members should read Section III: Confidentiality. It is important to be aware that, depending on the circumstances and nature of the incident disclosed, the University may be obliged to:
   a) conduct a triage of violence risk;
   b) initiate a University-led Investigation of the incident regardless of whether or not the individual making the disclosure chooses to participate in the process; and/or
   c) notify Hamilton Police Services of the allegation and name of the individual who is the subject of the allegation and/or contact other relevant agencies to fulfill legal obligations.

23. Individuals are encouraged to consult with the Director (SVPRO), who will provide holistic support for disclosures, assistance with requests for accommodation, and advice on options, at any point in time, regardless of how the individual chooses to proceed.

24. While encouraged to contact the Director (SVPRO) for disclosure support, complaint intake, and reporting options, Community Members who experience Sexual Violence may choose to contact any one of the Intake Offices to make a Complaint pursuant to the Sexual Violence Policy.

25. Disclosing an experience of Sexual Violence is a separate decision from making a report. Each decision will result in different levels of University involvement and action.

DISCLOSURE

26. A Disclosure is made when an individual informs a Community Member about an experience of Sexual Violence because they wish to access support, accommodations and/or information about their options, under the Sexual Violence Response Protocol.

REPORTING

27. A Report occurs when an individual determines that they wish to pursue an official Complaint through one or more of the following avenues: a Complaint to the University under this Policy, Voluntary Resolution under this Policy, a Criminal Report through the justice system, or other reporting options external to this Policy. Reporting options are not mutually exclusive.

28. Individuals who file a Report may ultimately be required to attend/participate in a hearing, either internal to the University, or external through arbitration, or criminal court, etc.
Complaint

29. A Complaint is made when an individual submits an Incident Report to their Supervisor, or a written statement of Complaint to the Director (SVPRO) or an Intake Office making an allegation of Sexual Violence because they wish to initiate a formal University process, which may require an Investigation into the allegations and finding of facts.

Voluntary Resolution

30. In certain circumstances, a Complainant and Respondent may be interested in attempting a resolution of a Complaint at any time before the completion of an Investigation.

31. The following conditions must be present before considering if Voluntary Resolution is a viable option:
   a) the University is able to meet its responsibilities pursuant to the Occupational Health & Safety Act; and
   b) the Complainant and the Respondent both agree to:
      (i) attempt to reach a resolution in good faith;
      (ii) the methods to be used to seek resolution; and
      (iii) the terms of what would constitute resolution.

32. A meeting between the Complainant and the Respondent will not be a requirement for Voluntary Resolution.

33. A Voluntary Resolution may be facilitated by an Intake Office, and the methods may include fact-finding discussions, clarification of the issues, facilitated conversations, mediation, coaching, voluntary no contact agreements, reconciliation, restoration processes, workplace restoration processes.

CRIMINAL REPORT

34. A Criminal Report is made when an individual files a report of Sexual Violence with a police service or with Security Services. Filing a Criminal Report with Security Services will result in a report to Hamilton Police Service.

OTHER EXTERNAL OPTIONS

35. Individuals may exercise other University options external to this Policy (e.g. the grievance provisions of applicable collective agreements) or other options external to the University (e.g. through civil litigation or Ontario Human Rights Code provisions).
Options Chart

Central Sexual Violence Complaint Intake Office
Sexual Violence Prevention and Response Office, Equity and Inclusion Office (All Community Members)

Additional Complaint Intake Offices
Human Rights & Dispute Resolution Program, Equity and Inclusion Office (All Community Members)
Student Support & Case Management Office (SSCM), Student Affairs (Students)
Employee and Labour Relations (ELR), Human Resources Services (Faculty and Staff members)
Faculty of Health Sciences (FHS) Professionalism Office (FHS Community Members)

Disclosure
Informing someone in the University community about an experience of Sexual Violence because they wish to access support, accommodations and/or information about their options.

Criminal Report
When an individual files a report of Sexual Assault with a police service or with Security Services. Filing a report with Security Services will result in a report to Hamilton Police Services.

Complaint
A Complaint can be initiated through completion of an Incident Report submitted to a Supervisor, or through submitting a written Complaint with the Sexual Violence Prevention and Response Office or through one of the Intake Offices (listed above) making an allegation of Sexual Violence because they wish to initiate a University process, which may require an investigation and finding of facts.

Other External Options
Options external to the University (e.g. civil litigation or Ontario Human Rights Code provisions) or other options external to this Policy (e.g. grievance provisions of applicable collective agreements)

Voluntary Resolution
Attempting a resolution of a Complaint at any time before the completion of an Investigation.
SECTION III: CONFIDENTIALITY

CONFIDENTIALITY (LIMITATIONS)

36. The University recognizes the importance of confidentiality both for individuals coming forward to Disclose or Report an experience of Sexual Violence and for individuals who are the subject of a Complaint, and will take steps to protect the confidentiality of both parties to the extent permitted by its legal obligations outlined below.

37. The University and its employees and agents will protect personal information and handle records in accordance with the Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act, where applicable in the circumstances, with the provisions of applicable collective agreements and, in the case of health care providers, in keeping with any professional obligations.

38. When making a Disclosure or Report to any University office, individuals shall receive clear and transparent information about the level of, and limits to, confidentiality that apply.

39. The University recognizes that confidentiality is a crucial consideration in creating an environment in which individuals feel able to Disclose incidents of Sexual Violence and to access Support, Accommodations, and information. The University will share identifying information only in circumstances where it is necessary in order to administer this Policy, to address safety concerns, or to satisfy a legal reporting requirement. In such circumstances, the minimum amount of information needed to allow such concerns to be addressed, or to meet such requirements, will be disclosed. Such circumstances include those where:
   a) an individual is at risk of harm to self;
   b) an individual is at risk of harming others;
   c) there are reasonable grounds to be concerned about risk of future violence or the safety of the University and/or broader community;
   d) disclosure is required by law, for instance, suspected abuse of someone under the age of 16, reports of intimate partner/domestic violence, or to comply with legislation, such as the Occupational Health and Safety Act the Workplace Safety and Insurance Act, or with human rights legislation; and/or
   e) to comply with the reporting requirements of regulatory bodies and/or professional licensing bodies.

40. Where there are reasonable grounds to be concerned about risk of future violence or the safety of the broader community or the public, or where the University is otherwise obligated to do so, the University may report the incident to Hamilton Police Services. In these situations:
   a) the relevant Decision-Maker will be responsible for making the decision to disclose information to Hamilton Police Services;
   b) the name of the Respondent, if known, will be shared; and
   c) the name of the Complainant will not be shared without their consent, unless doing so would address a reporting obligation or mitigate a safety risk.
41. Some offices and Community Members have additional limitations to confidentiality because of their particular reporting requirements or professional obligations. For example:
   a) all regulated health professionals are obligated to report suspected sexual abuse of a patient by a regulated health professional to that professional’s governing body if this information is acquired during the course of their practice; and
   b) Special Constables in Security Services are required to investigate reports of abuse of someone under the age of 16 and reports of intimate partner/domestic violence and to lay charges in all cases when there are reasonable grounds to believe a criminal offence has been committed, regardless of whether the target of the violence wishes to have further involvement with the legal process.

