



# MEDICINE HAT COLLEGE

## General Academic Council

### AGENDA

December 3, 2024

2:00 – 3:00pm

Teams Link:

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Meeting ID: 296 286 261 951

Passcode: Q85mVt

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- |   |                                   |
|---|-----------------------------------|
| 1. CALL TO ORDER                                    | K. Shufflebotham                  |
| 2. APPROVAL OF AGENDA<br>[MOTION]                   | All                               |
| 3. REVISED ACADEMIC POLICIES                        | T. Gyorkos, L. Lydic, B. Mitchell |
| ✓ 3.1. AP 1.0 Program Framework Policy              |                                   |
| ✓ - AP 1.1 New Program Development Procedure        |                                   |
| ✓ - AP 1.2 Course Development Procedure             |                                   |
| ✓ - AP 1.3 Course Outline Procedure                 |                                   |
| ✓ - AP 1.4 Evaluation of Student Learning Procedure |                                   |
| ✓ - AP 1.5 Work Integrated Learning Procedure       |                                   |
| [MOTION]  |                                   |
| ✓ 3.2. AP 2.0 Program Quality Assurance Policy      |                                   |
| ✓ - AP 2.1 Program Advisory Committee Procedure     |                                   |
| ✓ - AP 2.2 Program Review                           |                                   |
| [MOTION]  |                                   |



Policy Name	<b>PROGRAM FRAMEWORK</b>			<i>New</i>
Policy Number	<b>AP 1.0</b>	Category	Academic Programming	
Policy Authority	Vice-President, Academic and Provost	Approval Date	M/dd/yyyy	
Executive Sponsor	Vice-President, Academic and Provost	Next Review Date	M/dd/yyyy	
Approved By	President and CEO	Frequency of Review	every 5 years	

### 1. POLICY STATEMENT

Medicine Hat College (MHC) is committed to providing high quality, relevant programs to the MHC community. Students benefit from courses and programs, offered in a variety of delivery and learning modalities, graduating with the skills they require to be successful in their career or continued learning goals. Students are prepared to connect the theories and knowledge learned in the classroom to succeed in their chosen careers and engage in life-long learning.

### 2. SCOPE

This policy is applicable to all Ministry approved programs.

### 3. DEFINITIONS

- **Experiential Learning:** a learning model that allows students to broaden their skills by learning through doing.
- **Program Quality:** the degree to which programs have positive impacts on the development of students' knowledge, skills, competencies, and personal development.
- **Work Integrated Learning (WIL):** a form of curricular experiential education that formally integrates a student's academic studies with quality experiences within a workplace or practice setting.

### 4. PRINCIPLES

- 4.1 Academic programs align with MHC's mandate as a comprehensive community college and support its strategic direction.
- 4.2 MHC's academic program mix is designed to support learners and the region.
- 4.3 Academic programs are reviewed regularly to assess program quality including currency, relevance, and responsiveness to the needs of the learner, the economy, and the community.
- 4.4 Program and course learning outcomes are designed to enable student success.
- 4.5 Standards for course outlines (development, revision, and management) preserve course integrity, manage student expectations, and contribute to academic success.
- 4.6 The assessment and evaluation of students' performance will be guided by standards that provide consistency and accountability.

- 4.7 Experiential learning provides students with meaningful, practical learning opportunities to support employment readiness and life-long learning.
- 4.8 Accredited/externally approved programs adhere to their respective regulatory body standards.
- 4.9 Delivery modality is evaluated to best match program, course, and learning outcomes.

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Kevin Shufflebotham  
President and CEO  
Date:

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Nancy Brown  
Vice-President, Academic and Provost  
Date:

<b>Additional Information</b>	<b>Location</b>
AP 1.1 Program Framework Procedure	MHC Website and Policy SharePoint
AP 1.2 Course Development Procedure	MHC Website and Policy SharePoint
AP 1.3 Course Outline Procedure	MHC Website and Policy SharePoint
AP 1.4 Evaluation of Student Learning Procedure	MHC Website and Policy SharePoint
AP 1.5 Work and Integrated Learning Procedure	MHC Website and Policy SharePoint



Procedure Name	<b>New Program Development</b> <span style="float: right;"><i>New</i></span>		
Procedure Number	<b>AP 1.1</b>	Effective Date	M/dd/yyyy
Parent Policy	AP 1.0 Program Framework		
Procedure Authority	Director, Teaching and Learning		
Executive Sponsor	Vice-President, Academic and Provost		
Approved By	Vice-President, Academic and Provost		

### 1. PURPOSE

Medicine Hat College (MHC) is responsive and accountable in establishing, reviewing, and renewing our program mix. A comprehensive program mix supports learners and the region. Consideration of new programs (certificate, diploma, and baccalaureate degree) allows exploration of new, innovative ideas while remaining strategic in our program offerings.

