SGC250514A

NOTICE OF MEETING

There will be a meeting of the
Senate Governance Committee
on Wednesday, May 14, 2025, at 2:00 pm
LOCATION: Room 209 Assumption Hall
or via MS Teams

AGENDA

1	**Approval of Agenda**	
2	**Approval of the minutes of the meeting of December 4, 2024**	Approval SGC241204M
	E-Vote of February 19, 2025	Information SGC250219E
3	**Business arising from the minutes**	
4	**Outstanding Business**	
5	**Reports/New Business**	
5.1	**Report of the Research Ethics Board** (January 2024 – March 2025)	**McMurphy-**Information SGC250514-5.1
5.2	**UCAPT Report on Renewal, Tenure/Permanence, and Promotion Processes**	**Kustra-**Information SGC250514-5.2
5.3	**Memberships**	
5.3.1	**Senate Standing committees**	**Gordon-**Approval SGC250514-5.3.1
5.3.2	**Discipline Appeal Committee, Procedures and Discrimination Committee, SGC Nominating Committee, SGC Special Appointments Committee, SGC Bylaw Review Committee**	**Gordon-**Approval SGC250514-5.3.2
***5.3.3**	**Senate Membership (2025-2026)**	**Gordon-**Information SGC250514-5.3.3
***5.3.4**	**UCAPT Membership**	**Gordon-**Information SGC250514-5.3.4
5.4	**Revisions to Bylaws 10, 20, 32**	**Dutton-**Approval SGC250514-5.3
5.5	**Senate Information Sessions (2025-2026)**	**Gordon-**Information SGC250514-5.5
5.6	**Restructuring – International Recruitment, Domestic Recruitment and Student Retention**	**Collier-**Approval SGC250514-5.6

5.7 Distinguished University Professor *(in camera)* **Gordon-**Approval

6 Question Period/Other Business

7 Adjournment

Please carefully review the 'starred' (*) agenda items. As per the June 3, 2004 Senate resolution, 'starred' items will not be discussed during a scheduled meeting unless a member specifically requests that a 'starred' agenda item be 'unstarred', and therefore open for discussion/debate. This can be done any time before (by forwarding the request to the secretary) or during the meeting. By the end of the meeting, agenda items which remain 'starred' (*) will be deemed approved or received.

University of Windsor
Senate Governance Committee

5.1: **Report of the Research Ethics Board**
(January 2024 – March 2025)

Item for: **Information**

See attached.

University of Windsor

Office of Research Ethics

REPORT TO SENATE

January, 2024 – March, 2025

University of Windsor
Office of Research Ethics

RESEARCH ETHICS BOARD
Report to Senate

January 2024-March 2025

INTRODUCTION

The Research Ethics Boards (REB) and the Office of Research Ethics (ORE) are established under the Canadian *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2022)* and must comply with all Articles and their application as outlined within the TCPS2. The REB is responsible for reviewing and determining the ethical acceptability of all research involving human participants, their data, or biological materials—including both living and deceased—conducted within the jurisdiction of the University of Windsor, or under its auspices (TCPS2, Article 2.1). This includes research conducted by faculty, staff, students, and affiliates regardless of where the research takes place or whether the project is funded (TCPS2, Article 6.1). The Office of Research Ethics (ORE) supports the work of the REB and has an integral role in ethical analysis, policy development, and administrative structure that enables the REB to fulfill its mandates under the TCPS2 (TCPS2, Article 6.2).

Ethics review and the approval of research involving human participants derives its legitimacy from the *Declaration of Helsinki*, which indicates that protocols must be submitted for consideration, comment, guidance, and approval to a research ethics committee before the study begins (WMA, Guidance 23). Nations who agree to abide by the *Declaration* can establish their own ethics frameworks; however, they must meet the standards established in the *Declaration*, including ethics review of protocols. As a signatory to the *Declaration*, the Canadian *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2022)* complies with the principles in the *Declaration*, including the establishment of ethics review committees and their responsibilities. The *Declaration* has recently been updated (October 2024) and several of the new mandates expand original guidelines for research ethics review committees. These modifications and requested opinions from the Secretariat on the application of the TCPS2 for the University of Windsor REB/ORE context, will be noted where relevant in this Senate report.