42. As part of the University’s responsibility to maintain an environment free from Sexual Violence, information may be shared on a need-to-know basis.

43. Procedural limits to confidentiality may also occur if the University is subject to legal proceedings that, in the opinion of the Provost or the Vice-President (Operations and Finance), require the disclosure of information.

44. The importance of preserving the confidentiality of Complaints and any related proceedings will be explained to all parties as a necessary measure to protect the integrity of the proceedings.
SECTION IV: PROCEDURAL GUIDELINES

ADVISOR / SUPPORT PERSON

45. An Individual who is a party to a Complaint may be accompanied by an Advisor, a Support Person or legal counsel at any stage of any of the procedures outlined in this Policy. Any costs of accompaniment or representation are to be borne by the individual.

TIME LIMITATIONS FOR BRINGING FORWARD A COMPLAINT

46. There are no time limitations on bringing forward a Complaint. However, individuals are encouraged to report a Complaint at the earliest opportunity, as the longer the time lapse between the incident and the Complaint, the more difficult it becomes to investigate effectively. Once a Complaint is received, it will be dealt with as expeditiously as possible.

REPRISAL

47. The University prohibits reprisal or threats of reprisal against any person who, sincerely and in good faith, makes use of this Policy or participates in any process held under its jurisdiction. Any individual who is concerned that they are the subject of reprisals or threats should report their concerns to an Intake Office. Where appropriate, sanctions under the relevant policy (including this Policy, Discrimination & Harassment Policy, and/or the Code of Student Rights and Responsibilities legislation or contract, may be applied against the individual(s) responsible for the reprisal.

INTERIM MEASURES AND ONGOING SUPPORT OF ALL PARTIES

48. At any stage in proceedings under this Policy it may be necessary to take Interim Measures in order to safeguard the environment of Community Members who are involved or may be affected. Interim Measures shall not be construed as evidence of either guilt or a finding of violation of this Policy, or as an affirmation of innocence/finding of non-violation of this Policy.

49. The authority to approve Interim Measures will rest with the relevant Decision-Maker in line with the Respondent's reporting structure.

50. Interim Measures will be reviewed on an ongoing basis by the Director of the appropriate Intake Office throughout the process to ensure the measures remain necessary and appropriate in the circumstances. Interim Measures are temporary and do not extend beyond the final resolution of a Complaint.

51. Interim Measures may include, but are not limited to, the rearrangement of academic/employment responsibilities or oversight, an administrative leave of absence, the rearrangement of residence location (where possible), adjustments in University activities (e.g. attendance at guest lectures, social events), issuance of a no contact order, or implementation of a persona non grata declaration.

52. In the event an Employee is directed to take an administrative leave as an Interim Measure, the conditions of the administrative leave shall accord with the terms of any applicable collective agreement. In the absence of an applicable collective agreement (e.g. where the employee is faculty or The Management Group (TMG)), the leave shall be without loss of pay or benefits. It is understood that an administrative leave as an Interim Measure is non-disciplinary and is designed to separate a person from a situation or another...
person until the matter has been resolved. During such period, the person can continue to access relevant University Support Services.

53. Should an Investigation extend beyond six months, there will be a full review by the Response Team in consultation with the Decision-Maker to assess progress, to consider fairness to all parties, thoroughness, timeliness, and confidentiality, and to consider any necessary next steps.

DATA GATHERING & RECORD KEEPING

54. The Director (SVPRO) is responsible for: maintaining and reporting data relating to Sexual Violence consultations and disclosures as well as prevention education and response training initiatives and programs.

55. The Equity and Inclusion Office is responsible for collecting and reporting annual anonymized, aggregate data on Consultations, Disclosures, Complaints, Investigations, and all Outcomes and Sanctions, to the Senate and the Board of Governors.

56. Data for the annual report is collected and maintained by the Equity and Inclusion Office and includes data collected from the Sexual Violence Prevention and Response Office, the Human Rights and Dispute Resolution Program, Employee & Labour Relations, the Student Support & Case Management Office, the Faculty of Health Sciences Professionalism Office, and Security Services. The purpose of the annual report is to inform education and training initiatives.

57. In developing the annual report, the utmost care will be taken to ensure that individuals’ identities remain confidential and that data gathering does not discourage individuals who wish to disclose from coming forward.

58. All notes, materials, Investigation reports, and decisions, pertaining to Complaints will be kept by the relevant Intake Office for seven years. These records may be retained longer, subject to the discretion of the appropriate Director.
SECTION V: ROLES AND RESPONSIBILITIES

SENIOR ADMINISTRATION

59. The Senior Administration has overarching responsibility for maintaining a University environment in which Sexual Violence is unacceptable, for providing the resources required to support such an environment, and for ensuring the timely development and review of relevant policies through Senate and Board of Governors procedures.

60. In addition, the Senior Administration is responsible for enabling Community Members to function with the highest standards of integrity, accountability, and responsibility. Activities may include disseminating information about the University’s expectations and providing education to all Community Members on issues related to Sexual Violence.

ASSOCIATE VICE-PRESIDENT, EQUITY AND INCLUSION

61. The AVP Equity and Inclusion oversees the Equity and Inclusion Office, which houses the Sexual Violence Prevention and Response Program and the Human Rights and Dispute Resolution Program, both of which play roles in campus sexual violence prevention and response.

62. The AVP Equity and Inclusion is accountable for leading a coordinated campus sexual violence prevention and response effort in collaboration with campus partners, including convening a working group, representative of McMaster’s diverse student, faculty and staff populations, to advise on the effectiveness of campus sexual violence prevention and response efforts.

DIRECTOR, SEXUAL VIOLENCE PREVENTION AND RESPONSE OFFICE

63. The Director (SVPRO), is responsible for establishing the Office as a central University resource for any Community Member who has experienced any form of Sexual Violence, including sexual assault, sexual harassment, and intimate partner violence, or any Community Member seeking information or consultation on issues related to trauma-informed response and support or prevention education and response training.