### 2. PRINCIPLES

2.1 New program development aligns with MHC’s institutional plans and capacity, while being flexible to respond to government funding calls in short turnaround period.

2.2 MHC makes data-driven decisions while taking appropriate risks.

2.3 The development process is flexible and iterative. Student, community, industry, and/or external stakeholder engagement occurs at each stage in the process to establish demand and strengthen the program application. Opportunity for faculty involvement exists at each stage in the process.

2.4 MHC actively encourages and welcomes innovative ideas for new program offerings.

### 3. New Program Development Tracking and Documentation

3.1 New program development is tracked for institutional planning over a five-to-ten-year period. It captures programs at all stages: exploration, proposed, development, and launch of all years.

3.2 The Vice-President, Academic and Provost’s office will maintain the tracking document.

3.3 It will be reviewed (at a minimum) at the Senior Academic Leadership Team (SALT) meeting closest to:

- (a) September 1
- (b) December 1
- (c) March 1
- (d) June 1

3.4 This is an evolving, flexible document. It accommodates the addition and deletion of new programs and the alteration of timelines. It is essential for pursuing funding opportunities that arise with short notice.

3.5 Any new program proposed through this process will be considered in the context of institutional plans and capacity, including financial, facilities, and human resources.

#### **4. Opportunity Identification and Consideration of Emergent Ideas**

4.1 The dean provides their respective school with parameters for developing new programs.

4.2 Any individual or group (program idea initiator) can bring an emerging idea forward to the associate dean who will propose ideas to the dean.

4.3 The dean acts as the sponsor of new program ideas and forwards to SALT for consideration. Summaries should be one page and include a preliminary gap analysis with student and labour market demand.

4.4 SALT will review all ideas, evaluating the compatibility with institutional plans, gap analysis, and institutional capacity to develop and deliver proposed programs. The existing new program development tracking documentation will guide SALT's decision making.

4.5 SALT will decide whether to request a New Program Concept Form and determine associated timelines. A preliminary decision will be made to develop as a credit program or whether to pilot as a non-credit program through Continuing Studies.

#### **5. New Program Concept Form Completion and Validation**

5.1 The program idea initiator completes the New Program Concept Form, with guidance from the associate dean and input and active contribution from internal and external sources. A working group should be convened to inform this work, comprising of faculty (internal and external to the school), employees, and student members. Center for Innovation in Teaching Excellence (CITE) and Program Excellence and Institutional Research (PEIR) are key resources in this process.

5.2 The completed form will be presented at a meeting with SALT members and Executive Directors (EDs). Program ideas are evaluated against labour market demand, student demand, program duplication, and potential post-secondary collaborations and pathways. Meeting members will determine whether to move the proposal to the Executive Committee (EC) for validation. This group will confirm whether the program will be developed as a credit program or whether it will be piloted as a non-credit program through Continuing Studies. SALT/EDs may request more information before deciding.

5.3 EC reviews the form and determines whether to proceed with the Provider and Program Registry System (PAPRS) proposal.

#### **6. Proposal Development: Completion of the Government of Alberta proposal template provided by PAPRS**

6.1 A program development steering committee will be formed. The dean remains as the sponsor and oversees the work of the committee. The overall function of the committee is to complete the PAPRS proposal and documents for internal approvals. The composition of the committee is not prescribed; the recommendation is four to six members. Committee members will access the required resource people and contributors in the development process, as needed. These include faculty from throughout the college, employees, and students. CITE and PEIR are key resources.

Input from community, industry, and/or external stakeholders will inform the program proposal development.

- 6.2 The committee will update financial information on course development and costing that was provided with the New Program Concept Form (to augment Financial Viability and Sustainability section). EC will be provided with updated financial information.
- 6.3 In collaboration with the committee, the dean determines whether the program curriculum will be developed internally, brokered, or purchased.
- 6.4 The dean will initiate work with College Advancement on the development of a program learner profile (Persona).
- 6.5 The PAPRS proposal will be developed in parallel with the MHC Curriculum Change Form for internal approval (next section).
- 6.6 Program development is an iterative process, with allowance for multiple cycles of development and review. The final documents will be reviewed by the Dean of Student Services and Registrar and the Vice-President, Academic and Provost.

## **7. Proposal Development: MHC New Program Proposal (Internal Approval)**

- 7.1 The MHC Curriculum Change Form will be reviewed by SALT. Once approved, the proposal will move through existing internal approval channels.
- 7.2 The MHC Curriculum Change Form will be approved sequentially by Curriculum Committee, GAC, and the Board of Governors. Normally, the Board of Governors approval will precede submission to the Government of Alberta; acceptable, exceptional situations may arise where government submission may precede board approval.

## **8. Government of Alberta Proposal Approvals (External Approval)**

- 8.1 The PAPRS proposal must be submitted to the Government of Alberta by January 1. This is for launch the following Fall semester. Example of optimal timeline: Government of Alberta submission by January 1, 2025; approval Spring/Summer 2025; program open for applications October 2025; program registration Spring 2026; launch of program Fall 2026.