REB/ORE Governance and Public Trust

As specifically outlined in TCPS2 Article 6, to ensure the integrity of the research ethics review process and to safeguard public trust in that process, the REB/ORE operates independently in its decision making and should be free of inappropriate influence, including situations of real, potential, or perceived conflicts of interest (TCPS2, Article 6.2 Application). The mandate is stated as such:

The highest body within an institution shall: establish the REB or REBs; define an appropriate reporting relationship with the REBs; and ensure the REBs are provided with necessary and sufficient ongoing financial and administrative resources to fulfill their duties. REBs are independent in their decision making and are accountable to the highest body that established them for the process of research ethics review. (TCPS2, Article 6.2).

The REB/ORE requested an interpretation from the Secretariat for the Responsible Conduct of Research on the "highest body" for governance and reporting as well as the definition of "independence" for both the University of Windsor REB and ORE staff to ensure that current practices comply with the mandates under TCPS2 Chapter 6: Governance of Research Ethics Review. The Secretariat returned with the following guidance:

Article 6.2 of the TCPS states that "REBs are independent in their decision-making and are accountable to the highest body that established them for the process of research ethics review." There is no provision in the TCPS that prohibits the highest body from delegating authority for selected administrative and procedural matters—such as the organization of the institution's research ethics function—provided that the REB's accountability to the highest body is maintained. To maintain the independence of the REB in its ethics review and decision-making, institutional senior administrators must not serve on the REB nor interfere with its deliberations and decisions (Article 6.4).

Moreover, as noted in the Application of Article 6.3, institutions must put in place mechanisms, policies, and procedures to ensure that those overseeing the administration of the research ethics function cannot interfere in the REB's decisions regarding areas under its responsibility. Principles relevant to this issue can be found in Chapter 7, including Articles 7.1 and 7.3, as well as their applications.

While the TCPS does not prescribe institutional structures or mandate interdepartmental procedures, it establishes that REBs are responsible for ensuring that the ethical principles of the Policy are upheld in the review of research involving human participants (Articles 6.1 and 6.3). Where an REB develops or initiates standard operating procedures (SOPs) to support the implementation of TCPS principles, it is essential that these SOPs be respected in matters that fall within the REB's purview.

Institutions have a responsibility to ensure that the REB has the necessary support to function effectively and independently (Articles 6.2 and 6.4). If SOPs initiated by the REB are not accepted by other departments, this could pose challenges to the REB's ability to fulfill its mandate. Therefore, the institution should facilitate collaboration and resolve such matters in a way that maintains the REB's independence and ensures compliance with the TCPS.

In addition to protecting the independence of REBs, institutions are expected to support the REB through appropriate administrative resources. As outlined in the Application of Article 6.2, research ethics administration staff play an integral role in supporting the REB's mandate. These staff may also contribute ethics expertise to REB discussions.
Given the integral role of research ethics administration staff in the functioning of the REB, it is important that their ability to carry out these responsibilities is preserved. Institutions should recognize their supportive role as part of the broader structure that safeguards the REB's independence and enables the institution to meet its responsibilities under the TCPS. While research ethics administration staff are dedicated to supporting the functions of the REB, they are also accountable to the institution on administrative and operational matters.

The revised Helsinki Declaration has expanded its mandate for the REB and its administrative staff as such:

***Research Ethics Committees 23**. The protocol must be submitted for consideration, comment, guidance, and approval to the concerned research ethics committee before the research begins. This committee must be transparent in its functioning and must have the independence and authority to resist undue influence from the researcher, the sponsor, or others. The committee must have sufficient resources to fulfill its duties, and its members and staff must collectively have adequate education, training, qualifications, and diversity to effectively evaluate each type of research it reviews.*

Research Ethics and Research Integrity

Research ethics and research integrity are two distinct concepts with separate areas of focus, scope, process, and

response to issues which arise under its auspices. Research ethics is concerned with the ethical acceptability of research involving human participants and is primarily the responsibility of ethics review committees who determine the ethical issues that might arise in various contexts, designs, or implementation of human participant research as well as independently assess individual protocols applying ethical principles in combination with disciplinary, methodological, and ethics expertise to make a judgement of the ethical acceptability prior to its commencement.