64. Community Members who Disclose an experience of Sexual Violence to a member of the Sexual Violence Prevention and Response Office, can expect that the Office will:
   a) provide trauma-informed response and support;
   b) consider safety measures that may be necessary;
   c) make a referral for medical services as needed;
   d) actively and empathically listen to individual needs and concerns without judgment;
   e) share reporting options available;
   f) clarify commitments to Confidentiality and its Limits;
   g) explain the difference between Disclosure and Reporting;
   h) make a referral to police if the individual chooses that option;
   i) conduct a Complaint intake if the individual chooses that option;
   j) assist the individual to navigate any relevant University systems and procedures;
k) facilitate workplace, academic, and/or residence accommodations;
l) consider differing cultural needs and offer/refer to culturally relevant supports;
m) provide information about and referral to campus and community services;
n) liaise with relevant partners to ensure coordinated response and support; and
o) facilitate ongoing assessment, planning and case management.

65. The Director (SVPRO) is responsible for providing guidance to Community Members who consult on Disclosures they receive, providing information on how to support the individual and facilitate a referral, and assessing whether the limits of confidentiality apply.

Prevention Education and Response Training

66. The Director (SVPRO) is responsible for overseeing a prevention education and training response program, including:
a) promoting the Health & Safety Training Program’s Violence & Harassment Prevention training that is coordinated by Environmental & Occupational Health Support Services;
b) educational initiatives for the campus community that are attuned to the broader social context in which Sexual Violence occurs and includes topics such as: addressing sexual violence myths and misconceptions, promoting healthy masculinity, creating a culture of consent; and
c) training initiatives for frontline campus community and student-facing service providers, and for those with particular responsibilities related to this Policy, that integrate an intersectional anti-oppressive trauma-informed analysis of Sexual Violence. Training will include skill-building related to receiving Disclosures and providing appropriate support and referral to University and external resources for community members.

67. The University Secretary, in consultation with the Director (SVPRO) will ensure that the members of the Board-Senate Hearing Panel for Discrimination, Harassment, and Sexual Violence receive appropriate education and training on Sexual Violence.

INTAKE OFFICES

68. While encouraged to contact the Director (SVPRO) for disclosure support, complaint intake, and reporting options, Community Members who experience Sexual Violence may alternatively choose to file an incident report with their Supervisor (in the case of staff) or make a Complaint to one of the following Intake Offices:
a) Human Rights & Dispute Resolution Program (HRDR), Equity and Inclusion Office (All Community Members)
b) Student Support & Case Management Office (SSCM), Student Affairs (Students)
c) Employee and Labour Relations (ELR), Human Resources Services (Faculty and Staff members)
d) Faculty of Health Sciences (FHS) Professionalism Office (FHS Community Members)

69. Intake Coordinators are responsible for ensuring the Complainant fully understands the procedures of the Policy and what may result from the decision to file a Complaint, and for consulting with the Director (SVPRO) to ensure a trauma-informed and intersectional approach.
70. The statement of Complaint will be reviewed by the respective Intake Office Director, in consultation with the Director (HRDR), to determine the applicability of this Policy, the Discrimination & Harassment Policy, and/or other University policies.

71. The Director of the relevant Intake Office will review any Interim Measures on an ongoing basis throughout the process to ensure they remain necessary and appropriate in the circumstances.

DIRECTOR, HUMAN RIGHTS & DISPUTE RESOLUTION

72. The Director (HRDR) is responsible for assessing every Complaint received and making a determination as to the applicability of the Sexual Violence Policy, the Discrimination & Harassment Policy, or other University policies, in consultation with the Director (SVPRO) and with the respective Director(s) of the relevant Intake Offices(s). The Director (HRDR) is responsible for activating the Response Team, as required.

73. The Director (HRDR) is responsible for working in close partnership with individuals and offices involved in administering this Policy, including but not limited to: the Response Team, Investigators, Intake Offices, Decision-Makers, Senior Administrators, the University Secretariat, and University Counsel, to ensure the effective administration of this Policy and the Discrimination & Harassment Policy.

74. The Director (HRDR) will, in collaboration with the Director (SVPRO) and other relevant Intake Office Directors, consider Interim Measures as they relate to the parties involved in the matter and recommend them to the relevant Decision-Maker; recommend and/or facilitate any further safety planning and accommodations; and consider other University responses that may be necessary.

RESPONSE TEAM

75. The Response Team is activated by the Director (HRDR), where a case potentially presents community risk and/or requires consultation with multiple partners for a coordinated response.

76. The Response Team will be chaired by the Director (HRDR) and will include the Director (SVPRO), as a consultant, and, as appropriate in the circumstances, the Directors of other relevant campus partners.

77. As necessary the Director (HRDR) may draw upon representatives of other key services and/or departments (e.g. Director of Housing and Conference Services, Director of the Student Wellness Centre, etc.), disclosing identities only on a need-to-know basis in order to appropriately respond to the matter.

78. When the allegations include the potential for an ongoing/further risk of violence, the Director (HRDR) may, on behalf of the Response Team, consult with the Director of Security Services, disclosing identities on a need-to-know basis.

INVESTIGATORS

79. All Investigators, whether internal or external to the University, will have training and expertise in the area of Sexual Violence and in using an intersectional, anti-oppressive, trauma-informed approach to investigation processes. Investigators will follow the mandate and scope of the Investigation as determined by the University.
DECISION-MAKERS FOR INTAKE AND INVESTIGATIONS

80. The Decision-Makers are, as applicable, the:
   a) Assistant Vice President & Chief Human Resources Officer for staff Respondents;
   b) Associate Vice-President (Students and Learning) & Dean of Students for student Respondents;
   c) Provost and Vice-President (Academic) for faculty Respondents; and
   d) Executive Vice-Dean & Associate Vice-President (Academic) for faculty Respondents in the Faculty of Health Sciences.

81. More than one Decision-Maker may be involved in cases where a Respondent has more than one type of relationship with the University (such as a student who also holds a staff appointment).

82. When the Respondent is a Community Member but is not currently a student, staff, or faculty member, the Investigation report will be reviewed by the Decision-Maker related to the Respondent’s area of activity at the University.

83. Decision-Makers are responsible for reviewing and responding to Investigation Reports (see Investigation Procedures), and authorizing appropriate Interim Measures.

84. When the line of authority is unclear, the Provost or the Vice-President (Operations and Finance), as appropriate, will determine the appropriate individual in the line of authority.

85. Should there be a conflict of interest with a Decision-Maker, the appropriate Vice-President shall assume the responsibilities of the Decision-Maker. Similarly, if that Vice-President is in a conflict then another Vice-President or the President shall act.

86. Decision-Makers are responsible for determining whether Hamilton Police Services need to be notified and for authorizing that notification, as specified in clauses 38 - 39.

SECURITY SERVICES SPECIAL CONSTABLES

87. All Special Constables will receive training on intersectional, anti-oppressive, and trauma-informed response to Disclosures and Reports of Sexual Violence.