## **9. Course Development**

- 9.1 Under the direction of the dean, the associate dean will lead subject matter experts (SME's) in the development of new courses. If applicable, the program coordinator may be part of this process. SMEs may be internal or external to the college community.

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Nancy Brown  
Vice-President, Academic and Provost  
Date:

<b>Additional Information</b>	<b>Location</b>
New Program Development Pipeline Document	Vice-President, Academic and Provost's Office
New Program Concept Form	Vice-President, Academic and Provost's Office
PAPRS Proposal Template	Vice-President, Academic and Provost's Office
AP 1.2 Course Development Procedure	MHC Website and Policy SharePoint



Procedure Name	<b>COURSE DEVELOPMENT</b> <span style="float: right;"><i>New</i></span>		
Procedure Number	<b>AP 1.2</b>	Approval Date	M/dd/yyyy
Parent Policy	AP 1.0 Program Framework		
Procedure Authority	Director, Teaching and Learning		
Executive Sponsor	Vice-President, Academic and Provost		
Approved By	Vice-President, Academic and Provost		

### 1. PURPOSE

Medicine Hat College (MHC) is committed to providing high-quality education that meets the needs of our diverse learners and prepares them for success in their academic and professional lives. The development and implementation of courses is relevant and responsive to educational standards and practices, and the needs of our students and community.

### 2. DEFINITIONS

- **Minor Course Changes:** includes grammar, spelling errors, or updates to contact information.
- **Standard Course Changes:** includes course description, hours and/or credits, adding/deleting a course, pre-requisites/co-requisites, course code, or name.

### 3. PROCEDURE

- 3.1. Development of new or existing courses is an ongoing process that adheres to quality standards and aligns with MHC's mandate, purpose, and educational goals.
- 3.2. Industry and stakeholder representatives are consulted in an advisory capacity on current and emerging program needs. Feedback from these consultations will be considered internally during course development.
- 3.3. Program learning outcomes (PLOs), course learning outcomes (CLOs) and alignment of student evaluations are developed through a formalized process:
  - (a) PLOs are created, assessed, and/or updated through a visioning process that includes instructors, coordinators, and stakeholders.
  - (b) CLOs are then created, assessed, and/or updated to align with PLOs.
  - (c) Evaluations of student learning are aligned to CLOs by mapping evaluation type and level taught (introductory, developing, advanced).
  - (d) CLOs and their corresponding evaluations are checked to ensure alignment to PLOs.



This process provides a key component of the quality assurance process. The output of curriculum development is used for annual reporting and comprehensive program review to ensure students are able to attain program outcomes.

- 3.4. New courses and standard course changes must be documented on a Curriculum Change Form and submitted to the program dean for initial approval. The changes will then be forwarded to the Curriculum Committee for review and approval in accordance with Academic Calander timelines.
- 3.5. Minor course changes must be reported to the Registrar’s Office.
- 3.6. The college is subject to legislation and regulations, which supersede this procedure and all agreements with external agencies or partners.

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Nancy Brown  
 Vice-President, Academic and Provost  
 Date:

<b>Additional Information</b>	<b>Location</b>
Curriculum Change Form	Registrar’s Office
Curriculum Change Flowchart	Registrar’s Office
AP 2.0 Quality Assurance Policy	MHC Website and Policy SharePoint
AP 2.2 Program Review Procedure	MHC Website and Policy SharePoint
Curriculum Analysis Guide	PEIR SharePoint



Procedure Name	<b>COURSE OUTLINE</b>			<i>New</i>
Procedure Number	<b>AP 1.3</b>	Approval Date	M/dd/yyyy	
Parent Policy	AP 1.0 Program Framework			
Procedure Authority	Director, Teaching and Learning			
Executive Sponsor	Vice-President, Academic and Provost			
Approved By	Vice-President, Academic and Provost			

### 1. PURPOSE

Course outline development, revision, and management for credit courses preserves integrity and manages student expectations. Medicine Hat College (MHC) is committed to providing students with course information to assist them in planning for academic success.

### 2. GENERAL

- 2.1 Each credit course has an approved course outline that is consistent with the calendar course description.
- 2.2 Course outlines contain standard elements found in the course outline manager template. Additional elements may be required by schools such as, transfer agreements, collaborative agreements, or an instructor's pedagogical requirements.
- 2.3 Students will be given a course outline at the beginning of each course.
- 2.4 Changes to the course outline must not be made to the disadvantage of students and written notice to students is required for changes involving due dates and the weighting and distribution of marks.
- 2.5 A repository of past course outlines will be retained by the Registrar's Office according to the MHC Retention and Disposition Schedule.