Research integrity is concerned with the behavior of researchers and covers a broad range of areas that are associated with the conduct of research and is primarily governed by researchers themselves (Kolstoe, S. E., & Pugh, J. (2023). The trinity of good research: Distinguishing between research integrity, ethics, and governance. *Accountability in Research*, *31*(8), 1222–1241. https://doi.org/10.1080/08989621.2023.2239712). While both are related to conducting good research, they are conceptually different and combining them or using these terms interchangeably dilutes their distinct and separate responsibilities and raises serious concerns that critical issues will be missed or responses will be misdirected or ineffective.

A position on the distinction between these two was sought from the Secretariat who responded with this guidance:

While the concepts are related, the Secretariat views them as distinct. Research ethics, as governed by the TCPS, pertains to the ethical conduct of research involving human participants. It focuses on the protection of participants and is operationalized through REB review and oversight of such research.

In contrast, research integrity or responsible conduct of research, as defined in the Tri-Agency Framework on Responsible Conduct of Research (RCR Framework), as the behaviour expected of anyone who conducts or supports research activities throughout the life cycle of a research project (i.e., from the formulation of the research question, through the design, conduct, collection of data, and analysis of the research, to its reporting, publication and dissemination, as well as the management of research funds). As per Section 2.1.2 of the RCR Framework, promoting research integrity involves following best research practices "honestly, accountably, openly and fairly" from research design to dissemination of results.

Research ethics is one component of this broader framework (i.e. Article 2.4 of the RCR Framework states that "Researchers must comply with all applicable Agency requirements and legislation for the conduct of research, including, but not limited to TCPS"), but the two should not be conflated. Ethics review under the TCPS address a specific set of ethical obligations distinct from those covered under institutional policies related to research integrity.

REB AND ORE AREAS FOR IMPROVEMENT

When the current interim REB Chair was appointed in September 2024, a Re-structuring Committee was formed to discuss ways to improve the REB/ORE with the following mandates: to ensure alignment with the TCPS2 guidelines, stabilize the structure of the REB/ORE, strengthen the succession planning for leadership transition, and identify resource needs within budget constraints. To accomplish this, the Re-structuring Committee recommended hiring an external evaluator who could assess the current policy and procedures of the REB and the institutional structure within which the REB functions. Upon consultation with other REB Chairs, Human Research Accreditation Canada (HRA Canada) was recommended as the organization which could provide the most qualified assessment of the different responsibilities of the REB, and the institution, and their compliance with National Standards of Canada (NSCs) for human research protection programs (HRPPs) – an institutional framework for institutions and organizations conducting and/or overseeing human research.

Re-Structuring Committee Recommendations

Given current demand and increasing research intensiveness of faculty, staff and students, the Re-structuring Committee

requests sufficient resources and staffing for the REB/ORE to ensure that:

a. The REB is directed by a Chair who has research ethics and research methods expertise as well as experience submitting to the REB for their own research and that of their students. The Chair should be a full-time tenured faculty member with Graduate Faculty status.

b. The Chair is provided with sufficient time to oversee the REB through a full-time appointment that ensures release time from teaching, research, and service. This is to enable the Chair to accomplish, at a minimum, the following tasks: ensure reviews are completed and summarized for researchers in a timely manner; review resubmissions for final determination; review amendments; investigate and recommend responses for adverse events; provide training for new REB members, education for the research community, and provide consultation and guidance for researchers in advance of submission when requested;

c. Each of the Full-boards should have a Vice-Chair who chairs meetings, reviews minutes and works with the Chair to address ethical issues arising within their Full-Board purview. These Vice Chairs will provide leadership stability for the ORE/REB and succession planning for the Chair's position;