88. Security Services will respond to Community Member Disclosures and Reports, as follows:
   a) if the Community Member elects only to make a Disclosure or a Complaint under this Policy, Security Services will record the matter in their internal reports, refer the person to the Director (SVPRO) and will then take no further action (subject to clause 39);
   b) if the Community Member elects to make a Criminal Report, Security Services will report the incident to Hamilton Police Services, liaise with the person and police, and refer the individual to the Director (SVPRO) for ongoing support, accommodations that may be required, and for assessing whether the limits of confidentiality apply and a response may be required by the University.

89. Security Services will investigate all reports of Sexual Assault that:
   a) originate from a call received by a Special Constable to attend the scene of a reported Sexual Assault;
b) result from a Complainant electing to make a Criminal Report of Sexual Assault to a Special Constable; and/or

c) arise from a Special Constable observing, disrupting or arresting an individual in the act of committing a Sexual Assault.

SUPERVISORS

90. Within the University Community it is recognized that there are various types of supervisors: Academic Supervisors, Academic Administrators, and Workplace Supervisors. All such supervisors are responsible for:

a) modeling acceptable standards of behavior;
b) supporting any employee or student who, in good faith, reports a potential violation of the Policy;
c) contacting one of the Intake Offices for guidance and advice to address the matter as appropriate in the circumstances, and cooperating with Intake Offices during Investigations, and/or in the implementation of Interim Measures, and/or sanctions; and

d) completing all required training and ensuring that the people they are supervising are trained appropriately on the Policy and RMM 300 Health and Safety Training Program.

EMPLOYEES

91. Employees are required to complete initial and periodic refresher training in Violence and Harassment Prevention, in accordance with the Health & Safety Training Program.

92. Employees have additional legal obligations when they become aware of incidents of Workplace Harassment and Workplace Violence as follows:

a) in accordance with the Occupational Health and Safety Act, all employees of the University must report any incident of Workplace Harassment and/or Workplace Violence, which includes Sexual Violence, to their Supervisor or to an Intake Office. Any immediate or urgent incidents should also be reported to Security Services.

b) Workplace Supervisors must take every reasonable precaution to protect the safety of an employee. Supervisors are expected to follow the Sexual Violence Response Protocol, and to consult with either the Director (SVPRO) or Employee and Labour Relations (ELR) office when they receive a Disclosure, receive an incident report of Sexual Violence, or otherwise become aware of an incident of Sexual Violence in the workplace. Any immediate or urgent incidents should be reported to Security Services.

COMMUNITY MEMBERS

93. All Community Members are responsible for contributing to an environment that is free of Sexual Violence, and for participating in relevant education and training programs.

94. All Community Members are expected to be familiar with the Sexual Violence Response Protocol, and to act in accordance with the guidelines provided for supporting an individual who makes a Disclosure.
SECTION VI: INVESTIGATIONS

INTAKE AND INITIATION OF COMPLAINTS

95. If an individual wishes to file a Complaint of Sexual Violence for the University to address, they are encouraged to contact the Director (SVPRO) in the central Sexual Violence Prevention and Response Office for disclosure support, complaint intake, and reporting options; however, individuals may alternatively choose to file an Incident Report with their Supervisor or contact an Intake Coordinator in any one of the Intake Offices (refer to page 6).

96. Any Community Member who is the subject of an allegation under the Policy will be assisted by the Director (SVPRO) or another Intake Office Director who will ensure that they receive support and guidance and are in receipt of relevant information, services and supports relating to the Policy.

97. The Director (SVPRO) and all Intake Coordinators are responsible for:
   a) ensuring that Complainants are aware of the options available to them in seeking a response;
   b) assisting Complainants in understanding what may be involved in, and what may result from, each of the options; and
   c) assisting a Complainant who wishes to move forward with completing a Complaint Intake Form, which includes a description of: what happened; who was involved in the incident; when and where the incident occurred; who (if anyone) saw or heard the incident, or saw or heard something of relevance prior to or after the alleged incident(s) of Sexual Violence;
   d) individuals who contact an Intake Office and wish to file a Criminal Report will be assisted with contacting Security Services in order to file the report.

98. All Complaint Intake Forms are sent to the Director (HRDR), who will review and assess the Complaint, in consultation with the Director (SVPRO) and relevant Intake Office Director(s) on an immediate and priority basis in order to, as appropriate:
   a) confirm that it fits within the scope of the Policy;
   b) consider requirements pursuant to the Occupational Health and Safety Act;
   c) consider whether the parties are interested in voluntary resolution, and whether it is feasible/appropriate in the circumstances;
   d) determine if an Investigation is required, and, if so, set parameters accordingly, in consultation with the appropriate Decision-Maker (including, for example, which University office will be involved; internal or external investigator; timelines, mandate and scope for the Investigation);
   e) convene, at their discretion, the Response Team, to provide consultation;
   f) consider and coordinate appropriate Accommodations and/or Interim Measures as they relate to all parties involved in the matter; and
   g) as necessary, draw upon representatives of relevant services or departments in order to appropriately respond to the matter.

99. At any time during proceedings under this Policy, the Response Team, when convened, may determine it is necessary to disclose identities on a need-to know basis in order to administer the Policy.
100. In some circumstances a decision may be made to not investigate. The decision will be communicated in writing, with reasons, to the Complainant by the relevant Decision-Maker. The Complainant will be informed of their right to make a written request for review of the decision to the Vice-President to whom the Decision-Maker reports.

UNIVERSITY INITIATED INVESTIGATION

101. The University may become aware of situations where a University-initiated Investigation may be warranted, including, but not limited to circumstances where:
   a) allegations are made about the conduct of a Community Member by an individual who is not, or is no longer, a Community Member;
   b) one or more individuals disclose experiences of Sexual Violence involving one individual or multiple individuals within a group/organizational environment;
   c) the University has a duty to investigate pursuant to the Occupational Health and Safety Act;
   d) the power differential in the alleged incident indicates the potential for a pattern of repeated Sexual Violence; and/or
   e) situations reveal broader issues to be addressed, including concerns for a Poisoned Environment.

102. The Director (HRDR), in collaboration with the appropriate Intake Office Director(s), will consult with the appropriate Decision-Maker(s) to determine whether an Investigation is warranted, on the basis of both the circumstances and nature of the allegations.

103. Individuals have the right not to participate as a Complainant in any University-Initiated Investigation that may occur.

INVESTIGATION PROCEDURES

104. Respondents have the right to know the case against them, and to produce any relevant documentation, evidence, or other information, and identify witnesses to the Investigator in response to any allegations.

105. The Investigator will impartially collect evidence and interview those witnesses they deem relevant in relation to the Complaint. The Investigator may request that the appropriate authority at the University adjust the scope and the manner in which the Investigation will be conducted in order to ensure a thorough and fair investigation process.

106. All Community Members are expected to meet with the Investigator if requested to do so and to participate in good faith.