### 3. RESPONSIBILITIES

- 3.1 The Vice-President, Academic and Provost is responsible for setting approval and review deadlines for the submission of outlines.
- 3.2 Course instructors are responsible for preparing course outlines for credit courses.
- 3.3 The associate dean or designate of the school from which the course originates is responsible for the approval of course outlines.
- 3.4 Course instructors are responsible for placing course outlines on the learning management system, reviewing with students on the first day of classes or at the earliest opportunity, and giving students the opportunity to ask questions.

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Nancy Brown  
Vice-President, Academic and Provost  
Date:

<b>Additional Information</b>	<b>Location</b>
Course Outline Manager Template	MHC Website Online Services and Portals
MHC Retention and Disposition Schedule	MHC Website and RIM SharePoint
Learning Management System Requirements	Vice-President, Academic and Provost's Office



Procedure Name	<b>EVALUATION OF STUDENT LEARNING</b> <i>Revised</i>		
Procedure Number	<b>AP 1.4</b>	Approval Date	M/dd/yyyy
Parent Policy	AP 1.0 Program Framework		
Procedure Authority	Dean of Student Services/Registrar		
Executive Sponsor	Vice-President, Academic and Provost		
Approved By	Vice-President, Academic and Provost		

### 1. PURPOSE

Evaluation of student learning is an important contributor to student success, providing students and employees vital information to support decision making. High quality evaluation is conducted regularly, transparently, and consistently.

### 2. GENERAL PROCEDURES

- 2.1 Evaluation of student learning is based on criteria that reflects the learning outcomes established for the course and program.
- 2.2 Evaluation results will be formally documented and accessible to the student. The overall achievement demonstrated in evaluation of learning will be translated into a grade in accordance with established college grading systems unless otherwise specified in the course outline.
- 2.3 Programs and courses may have specific practices related to the evaluation of student learning and are identified in the Medicine Hat College (MHC) Calendar, course outlines, or program specific student handbooks.

### 3. FINAL GRADES

- 3.1 A final grade is assigned at the end of a course. Grades are based on student achievement of the course learning outcomes and will be consistent with the college grading system, unless otherwise specified in the course outline.
- 3.2 A final grade is deemed official once it has been submitted by an instructor. Dean or designate approval is required for a change of grade after the final grade has been submitted.
- 3.3 A student must be officially registered in a course to achieve a final grade.

### 4. INSTRUCTOR RESPONSIBILITIES

- 4.1 Normally, instructors are required to return graded work to the student within 14 calendar days.
- 4.2 In order to allow students to make informed decisions, instructors must provide the student with feedback of their level of performance in a course, prior to the last date to voluntarily withdraw from courses.

- 4.3 Instructors will input the final grades into the administrative system within four calendar days after the final exam period.

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Nancy Brown  
Vice-President, Academic and Provost  
Date:

<b>Additional Information</b>	<b>Location</b>
MHC Grading Scale	Academic Calander



Procedure Name	<b>WORK INTEGRATED LEARNING</b> <span style="float: right;"><i>New</i></span>		
Procedure Number	<b>AP 1.5</b>	Approval Date	M/dd/yyyy
Parent Policy	AP 1.0 Program Framework		
Procedure Authority	Director, Teaching and Learning		
Executive Sponsor	Vice-President, Academic and Provost		
Approved By	Vice-President, Academic and Provost		

### 1. PURPOSE

Work-integrated learning (WIL) assists with integrating theory to practice and allows students to demonstrate program learning outcomes, knowledge, skills, and/or behaviours required at the completion of a program. Workplace competencies and career goals are also developed in this collaborative endeavor that supports achievements, actions, and aims of students, educators, and employer/community partners.

### 2. CONTEXT

WIL is an educational model rather than a job placement strategy; it is a form of curricular experiential education that formally integrates a student's academic studies with high quality experiences within a workplace or practice setting. WIL promotes continuous learning through the integration of classroom and applied work-based learning. It is supported and recognized by students, educators, and employers/community partners as a highly valuable part of learning.

WIL experiences are subject to a three-partner model made up of at least:

- (a) Students: students enrolled in a course or program at MHC.
- (b) Academic Institution: faculty, and possibly, coordinator, chair, associate dean, dean, placement officer, Career Centre, and executive support at various levels at MHC.
- (c) Host Organization: local, regional, provincial, or national organizations/employers and/or external partners such as provincial organizations or government.

WIL can occur at the course or program level and includes the development of student learning outcomes and objectives related to employability, agency, knowledge and skill mobility, and life-long learning (Aligned with the definition from Cooperative Education and Work Integrated Learning Canada, CEWIL).

### 3. ROLES AND RESPONSIBILITIES

#### 3.1 Student

- (a) Students partake in and reflect upon WIL experiences, acting in an ethical and professional manner.

#### 3.2 Academic Institution

- (a) Faculty ensures alignment between curriculum and WIL experiences and acts as primary contact/supervisor for students during WIL on course-related material.
- (b) Program coordinators support faculty by advocating for WIL experiences.