d. Ensure that the reporting structure for the Chair minimizes conflicts of interest with supervisors/persons in positions of power within the university, while maximizing efficiency and clarity of REB tasks/roles;

e. Provide resources for sufficient administrative support and ensure that there is sufficient support to handle the rising volume of application submissions, amendments, etc., as well as the organization of reviewers and meetings to ensure timely ethics review and record keeping;

f. Identify and implement an on-line portal for application submission that meets the standards for an independent REB and provides sufficient confidentiality and privacy protections for researchers with sufficient and on-going training;

g. Strengthen the collaboration with local hospitals, school boards, and other institutions to ensure that our expertise is shared, and ethical processes are streamlined;

h. Seek accreditation to ensure we are eligible for SMART IRB in the US as well as obtain other certification requirements to participate in collaborations with researchers globally;

i. Highlight the strength of the current REB leadership and ensure the REB is prepared for growth despite the challenging times we find ourselves in across the region, province and nation, supplying the resources to equip the REB for success in supporting the ethical conduct of research among our community.

Human Research Accreditation Canada (HRA Canada) feasibility assessment results

The Canadian HRA feasibility assessment involved a review of the written policies, procedures and guidance documents that exist at the institutional level and the REB/ORE at the University of Windsor against the relevant National Standards of Canada (NSC). The assessment process and results were very useful in identifying gaps in policies and procedures both within the University of Windsor institutional context and the REB/ORE. One of the positive findings, confirmed from discussions with HRA Canada, was that the University of Windsor has a strong REB/ORE with well-documented policies, members with significant scientific and ethics expertise, and a functioning structure for reviews. Results from the HRA Canada feasibility assessment indicated that the REB/ORE requires some revisions to existing policies and the introduction of some new procedures for it to be 'accreditation ready'. This can be accomplished by summer 2025.

However, since HRA Canada only accredits HRPPs, the REB can only achieve accreditation as a component of an HRPP. At the institutional level, the findings indicated that although specific policies and procedures were absent, the formation of an HRPP is feasible at the University of Windsor through the current efforts of the VPRI's office. Some work is required to ensure proper resourcing of the REB/ORE and other HRPP components, an expanded conflict of interest policy that would include conflicts in roles as well as the mechanisms for addressing them, and a clear delineation of roles and

responsibilities that would include the interrelationships between the various HRPP components in relation to the HRPP leadership. The results of this evaluation can provide the basis for future development of both the institutional structure for research involving humans within the mandate of the TCPS2 and support of the REB/ORE and its functioning. Becoming an accredited program would allow the REB to become certified as a SmartIRB in the US, for example, as well as seek other revenue streams. The positive assessment of the strength of the REB/ORE is a valuable commentary for which the University should be quite pleased. The full HRA report with findings in relation to the national standards can be found in Appendix E.

On-line portal and database

A researcher submission portal compliant with, and specific to, the ORE/REB context is required to streamline services, create efficiencies, increase file integrity, support monitoring and compliance, and allow for benchmarking and evaluation as well as producing mandatory reports for Board oversight. The current on-line database (ERSO) used by the ORE/REB for file management is not able to support any of these functions. While the database is perfunctory for acting as a data repository, it does not have the functional capacity to support the work of the REB/ORE, particularly with mandatory functions such as managing application submissions, review processes, tracking outcomes and compliance and reporting to the Board. As noted in previous Senate reports, the database was not structured appropriately to an ORE/REB context at its inception. Online application submissions are not feasible using the existing software as there are limitations to the logic which does not permit nesting; a firewall necessary for confidentiality cannot remain in place if researchers are to submit additional forms (e.g., requests for revisions) on previously cleared files; there is no streamlined way that reviews can be undertaken using the system without creating additional burden to reviewers and ORE staff; and the ORE would be put under additional burden to track and maintain file integrity as researchers would have access to either change and/or delete previously submitted items for which the ORE must maintain a record.