107. Complainants and Respondents have the option of being accompanied by a Support Person or Advisor.

108. All those who meet with an Investigator are required to keep confidential the Investigation and any information shared, to ensure the integrity of the proceedings. Failure to do so could be considered a breach of privacy and could be subject to a sanction under the relevant University policy.

109. An individual who was not previously identified as a Respondent but who, during the course of an Investigation, is identified as a potential Respondent (by the Investigator and with the approval of the University) will be notified and given an opportunity to meet with the Investigator and to respond to any allegations.
COMPLAINT
Written Complaint with the Sexual Violence Prevention and Response Office, through one of the Intake Offices or incident report filed with a Supervisor, making an allegation of Sexual Violence because they wish to initiate a University process, which may require an investigation and finding of facts.

DIRECTOR, HUMAN RIGHTS & DISPUTE RESOLUTION (HRDR)
The Director (HRDR) will review and assess the Complaint, in consultation with the Director (SVPRO) and relevant Intake Office Director(s). Director (HRDR) may convene, at their discretion, the Response Team, to provide consultation.

DECISION TO NOT INVESTIGATE

APPEAL
Complainant may make a written appeal to the appropriate VP to review the decision.

DECISION TO INVESTIGATE

STUDENT RESPONDENT INVESTIGATION & ADJUDICATION

FACULTY RESPONDENT INVESTIGATION & ADJUDICATION

STAFF RESPONDENT INVESTIGATION & ADJUDICATION

VOLUNTARY RESOLUTION
Attempting a resolution of a Complaint at any time before the completion of an Investigation.
SECTION VII: ADJUDICATION AND DECISIONS

ADJUDICATION

110. Decision-Makers shall decide, on a balance of probabilities, whether the alleged Violation of the Policy has occurred.

111. Where a Respondent has more than one type of relationship with the University (such as a student who also holds a staff appointment) the relevant Decision-Makers may decide to adjudicate the matter jointly and any sanctions and remedies may be administered under one or both of the processes relevant to the Respondent's status.

STUDENT RESPONDENT

112. The Investigation Report will be provided to the Director (SCCM) or Dean of Students as appropriate, to consider and decide upon the findings and recommendations contained in the report and adjudicate the outcome.

113. Sanctions and remedies will be processed in accordance with the procedures in the Code of Student Rights and Responsibilities (“the Code”).

114. In matters where the sanctions do not include suspension, expulsion, or withdrawal (voluntary or involuntary), the Respondent may appeal the outcome to the Dean of Students. When the Decision-Maker is the Dean of Students, the appeal will be to the Provost.

115. In matters where the sanctions include a suspension, expulsion, or withdrawal (voluntary or involuntary), the Respondent may appeal the decision made by the Dean of Students to the Board-Senate Hearing Panel for Discrimination, Harassment, and Sexual Violence. (see Hearing Procedures).
FACULTY RESPONDENT

116. The Investigation Report will be provided to the Decision-Maker (the Provost or the Executive Vice-Dean & Associate Vice-President (Academic) as appropriate) to consider the findings and recommendations contained in the report.

117. When considering the findings and recommendations, the Decision-Maker may consult with relevant offices (e.g. the Equity and Inclusion Office, Employee & Labour Relations, etc.) to ensure that outcomes are consistently applied, and are appropriate to relevant legislation, professional standards and regulations, and/or licensing bodies.

118. If the Decision-Maker makes a finding of violation of the Policy, the Decision-Maker will recommend the appropriate sanctions and/or remedies.

119. If the Respondent accepts the findings and the sanctions and/or remedies recommended by the Decision-Maker, the sanctions and/or remedies will be implemented, and the matter will be closed.

Referral to Hearing

120. If the Respondent does not accept the recommendations, or the Decision-Maker believes that suspension from the University is the appropriate sanction, the matter will be referred to a DHSV Tribunal for a hearing.

121. If it is determined by the Decision-Maker that Removal Proceedings should be initiated, the matter will be referred directly to the Procedures for Removal under the Tenure and Promotion Policy.
STAFF RESPONDENT

122. The Investigation Report will be provided to the Chief Human Resources Officer to consider the findings and recommendations contained in the report.

123. If the Chief Human Resources Officer makes a finding of violation of the Policy, the matter will be referred to the Director (ELR) to support the Workplace Supervisor in the processes to determine appropriate remedies and/or sanctions to ensure that outcomes are consistently applied, and are appropriate to relevant legislation, professional standards and regulations, collective agreements and/or licensing bodies.

124. In the case of a staff member who is a member of a union, the right to appeal the remedies and/or sanctions is within the grievance and arbitration processes of the collective agreement, as may be applicable.

125. In the case of a staff member who is not a member of a union (e.g., members of The Management Group, interim employees), and except in the case of termination, the staff member may submit a written appeal of the remedies and/or sanctions imposed by the Workplace Supervisor to the Chief Human Resources Officer.

126. In the case where the Respondent’s reporting line is through to the Chief Human Resources Officer, the appeal will be made to the Vice-President (Operations and Finance).
COMMUNITY MEMBER RESPONDENT

127. When the Respondent is a Community Member but is not currently a student, staff, or faculty member, the relevant Decision-Maker (related to the Respondent’s area of activity at the University) will consider the findings and recommendations contained in the report.

128. If the Decision-Maker makes a finding of violation of the Policy, the Decision-Maker will decide on the appropriate sanctions/remedies.

NOTIFICATION OF OUTCOME

Respondent

129. Respondents will receive a written decision from the relevant Decision-Maker, that will include:
   a) the decision with respect to a Finding or No Finding of Violation of the Policy;
   b) reasons for the decision;
   c) a summary outlining the findings;
   d) if the outcome is no finding of violation of the Policy the matter will be closed;
   e) if the outcome is a finding of violation of the Policy, the Respondent will be informed of the process by which sanction(s) and/or remedies will be recommended or ordered (as per the relevant adjudication process related to the Respondent); and
   f) where relevant, confirmation of any Interim Measures that will remain in place until sanctions are imposed.

Complainant

130. If the matter has been referred to a Hearing the Complainant will be informed of the referral.

131. Within the constraints of relevant legislation, the Complainant will be informed of the findings and reasons that are directly related to their complaint.

132. In all cases, information about any sanctions/remedies that have direct relevance to the Complainant will be provided to them.

Regulatory / Professional Licensing Bodies

133. Where required by a regulatory / professional licensing body, the relevant findings will be communicated to that professional licensing body.

Affected parties

134. Other affected parties will be informed about the findings and/or any sanctions/remedies that have a direct impact on them, within the constraints of relevant legislation.