- (c) The chair, associate dean, and dean support faculty in any ad-hoc issues, support faculty by advocating for WIL experiences, and steward and engage with new external partners.
- (d) Placement officers work with faculty and employers/community partners to secure student placement opportunities and support student preparation for WIL experiences on placement-related issues.
- (e) Career Centre supports students, faculty and placement officers in career development strategy, and provides employer referrals for connections for placements or projects.
- (f) MHC Executive and Executive Directors support and advocate for WIL experiences through a coordinated approach to stewardship and recruitment of partners.

### 3.3 Host Organization

- (a) Employer/community partners determine capacity for involvement (including supervision and mentorship), budget (if necessary), and engage with appropriate MHC educators.

## 4. PROCEDURE

- 4.1 New WIL experiences at the program or course level can be initiated by an educator or employer and require institutional approval.
- 4.2 A non-binding Memorandum of Understanding (MOU) will set out the intent of the working relationship between the student, MHC, and host organization. The MOU will include:
  - (a) Standard content such as liability and insurance, confidentiality and intellectual property, and compliance with regulations. This standard content will be approved by the Vice-President, Administration and Finance. Changes to standard content require new approval.
  - (b) Program specific content such as purpose and outcomes, scope of work, duration of the agreement, and support and resources. This content will be approved annually by the program dean.

WIL coordinators and/or placement officers will maintain records of the completed templates for individual placements. Exceptions may be granted for externally regulated programs.
- 4.3 Consideration must be given to academic, physical, mental, or other accommodations based on a protected ground to ensure all students have the opportunity to engage in the WIL experience. This may include but is not limited to transportation, adapted equipment, supports, accessibility, or an alternate placement if available.
- 4.4 Risk management will be considered as a vital component of WIL experiences, both at the program and course level. Areas of risk management that will be addressed include but are not limited to contracts, safety, working with others, health, privacy, and company requirements.
- 4.5 WIL quality should be framed under CEWIL quality indicators of pedagogy, experience, assessment and reflection (P.E.A.R).
  - Pedagogy: how WIL fits into overall curriculum, program, and timeline.
  - Experience: how students are placed and supported.
  - Assessment: how course and program learning outcomes relate to developing skills.
  - Reflection: how critical self-reflection in, on, and for each experience impacts learning.
- 4.6 WIL quality for programs with external regulation may be determined by the quality assurance processes of their respective regulatory body.
- 4.7 WIL is tracked for two purposes:

- Investment Management Agreement (IMA); the registrar tracks WIL experiences at a program level.
- Institutional knowledge; to be used for future WIL planning and regional engagement.

4.8 WIL educators and employers/community partners are supported by guiding documents.

4.9 Students may work with more than one WIL employer/community partner for their placement.

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Nancy Brown  
Vice-President, Academic and Provost

Date:

<b>Additional Information</b>	<b>Location</b>
MHC Educator Tool Kit	PEIR SharePoint (to be developed)
MHC Employer Tool Kit	PEIR SharePoint (to be developed)
MHC Memorandum of Understanding template	PEIR SharePoint (to be developed)
Definition of Work Integrated Learning and nine Types of WIL	cewilcanada.ca





Policy Name	<b>PROGRAM QUALITY ASSURANCE</b>			<i>Revised</i>
Policy Number	<b>AP 2.0</b>	Category	Academic Programming	
Policy Authority	Manager, Program Excellence		Effective Date	M/dd/yyyy
Executive Sponsor	Vice-President, Academic and Provost		Next Review Date	M/dd/yyyy
Approved By	President and CEO		Frequency of Review	every 5 years

### 1. POLICY STATEMENT

Medicine Hat College (MHC) applies quality assurance in the development, revision, and review of academic programs for the benefit of students and the broader community with a commitment to continuous improvement.

### 2. SCOPE

This policy applies to all Ministry approved programs.

### 3. DEFINITIONS

- **Curriculum:** in the context of this policy, a collection of courses that fulfill program learning outcomes offered by MHC.
- **Medicine Hat College Academic Community:** MHC employees who are involved in the delivery of academic programs and academic support services.
- **Program Quality:** the degree to which programs have positive impacts on the development of students' knowledge, skills, competencies, and personal development.
- **Program Quality Assurance:** a comprehensive, periodic assessment that follows established processes to monitor and review performance, identify quality outcomes, and recommend improvement of academic programs.
- **Structure:** the core course requirements, specialized courses, their level and the number of credits assigned to each that make up a program.

### 4. PRINCIPLES

- 4.1 Program Quality Assurance (QA) ensures alignment with institutional mandates and strategic goals and provides a basis for strategic planning and resource allocation.
- 4.2 The Medicine Hat College Academic Community is collectively responsible for maintaining and enhancing the quality of academic programs, and for improving the quality of the student learning experience.
- 4.3 Program QA is integral to all facets of the program lifecycle from inception to discontinuation.
- 4.4 Program QA provides credible evidence for the purpose of in-time and actionable program and curricular improvement planning.