Environmental Scan of Canadian University ORE staff and resources

Despite the increased number of applications and responsibilities under the TCPS2, the Office of Research Ethics/Research Ethics Board with its 2 full-time staff and 1 part-time REB Chair who is also a full-time faculty member, remains one of the smallest ORE/REBs in the country. A scan of Canadian university REBs highlights the need for additional support as other comprehensive institutions, such as Brock University, University of Guelph, and Concordia University have 4 staff, while larger institutions such as Western University and the University of British Columbia have 14 and 19 staff respectively. Based on available data, the known staffing levels of the Canadian University REBs are as follows:

- Windsor: 2 Staff
- Brock, Guelph, Concordia: 4 Staff
- Manitoba, Victoria: 5 Staff
- McGill, Alberta: 6 Staff
- McMaster, York: 7 Staff
- Toronto, New Brunswick, Dalhousie: 8 Staff
- Waterloo: 9 Staff
- Calgary, Regina: 10 Staff
- Ottawa: 11 Staff
- Western: 14 Staff
- UBC: 19 Staff

Western University recently conducted an environmental scan of the number of research ethics staff in relation to the volume and complexity of applications submitted for REB review. Their findings also confirmed that the University of Windsor is one of the smallest staffed offices of research ethics in the country in relation to the number of applications and scope of responsibility of the REB.

The Canadian HRA report also indicated:

"There are currently 1169 actives studies under the auspices of the REB. The HRPP [human research protection program] Leadership [i.e., the Leadership of the institutional structure that needs to be created to be HRA accredited] requires a procedure determining and ensuring that the HRPP has the resources necessary to support the size and complexity of the research being conducted, including the REB as a component of the HRPP" (4.1.13c, Review of Feasibility).

OFFICE OF RESEARCH ETHICS (ORE)

The University of Windsor ORE is staffed by a full-time Manager, a full-time Coordinator, and a faculty member who acts as REB Chair as part of their faculty service while they continue to maintain their full-time faculty obligations of teaching and research. As noted above in recommendations for improvement, having this position as part of a faculty member's service load is not sustainable for the REB, as the Chair of the REB is a full-time position and should be an appointment that reflects the time commitment and responsibility. The Manager and Coordinator report to the Director of the Office of Research Integrity under the Office of the Vice President Research and Innovation. With the re-structuring of the VPRI's office, the ORE staff report only to the Director ORIS, they do not report to the REB Chair or any of the REB committees, directly or indirectly. The ORE staff are responsible for the following activities: developing policies and procedures for the operational and committee functions of the REB; managing the protocol review process from pre-submission through to file closure; scheduling Full Board and Delegated Review Committee meetings; communicating with researchers on REB requests for revisions, comments and final decisions; documentation and record-keeping; and protocol monitoring. The ORE is also responsible for providing education to the University of Windsor community on research ethics, offering consultation and guidance, conducting workshops and presentations, developing resources on research ethics, and providing expertise on local, national, and international regulations and issues on research ethics. The ORE is also responsible for providing training to the research community as well as community partners on research ethics.

Office of Research Ethics Staff

Manager, Office of Research Ethics
Ms. Harmony Peach

Coordinator, Office of Research Ethics
Mrs. Mary Jane Nohra

Interim REB Chair
Dr. Suzanne McMurphy

RESEARCH ETHICS BOARDS AND DELEGATED REVIEW COMMITTEES

Reference to the "REB" is actually a reference to all of the Boards and Committees which review protocols under the TCPS2 guidance of proportionate review (TCPS2, 1C, 2.9, 6.12). The Chair of the REB determines the level of ethics review and, together with the ORE staff, assigns protocols to REB Committees. Protocols considered *more than minimal risk* are reviewed by one of two Research Ethics Full Boards—Socio-Behavioral or Biomedical—which meet monthly. Protocols determined to be *minimal risk* are reviewed either by the main Delegated Review Committee or one of the Specialty Delegated Review Committees which include the Indigenous Research Committee, Biomedical Delegated Review Committee, the Scholarship of Teaching and Learning and Education Committee (SoTL-E). The purpose of having several Specialty review committees is to ensure that disciplinary and research ethics expertise is available across the wide range of applications that are submitted to the University of Windsor REB. The TCPS2 indicates that "At least two members

should have the relevant knowledge and expertise to understand the content area and methodology of the proposed or ongoing research, and to assess the risks and potential benefits that may be associated with the research (TCPS2, Article 6.4[a])". Having multiple committees that can review applications concurrently also moves applications more efficiently through the review process.