SYSTEMIC AND PREVENTIVE INTERVENTIONS

135. Investigations may reveal broader systemic issues to be addressed as a future preventative measure, regardless of whether or not there has been a finding of Sexual Violence. In such instances, appropriate intervention measures may be recommended by Decision-Makers and/or the AVP Equity and Inclusion.
Sexual Violence Policy   Section VIII: Sanctions and Remedies

SECTION VIII: SANCTIONS AND REMEDIES

SANCTIONS

136. Sanctions shall be proportional to the severity of the offence, considering any aggravating, mitigating and/or contextual factors. Previous findings of a violation of this Policy or a related violation of the Discrimination & Harassment Policy will be taken into account when sanctions are determined, and the severity of sanctions may be greater as a result. Sanctions may be used independently or in combination for any single violation and may be varied and depending on the nature of the Respondent's relationship with the University may be administered under more than one process.

137. Sanctions may include, but are not limited to:
   a) written reprimand;
   b) inclusion of the decision, or summary of the decision as appropriate to comply with confidentiality requirements, in a specified file (e.g. Tenure & Promotion Dossier) of the Respondent, for a specified period of time;
   c) the exclusion of the Respondent from, or oversight during, one or more designated University activities or duties;
   d) a No Contact Order, which may include restrictions on: registration for specific classes, other academic/non-academic activities, attendance at specific meetings or events; direct or indirect contact (including but not limited to in person, by phone, email, text, social media, through a third party etc.) with a specific individual or group of individuals;
   e) a Persona Non Grata (PNG) declaration, which is undertaken when an individual is denied the privilege of entering designated portion(s) of the University's buildings or grounds. If individuals issued a PNG are found or seen in the area they are denied, they may be subject to a charge by Security Services under the Trespass to Property Act;
   f) for Student Respondents, all sanctions in the Code of Student Rights and Responsibilities for findings of Sexual Violence, including but are not limited to: behavioural contract/bond, suspension, expulsion; and for Residence students, residence probation, room transfer, denial of readmission, eviction;
   g) for staff or faculty, Suspension or Recommendation for Suspension, as applicable, suspension involves relieving the Respondent of their University duties and denying them access to University facilities and services for a stated period of time and may be with or without pay and/or benefits. A recommendation for suspension of a faculty Respondent shall be dealt with in accordance with Section V of the Tenure and Promotion Policy and the common law where applicable; and/or
   h) for staff or faculty, Dismissal or Recommendation for Removal, as applicable. A recommendation for removal of a faculty Respondent shall be dealt with in accordance with Section VI of the Tenure and Promotion Policy and the common law where applicable.

REMEDIES

138. Remedies may include but are not limited to:
   a) mandated counselling;
   b) training or coaching; and/or
   c) Restoration Processes / Workplace Restoration Processes.
APPENDIX A: DEFINITIONS

All definitions in this Policy include, but are not limited to, the definitions articulated in the Ontario Human Rights Code and described in the Occupational Health and Safety Act.

Accommodations under this Policy are adjustments to individuals’ academic, workplace, or residence arrangements made to support them and/or enhance their safety (e.g. a change in assignment deadlines or tutorial group, a change in supervisory arrangements, a change in residence location).

Advisor: A person of the individual’s choice who acts in an advisory role during the complaint and investigation process (e.g. friend, family member, union representative, legal counsel), but is not a witness or potential witness in the matter. The Advisor may be present during Investigation interviews but may not participate as a representative. The Advisor may assist the individual at a Hearing before a Tribunal of the Board-Senate Hearing Panel for Discrimination, Harassment, and Sexual Violence.

Agent: Anyone hired by the University or working on behalf of the University such as an external investigator or a physician or other health care professional.

Balance of Probabilities is the test to be met to show, by the weight of the evidence presented, that all of the facts necessary to make a determination that a violation of the Policy has occurred, have a greater likelihood of being true than not.

Community Members include, but are not limited to: students (graduate, undergraduate, and continuing education), staff, faculty, medical residents, volunteers, visitors (including visiting professors), and institutional administrators and officials representing McMaster University.

Complainant: The individual who files a Complaint alleging a violation of the Policy for the University’s response.

Complaint: A Complaint is made when an individual notifies an Intake Coordinator of an allegation under the Policy or files an incident report with their Supervisor and seeks the University’s response.

Confidentiality: Refers to the obligation of an individual or organization to safeguard entrusted information. The practice of confidentiality includes obligations to protect information from unauthorized access, use, disclosure, modification, loss or theft. Confidentiality differs from anonymity in that the identity of the person making the Disclosure is known to the person receiving the Disclosure.

Consent\(^2\) in the context of sexual activity, is the voluntary agreement of an individual to engage in the sexual activity in question. The law also says that there is NO CONSENT where:

- the agreement is expressed by the words or conduct of a person other than the individual;
- the individual is incapable of consenting to the activity;
- the person induces the individual to engage in the activity by abusing a position of trust, power or authority;
- the individual expresses, by words or conduct, a lack of agreement to engage in the activity;
- the individual, having consented to engage in sexual activity, expresses, by words or conduct, a lack of agreement to continue to engage in the activity;
- the individual may be bodily harmed or is threatened with bodily harm; or

\(^2\) Source: Criminal Code of Canada
Sexual Violence Policy   Appendix A: Definitions

- the individual is under the age of consent.

**Criminal Report:** Occurs when a person reports an experience of Sexual Violence to the police or to McMaster Security Services. Filing a report with Security Services will result in a report to Hamilton Police Service.

**Disclosure:** When an individual informs someone in the University community about an experience of Sexual Violence because they wish to access support, accommodations and/or information about their options.

**Dismissal:** Dismissal/termination proceedings for staff Respondents shall be dealt with in accordance with the established policies and procedures and by the terms of existing contracts of employment or collective agreements and the common law where applicable.

**DHSV Tribunal:** A Tribunal of the Board-Senate Hearing Panel for Discrimination, Harassment, and Sexual Violence.

**Employee:** Where applicable, employee is used to refer to staff (see below) and faculty (see below).

**Event (Authorized):** Authorized events are University scheduled or University approved activities, occurring on or off University premises, e.g. public lectures, performances, placements (co-op or clinical), athletic events, work or study-related conferences/training sessions, etc. These events can include work or study-related travel. Events that are approved under the Policy on Students Groups (Recognition, Risk Assessment and Event Planning) are also authorized events.

**Event (Non-authorized):** Non-authorized events are events that are not scheduled or approved by the University and may occur on or off University premises e.g. group trips that have not been approved under the Policy on Students Groups (Recognition, Risk Assessment and Event Planning), drinking games in residence, house parties, etc.

**Expulsion** applies to student Respondents and is the loss of all academic privileges at the University for an indefinite period.

**Faculty** are defined as academic teaching staff, clinical faculty, and senior academic librarians who are members of the “teaching staff”. Teaching staff as defined in the McMaster University Act means the employees of the University or of a college affiliated with the University who hold the academic rank of professor, associate professor, assistant professor or lecturer.