- 4.5 In order to ensure quality and effectiveness, the structure and curriculum of academic programs adheres to quality standards as determined by MHC and applicable provincial, federal, and industry regulatory bodies.
- 4.6 Program quality is assessed based on a collection of evidence, and not on any single piece of evidence. Every program will be assessed using a consistent quality assurance process.
- 4.7 The program review cycle contributes to MHC’s commitment to continuous improvement.
- 4.8 External input is integral to MHC’s program quality review to achieve program effectiveness and relevancy.

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Kevin Shufflebotham  
President and CEO  
Date:

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Nancy Brown  
Vice-President, Academic and Provost  
Date:

<b>Additional Information</b>	<b>Location</b>
Alberta Credential Framework	Open.Alberta.ca
Quality Assessment & Quality Assurance (CAQC Handbook)	caqc.alberta.ca
AP 2.1 Program Advisory Committees Procedure	MHC Website and Policy SharePoint
AP 2.2 Program Review Procedure	MHC Website and Policy SharePoint



Procedure Name	<b>Program Advisory Committees</b>		
Procedure Number	<b>AP 2.1</b>	Effective Date	M/dd/yyyy
Parent Policy	AP 2.0 Quality Assurance		
Procedure Authority	Manager, Program Excellence		
Executive Sponsor	Vice-President, Academic and Provost		
Approved By	Vice-President, Academic and Provost		

**1. PURPOSE**

Program Advisory Committees (PACs) provide strategic advice to Medicine Hat College (MHC) to ensure programs are current and relevant to business, industry, and our community partners.

**2. RESPONSIBILITIES**

2.1 The program coordinator is responsible for reviewing the skills and knowledge students require for employment and program learning outcomes with the PAC.

2.2 PACs are responsible for providing strategic advice to the program coordinator on current and future employment opportunities and industry trends, to ensure graduates continue to meet employer requirements.

**3. MEMBERSHIP**

3.1 The program dean approves committee composition.

3.2 PAC membership is determined by the program coordinator and will be based on the needs of the program.

3.3 Membership should include but is not limited to students, employers, alumni, government representatives, and a diverse cross section of industry. Normal composition is six to twelve members.

3.4 PAC representatives are normally appointed for a two-year term with staggered end dates to maintain consistency of membership. Term extensions will be discussed with the membership and the program coordinator at the end of each term.

**4. ADMINISTRATION**

4.1 Program coordinators will lead and chair the PAC meetings.

4.2 Annually, at the beginning of the fall semester, the program coordinator will provide PAC members with program learning outcomes and other relevant information.

4.3 The program coordinator will schedule a meeting with all PAC members prior to March 1 of each academic year. Other meetings will be scheduled as required to meet program needs.

- 4.4 Strategic advice and recommendations from the PAC will be incorporated into program review to address program quality assurance.
- 4.5 A summary of information that is related to learning outcomes, skills, knowledge, advice, and industry trends must be recorded for use in program quality assurance processes. Formal minute taking may be required by a regulatory body.

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Nancy Brown  
 Vice-President, Academic and Provost

Date

<b>Additional Information</b>	<b>Location</b>
Post-secondary Learning Act	Open.alberta.ca
Sample Terms of Reference (in development)	PIER SharePoint
Sample Matrix (in development)	PIER SharePoint
Alberta Credential Framework	Open.Alberta.ca
AP 2.2 Program Review Procedure	MHC Website and Policy SharePoint



Procedure Name	<b>Program Review</b> <span style="float: right;"><i>Revised</i></span>		
Procedure Number	<b>AP 2.2</b>	Effective Date	M/dd/yyyy
Parent Policy	AP 2.0 Quality Assurance		
Procedure Authority	Manager, Program Excellence		
Executive Sponsor	Vice-President, Academic		
Approved By	Vice-President, Academic		

### 1. PURPOSE

Medicine Hat College (MHC) is committed to maintaining high standards, promoting academic excellence, and ensuring programs remain relevant and effective in meeting the needs of students and the broader community. Program review promotes MHC’s accountability and commitment to continuous improvement through regular analysis and the development and implementation of evidence-informed action plans. It is intentionally flexible and collaborative in order to meet the unique needs of the institution’s diverse programs.

### 2. DEFINITIONS

- **Action Plan:** a documented integrated plan for strengthening a program that defines specific actions, timelines and accountability for achieving them, based on the self-study, external, and internal committee recommendations.
- **Curriculum:** in the context of this procedure, a collection of courses, that together fulfil program learning outcomes offered by MHC.
- **Curriculum Map:** a document that outlines program learning outcomes and shows how elements of course learning outcomes align with these in a matrix format.
- **Program Review:** a systematic approach to evaluating academic programs, focusing on academic standards, student outcomes, resources, and strategic alignment with MHC’s purpose and mandate.
- **Self-Study:** an analysis of a program's strengths, opportunities, and challenges that forms the foundation on which a comprehensive review is based. It defines the scope of the review and determines the focus for the external review and subsequent action planning.