The REB Chair is responsible for examining and editing all the comments that are produced by the Full Boards and Delegated Review Committees prior to sending these to the researchers to ensure consistency and adherence to the TCPS2 and other relevant policies (TCPS2, Article 6.8). The Chair also reviews all re-submissions and revisions from researchers and determines whether they have addressed the review committee concerns, integrated the required modifications, and are ready for clearance. Review decisions by the Full Boards may require that re-submissions be reviewed at a subsequent Full Board meeting or by a smaller subset of the Board, but the Chair is always part of this final decision to clear an application. This is also why it is critical that the Chair is familiar with, and has current knowledge about Canadian, US, and international regulations and laws relevant to human participant research as well as have specific expertise in research ethics. Protocols involving secondary use of data, administrative research, and multi-jurisdictional protocols cleared by another REB, are executively reviewed by the Chair, or the Chair and a second REB member. Determinations of exemptions from REB review under TCPS2 2.2-2.6 are decided by the REB Chair. The TCPS2 indicates that "Institutions shall provide the necessary resources and adequate administrative support to enable the REB Chair to fulfill his or her responsibilities" (TCPS2, Article 6.8 Application). As the REB Chair is also a faculty member, it is critical that the REB Chair have sufficient workload release from the range of faculty duties, not just teaching, to be able to fulfill their responsibilities.

Please see *Appendix A* for a detailed flow chart of how applications are processed, *Appendix B* for an overview of the REB Board review and responsibilities and *Appendix C* for the REB/ORE and REB Workflow.

REB MEMBERSHIP

The REB depends upon volunteer service commitments from faculty, students, and community members to conduct its work. The TCPS2 requires that the research ethics boards and committees be comprised of members with expertise in relevant research disciplines, fields, and methodologies representative of the types of research reviewed by the REB (TCPS2, Article 6.4). Additional members required by the TCPS2 are: one member knowledgeable in ethics; one member knowledgeable in law; student representatives; and members from the community who are not associated with the University (TCPS2, Article 6.4 a-d). Full Board members serve three-year terms which are renewable. Full Board REB members do not receive any compensation and provide approximately 10-12 hours per month of service. The primary Delegated Review Committee is comprised of the Chair plus four Full Board members who serve one-year terms, which are renewable. The main Delegated Review Committee members receive compensation in the form of workload relief or research grants and provide 8-15 hours per week in service throughout the entire year, including the summer. Members of the specialty Delegated Review Committees do not receive compensation and only meet when a relevant protocol is assigned to them for review.

The REB Chair facilitates meetings of both Socio-Behavioral and Biomedical Boards, the primary Delegated Review Committee and the Biomedical Delegated Review Committee. The Manager, Office of Research Ethics facilitates the SoTL-E Committee and the Indigenous Research Committee. Members of Delegated Review Committees are all assigned to one of the two Full Boards as per the TCPS2 requirement (TCPS2, 6.12). In addition to providing ethics review of applications, the two Full Boards approve policies and procedures for the REB, engage with the REB on ethics issues and are the final arbiters on application decisions.

A list of REB members by Board and Committee can be found in Appendix D.

REGIONAL BOARD OF RECORD AND COLLABORATION WITH WINDSOR REGIONAL HOSPITAL

The University of Windsor REB is under contract with several institutional partners as their Board of Record to review, clear, and provide oversight of the ethical acceptability of research being conducted by their staff or taking place under their auspices. The REB operates as the Board of Record for Erie Shores Healthcare, Hôtel-Dieu Grace Healthcare (HDGH) and Windsor-Essex County Health Unit (WECHU). The REB provides research ethics guidance to community organizations on research ethics issues but provides ethical review and clearance only under contract; the REB establishes short-term contracts with community organizations for individual projects.