**Incident Report:** An incident report is a report completed by a Community Member and signed by their Supervisor when an incident/injury occurs in their working environment while they are engaged in University-related activities.

**Interim Measures:** Steps that are taken in order to safeguard the environments of individuals disclosing Sexual Violence and of individuals whose conduct is being questioned. Interim measures shall not be construed as evidence of either guilt or a finding of Sexual Violence, or as an affirmation of innocence or finding that no Sexual Violence occurred.

**No Contact Order:** Includes restrictions on: registration for specific classes, other academic or non-academic activities, or attendance at specific meetings or events; direct or indirect contact (including but not limited to in person, by phone, email, text, social media, through a third party etc.) with a specific individual or group of individuals.
Persona Non Grata (PNG): An official declaration that an individual is denied the privilege of entering designated portion(s) of the University’s buildings or grounds. If individuals issued a PNG are found or seen in the area they are denied, they will be subject to a charge by Security Services under the Trespass to Property Act.

Poisoned Environment means an environment where harassing and/or discriminatory conduct, on the basis of a person’s sexuality, gender identity or gender expression, is found to be sufficiently severe, intimidating, hostile, offensive, and/or pervasive to cause significant and unreasonable interference to a person’s study or work environment. A Poisoned Environment can interfere with and/or undermine work or academic performance and can cause emotional and psychological stress for some employees or students not experienced by other employees or students. As such, it results in unequal terms and conditions of employment or study and prevents or impairs full and equal enjoyment of employment or educational services, benefits, or opportunities. Although a person may not be the target of the conduct, a person may feel the effects of certain harassing or discriminatory conduct at their place of work or study.

Recommendation for Removal: A recommendation for removal of a faculty Respondent will be dealt with in accordance with Section VI of the Tenure and Promotion Policy and the common law where applicable.

Respondent: Those about whom allegations have been made in a Complaint process.

Restoration Processes: Processes focusing on restoring the losses suffered by Complainants, holding Respondents accountable for the harm they have caused, and building peace within communities. Restoration Processes are premised on the voluntary and cooperative participation of all parties in the resolution process. This process, which may not be appropriate or viable in all cases, can be facilitated by an Intake Office.

Senior Administration: For the purposes of this Policy, Senior Administration refers to the President, Provost and Vice-President (Academic), and Vice-President (Operations and Finance).

Sexual Assault 3 is an assault committed in circumstances of a sexual nature such that the sexual integrity of an individual is violated, and it includes, but is not limited to, any unwanted, non-consensual, sexual activity, such as unwanted kissing, fondling, sexual grabbing, and/or intercourse/rape.

Sexual Harassment 4 means engaging in a course of vexatious comment or conduct against an individual because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or making a sexual solicitation or advance to an individual where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the individual and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

Sexual Violence 5 means any sexual act or act targeting a person’s sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person’s consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism and sexual exploitation.

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3 Source: Criminal Code of Canada
4 Source: Government of Ontario, Human Rights Code, 2019
5 Source: Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19
**Staff:** Employees of the University including, but not limited to: The Management Group (TMG), unionized employees, temporary employees, casual employees, non-teaching staff6, Sessional Faculty, Post-doctoral Fellows, and Teaching Assistants.

**Student:** A student is any individual recorded by the University Registrar as enrolled in an educational course of study recognised by the Senate and for whom the University maintains education records.

**Supervisor:** there are various types of supervisors within the University Community, which include the following:

- **Academic Supervisor** who oversees the academic work of a student, the most common example being a faculty member overseeing a graduate student’s academic work;

- **Academic Administrator** is any faculty or staff member acting in their capacity as supervisor/administrator within a Faculty, Academic Department, etc., which includes, but is not limited to, Department Chairs, Deans, or other supervisors who oversee the work of a Community Member (e.g. a faculty member overseeing a Post-Doctoral fellow / technician / undergraduate or graduate student performing research in the faculty member’s laboratory).

- **Workplace Supervisor** is “a person who has charge of a workplace or authority over a Worker” (Occupational Health and Safety Act). Supervisors are responsible for knowing the Duties of Supervisors under the Act.

**Support:** The provision of resources appropriate to the individual and the circumstances. This may include access to the Student Wellness Centre, Employee Family Assistance Program, and/or McMaster Students Union (MSU). Support resources do not include the provision of legal counsel.

**Support Person:** A person of the individual’s choice who acts in a supportive role but is not an active participant in the process (e.g. friend, Elder, parent, religious advisor). The Support Person may be present during Investigation interviews but may not participate as a representative.

**Suspension** involves relieving a faculty or staff Respondent of their University duties and denying them access to University facilities and services for a stated period of time, which may be with or without pay and/or benefits. A recommendation for suspension of a faculty member will be dealt with in accordance with Section V of the Tenure and Promotion policy and the common law where applicable. Suspensions of staff members will be dealt with in accordance with established policies and procedures and by the terms of existing contracts of employment or collective agreements and the common law where applicable. For a student Respondent, suspension is the loss of all academic privileges at the University for a specified period of time and/or until imposed conditions are met. The student is eligible to return after this time but may be required to fulfill specified non-academic conditions upon return.

**Tenure and Promotion Policy:** The McMaster University Revised Policy and Regulations with Respect to Academic Appointment, Tenure and Promotion.

**Voluntary Resolution:** Steps taken (e.g. arrangement of academic, work or living environment / conditions) to resolve or remedy a Complaint, with which both the Complainant and Respondent have agreed.

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6 "non-teaching staff” means the employees of the University and of a college affiliated with the University who are not members of the teaching staff –The McMaster University Act, 1976
**Workplace Harassment** means engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome; or workplace sexual harassment.

**Workplace Restoration** is the establishment or re-establishment of harmonious working relationships between individuals and within a team, group or unit.

**Workplace Sexual Harassment** means engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome; or making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

**Workplace Violence** means: the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker; an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

**Worker:** a person who performs work or supplies services for monetary compensation; and a person who performs work or supplies services for no monetary compensation under a program approved by a college of applied arts and technology, university or other post-secondary institution. Unpaid students, learners and trainees who are workers under the Occupational Health and Safety Act have the same duties and rights as paid workers. Placement employers have the same duties to protect the health and safety of unpaid students, learners or trainees who are workers under the Occupational Health and Safety Act as they do to protect their paid workers. The definition of "worker" does not include a volunteer who works for no monetary payment of any kind.