### 3. THE PROGRAM REVIEW CYCLE

The program review cycle is comprised of three parts:

1. Comprehensive Program Review
2. Annual Program Reporting
3. Annual Curriculum Review

Title	Frequency	Summary of Content
Comprehensive Program Review	Normally 7 years <i>initiated at the start of the academic year (July 1) and completed over 12 months.</i>	<ul style="list-style-type: none"> <li>• Self-Study</li> <li>• External review and recommendations</li> <li>• Internal Committee review and recommendations</li> </ul> Output: ACTION PLAN
Annual Program Report	Annually – completed by June 30	<ul style="list-style-type: none"> <li>• Updates on action plan</li> <li>• Key or emerging considerations (from PAC input, data, instructor feedback)</li> <li>• Noteworthy activity (including celebrations)</li> </ul> Output: UPDATED ACTION PLAN
Annual Curriculum Review	Annually – Winter	<ul style="list-style-type: none"> <li>• Updated curriculum map (ensures course learning outcomes collectively achieve program learning outcomes and that the program courses are relevant and current)</li> </ul> Output: UPDATED CURRICULUM and related documents

#### 4. COMPREHENSIVE PROGRAM REVIEW

A comprehensive program review is normally conducted once every seven years. This review helps achieve Campus Alberta Quality Council (CAQC) standards for degree programs and parallels the CAQC process for other programs. It includes external review. The process focuses on academic standards, student outcomes, resources, and strategic alignment with the institution’s mission. It leads to coordinated action that strengthens the program’s ability to support students in achieving the program’s competencies and learning outcomes and ensures effectiveness, currency, and relevancy. Published action plans resulting from comprehensive program reviews are stored centrally and used for program, school, and institutional planning.

In consultation with the Senior Academic Leadership Team (SALT) the Manager, Program Excellence develops the schedule of reviews. Comprehensive program reviews that are outside of this schedule can occur if they are deemed necessary.

A comprehensive program review features both quantitative and qualitative analysis, including enrollment metrics, financial indicators, retention and completion data, student satisfaction and stakeholder feedback. The quantitative analysis consists of gathering and analyzing numerical data related to the program. The qualitative analysis is done in two parts: a self-study and a review by an external reviewer to augment and validate the self-study which is used to develop a strategic action plan for the program. These data are reported in the Self-Study Report.

A balance between quantitative and qualitative analysis ensures accountability and fairness of the review process.

The comprehensive review process is completed over a 12-month period.

**ROLES AND RESPONSIBILITIES: COMPREHENSIVE PROGRAM REVIEW**

<p>Program Coordinator (RESPONSIBLE)</p>	<p>Chair and select self-study committee and coordinate the review. Write self-study report. Host external reviewer. Jointly, with chair, present review to program quality assurance (QA) committee. Create final draft action plan. Develop summary report for dean and Vice-President, Academic and Provost (VPA). Develop implementation plan.</p>
<p>Academic Chair (SUPPORT)</p>	<p>Guide selection of a self-study committee. Guide recommendation for external reviewer. Guide development of self-study report. Present review to a program QA committee with program coordinator.</p>
<p>Associate Dean (COLLABORATE)</p>	<p>Approve external reviewer(s). Oversee any issues managing review. Oversee implementation of action plans.</p>
<p>Self-Study Committee (COLLABORATE)</p>	<p>Participate in the collection and analysis of, and reflection on qualitative and quantitative data, identifying themes, and generating draft action plans.</p>
<p>Program Faculty (COLLABORATE)</p>	<p>Provide input to self-study. Sit on self-study committee, if selected. Participate in implementation of action plan.</p>
<p>Program Excellence and Institutional Research (PEIR) (COLLABORATE)</p>	<p>Assist program coordinator with review. Provide data packages for quantitative review. Facilitate qualitative data gathering. Maintain current templates. Maintain database of action plans.</p>
<p>External Reviewer (SUPPORT)</p>	<p>Review self-study and provide feedback. Conduct a site visitation. Make recommendations on draft action plan.</p>
<p>Program Quality Assurance Committee (PQAC) (COLLABORATE)</p>	<p>Review the results of self-study and external review. Review and make recommendations on draft action plan.</p>

Dean (ACCOUNTABLE)	<p>Receive summary report and draft action plan.</p> <p>Finalize and approve action plan.</p> <p>Use report and action plans for planning purposes.</p> <p>If off-cycle review is required, request review through VPA.</p> <p>Budget approval/inclusion.</p>
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## 5. ANNUAL PROGRAM REPORTING

Between comprehensive reviews, annual program reporting is used to highlight significant achievements, emerging challenges, and progress toward implementing action plans. The report incorporates program specific key data including enrollment metrics, financial indicators, retention and completion data, and student satisfaction. It also provides a summary of changes resulting from the annual curriculum review and is used for annual planning and budgeting. The updated action plan is tracked and revised annually and both it and the annual reports are key inputs to comprehensive reviews.