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7 Occupational Health and Safety Act
9 Occupational Health and Safety Act
APPENDIX B: RESOURCES

The Sexual Violence Response Protocol is an information resource for all Community Members making or receiving Disclosures of Sexual Violence. Additional resources include, but are not limited to:

**Support for the University Community**
- Sexual Violence Prevention and Response Office, Equity and Inclusion Office
- Human Rights & Dispute Resolution Program, Equity and Inclusion Office
- Faculty of Health Sciences Professionalism Office
- Security Services
- Chaplaincy Centre

**Additional Support for Students**
- Student Wellness Centre (personal counselling and medical services)
- Student Support & Case Management (support and guidance about the Code of Student Rights and Responsibilities)
- Indigenous Student Services (community support and resources for Indigenous students)
- Women and Gender Equity Network, McMaster Student Union (peer support and resources)
- Graduate Students Association Health & Dental Plans (health benefits include access to psychological counselling in the community)

**Additional Support for Staff and Faculty**
- Union or Association
- Employee & Labour Relations
- Employee Health Services
- Employee and Family Assistance Program (access to professional counsellors, legal guidance and other supportive services available to staff and faculty)

**Support in the Broader Community**
- Good2Talk (24/7 phone support for students offered by professional counsellors)
- Sexual Assault Centre Hamilton & Area (SACHA) (24/7 phone support, counselling, accompaniment)
- Sexual Assault/Domestic Violence Care Centre
- Hamilton Police Services – Victim Services Branch
- John Howard Society or Elizabeth Fry Society (for individuals in conflict with the law)

**Guidance about a Policy and/or Procedures**
- Equity and Inclusion Office
- Employee & Labour Relations
- Student Support & Case Management
- University Secretariat

**Independent Resource**
- Ombuds Office provides an independent, impartial, and confidential process through which students may pursue a just, fair and equitable resolution of a University related concern.
APPENDIX C: JURISDICTION

1. Complaints may be made, or Investigations initiated about any alleged violation of this Policy involving any Community Member, including members of recognized groups, teams and clubs. The Policy may extend to incidents that occur off campus where there is a clear nexus to the working and/or learning environment at the University and recognizes that social media conduct may give rise to a violation of the Policy.

2. Nothing in this Policy is meant to supersede the terms and conditions of any collective agreement, or any other contractual agreement, entered into by the University and its employee groups. In the event that the provisions of this Policy contradict any such collective or contractual agreement, the collective or contractual agreement governs, to the extent of the contradiction.

3. To the extent that this Policy affects the terms and conditions of employment of faculty of the University, it may be subject to discussion and/or approval in accordance with the University policy entitled, The Joint Administration/Faculty Association Committee to Consider University Financial Matters and to Discuss and Negotiate Matters Related to Terms and Conditions of Employment of Faculty, revised by the Board of Governors on October 20, 1988 (the ‘Joint Administration/Faculty Association’ policy).

4. Should a Complainant, with respect to the subject matter of a Complaint dealt with under this Policy and/or the Discrimination & Harassment Policy, seek redress under the Ontario Human Rights Code, the Criminal Code, the Occupational Health and Safety Act, the provisions of an applicable collective agreement, or through civil litigation, or any other forum external to the University, the appropriate Decision-Maker, in consultation with the Director (HRDR), and/or relevant Intake Office Director, will determine whether proceedings under this Policy will be initiated.

5. If proceedings under this Policy and/or the Discrimination & Harassment Policy have already been initiated, the appropriate Decision-Maker, in consultation with the Director (HRDR), and/or relevant Intake Office Director, will determine in the circumstances whether or not the proceedings under this Policy will:
   a)  be permanently discontinued;
   b)  be disallowed; or
   c)  be suspended until proceedings in the external or other forum are concluded, although Interim Measures may be put in place to safeguard the environments of the parties involved.

6. If a jurisdictional issue arises between the University and an affiliate, off-site entity or other third party, a senior officer of the affiliate/third party, and the University Provost or Dean and Vice-President (Health Sciences) or relevant Decision-Maker in conjunction with the University Vice-President (Operations and Finance), will attempt a resolution, which may include a joint Investigation or an agreement to share the findings and/or other relevant outcomes with the other party. In the absence of any agreement to the contrary, the University will proceed with the Investigation according to University policy and procedures.

7. This Policy is not intended to supersede or interfere with the criminal justice system; all persons have the right to pursue legal avenues.

8. Respondents in a Complaint procedure must be Community Members. If a person alleged to have engaged in Sexual Violence is not currently a Community Member, the University has no jurisdiction to pursue or adjudicate the incident. However, the University reserves the right to take whatever steps it considers appropriate to safeguard the University Community.

9. As part of the University’s commitment to a Discrimination and Harassment free working, studying and living environment, all external agencies, third-party service providers, and independent contractors who do business on the University and are considered agents of the University will be informed of the existence of this Policy and of the University’s expectation that these external entities shall govern themselves accordingly while doing business with the University. Information to this effect will be included in all contracts.

Effective January 1, 2020 – February 7, 2022
APPENDIX D: RELATED POLICIES AND LEGISLATION

This Policy is to be read in conjunction with the following policies, statements, and collective agreements. Any question of the application of this Policy or related policies shall be determined by the Provost and Vice President (Academic) or the Vice President (Administration) as appropriate, and in conjunction with the administrator of the other policy or policies. The University reserves the right to amend or add to the University’s policies and statements from time to time (this is not a comprehensive list):

- Academic Accommodation of Students with Disabilities
- Academic Freedom, Statement (SPS E1)
- Accessibility – University Policy on
- Code of Conduct for Faculty and Procedures for Taking Disciplinary Action
- Code of Student Rights and Responsibilities
- Complaint Resolution Procedure for TMG
- Conflict of Interest Guidelines- Undergraduate Studies and Graduate Studies
- Discrimination & Harassment Policy
- Employee & Labour Relations – Collective Agreements
- Faculty General Grievance Procedure
- Freedom of Information and Protection of Privacy Act
- Hearing Procedures for the Board-Senate Hearing Panel for Discrimination, Harassment and Sexual Violence
- Ministry of Training, Colleges and Universities Act
- Ontario Human Rights Code
- Occupational Health and Safety Act
- Personal Health Information Protection Act
- Professional Behavior Code for Graduate Learners, Health Sciences
- Professional Behavior Code for Undergraduate Learners, Health Sciences
- Senate Resolutions re Group Conflict
- Senate Mediation Procedures
- Sexual Violence Response Protocol
- Statement on Building an Inclusive Community with a Shared Purpose
- Inclusive Communications, Policy Statement and Guidelines on
- Students Groups (Recognition, Risk Assessment and Event Planning), Policy on
- Tenure and Promotion Policy (McMaster University Revised Policy and Regulations with Respect to Academic appointment, Tenure and Promotion)
- Trespass to Property Act
- Violence in the Workplace, Policy on
- Workplace Accommodation, Policy on
- Workplace & Environmental Health and Safety Policy