### ROLES AND RESPONSIBILITIES: ANNUAL REPORTING

Program Coordinator (RESPONSIBLE)	<p>Complete annual report according to college requirements.</p> <p>Update draft action plan (provide rationale for any changes).</p> <p>Lead the implementation of action plan.</p>
Program Faculty (COLLABORATE)	<p>Provide input and support to coordinator, as requested.</p> <p>Participate in implementation of action plan.</p>
PEIR (SUPPORT)	<p>Provide data packages.</p> <p>Respond to ad hoc requests for data to support reporting.</p> <p>Receive updated action plans and update records.</p>
Academic Chair (SUPPORT)	<p>Review draft report, provide suggestions.</p>
Associate Dean (COLLABORATE)	<p>Review report, make recommendations for revisions to action plans.</p> <p>Make budget recommendations.</p> <p>Oversee implementation of action plans.</p>
Dean (ACCOUNTABLE)	<p>Respond to report.</p> <p>Finalize and approve changes to action plan.</p> <p>Use updated action plans for planning purposes.</p> <p>Approve budgetary changes.</p>

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## 6. ANNUAL CURRICULUM REVIEW

Annual curriculum review is a formative component of the overall quality assurance process. It focuses on mapping program learning outcomes (PLOs) across courses, checking currency and relevance with faculty and external stakeholders, and identifying any gaps. The outcome of the review is an updated curriculum map, response to gaps, and, where appropriate, recommendations for improving the following curricula areas:

- Student preparedness for careers and further education.
- Discipline and sector currency and relevance.

Annual curriculum review normally occurs in the Winter. All changes go through required institutional processes prior to implementation. Changes that do not impact the Academic Calendar can be implemented immediately following the approval process, as early as the next semester. Changes requiring General Academic Council Curriculum Committee (GAC CC) and/or government approval will not be implemented for one full academic year.

### ROLES AND RESPONSIBILITIES – ANNUAL CURRICULUM REVIEW

Program Coordinator (RESPONSIBLE)	<p>Chair the review of curriculum with program faculty.</p> <p>Review PLOs, and skills and knowledge required for employment and further education, with the Program Advisory Committee (PAC).</p> <p>Update curriculum map and create response to gaps.</p> <p>Submit changes as appropriate</p>
Academic Chair (SUPPORT)	<p>Review curriculum map and make recommendations.</p> <p>Approve changes according to GAC CC process.</p> <p>For University Transfer (UT) programs, check alignment of learning outcomes with equivalent courses at receiving institutions.</p>
Program Faculty (COLLABORATE)	<p>Map curriculum for the courses taught.</p> <p>Provide feedback on PLOs.</p> <p>Help identify and address gaps.</p>
Teaching and Learning (SUPPORT)	<p>Provide consultation for mapping.</p>
Associate Dean (COLLABORATE)	<p>Initiate review process, provide assistance in managing review.</p> <p>Review curriculum map.</p>
Dean (ACCOUNTABLE)	<p>Approve curriculum map.</p> <p>Approve changes according to the GAC CC process.</p>

## 7. EXTERNALLY REGULATED QUALITY ASSURANCE PROCESSES

Some MHC programs undergo a program review process governed by external bodies. This includes programs subject to CAQC oversight, collaborative degrees, or programs requiring external review reporting and/or accreditation.

These reviews are another way in which programs are appraised using a process of self-evaluation and peer assessment to ensure continuous program quality improvement.

MHC recognizes the mutually reinforcing relationship between internal and external quality assurance. MHC is committed to reducing duplication of effort in quality assurance activities and to, where possible, harmonize internal quality assurance review with external processes.

The VPA will consider a written request from the dean of the relevant faculty to delay, modify, or cancel a particular quality assurance review cycle when program in question is subject to an external process. The written request from the dean must include detailed rationale that justifies the request, plus relevant supporting documentation, such as past accreditation review reports and up-to-date action plans.

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Nancy Brown  
 Vice-President of Academic and Provost  
 Date:

<b>Additional Information</b>	<b>Location</b>
General Academic Council Curriculum Committee Process	Registrar's Office
AP 1.3 Course Development Procedure	MHC Website/Policy SharePoint
AP 2.1 Program Advisory Committee Procedure	MHC Website/Policy SharePoint
Comprehensive Review Template and Guide (in development)	PEIR SharePoint
Annual Report Template and Guide (in development)	PEIR SharePoint
Annual Curriculum Review Guide (in development)	PEIR SharePoint
Published Action Plans	PEIR SharePoint