The University of Windsor REB and Windsor Regional Hospital (WRH) REB collaborate to streamline ethics review for research which falls under both jurisdictions. To foster this ongoing collaboration, Dr. Wally Liang and Dr. Kelly McNorton are members of the University of Windsor Full Biomedical Board as WRH representatives, and Dr. Suzanne McMurphy is a member of the WRH REB. The REB is currently exploring a Memorandum of Understanding with WRH to establish reciprocity for clearing applications for secondary use of WRH patient and medical data and human tissue research protocols.

Single Institutional Review Board with US Universities and International Research

The University of Windsor REB acts as the Single Institutional Board of Record (sIRB) for the University of Michigan and the University of Nebraska for projects being conducted by University of Windsor researchers with three additional sIRB MOUs pending. Since 2019, the US regulations under US 45 CFR 46 allow for a single IRB to be the Board of Record with multi-jurisdictional studies. As the sIRB, the University of Windsor operates under the US regulatory guidelines to approve and oversee the ethical acceptability of specific research projects conducted by the University of Windsor researchers. This is a significant service to University of Windsor researchers as it means that applications and oversight are under one ethics review committee and researchers do not need to duplicate applications, requests to revise, and reporting across ethics committees in two countries.

To provide this level of support to the University of Windsor researchers, the REB Chair must have a background in reviewing applications under US 45 CFR 46, the Federal Policy on Protection of Human Subjects (Common Rule) and remain familiar with interpretations of these regulations under the Office of Human Research Protection (OHRP). Under the Federal Wide Assurance (FWA), the REB is responsible for adhering to US federal regulations related to research conducted in the US, which can include a number of other relevant policies including 21 CFR 50 and 21 CFR 56, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. As noted above, it is also important that the REB Chair is familiar with international research guidelines and their interpretation and application, including World Medical Association guidelines under CIOMS, UK BERA, GDPR requirements and generally within the International Compilation of Human Research Standards (https://www.hhs.gov/ohrp/international/compilation-human-research-standards/index.html) to support University of Windsor researchers conducting international projects.

RESEARCH ETHICS EDUCATION AND TRAINING

In addition to assessing the ethical acceptability of research through application reviews and post-review oversight, the REB and ORE are instructed under the TCPS2 and *Declaration of Helsinki* to provide research ethics education, guidance and consultation services to faculty, staff, students, community partners and others as requested (TCPS2, 6.2 and *Declaration* Guideline 23).

Consultation

The REB Chair and ORE Manager provide on-going consultations to the campus community, researchers, and Windsor-

Essex community about various aspects of the REB application process, application content, requests for guidance on research ethics issues, and other research ethics questions. Consultations requests are made through the ethics mailbox, some are sent directly to the REB Chair's or ORE Manager's personal email, and Teams chat requests. During the time covered under this report, the REB Chair has had approximately 65 meetings and consultations with researchers and the ORE Manager has had 71 consultation requests. Jointly, the REB Chair and ORE/REB staff have responded to over 100 consultation communications through email over the same time period.

Application content support at the pre-review stage is primarily available from the ORE Manager. These consultations can be requested by researchers prior to submission or if an application has been determined to require revisions prior to being allocated to Board or Committee review. The ORE Manager has provided 41 pre-review meetings during the time of this report.

Post-review consultations on Board/Committee review comments, project revisions, guidance on research ethics issues during project implementation, research integrity questions, adverse event consultations and other questions are handled by the REB Chair. The REB Chair has provided approximately 25 post-review meetings and guidance requests during the time of this report.

Workshops and training

The REB/ORE is also responsible for providing education and training in research ethics to both REB members as well as the research and university community generally. As noted in the TCPS2:

Institutions should ensure that all REB members receive appropriate education and training in ethics review of research involving humans, to enable them to fulfill their duties. This includes providing training opportunities for all members in core principles and understanding of this Policy, basic ethics standards, applicable institutional policies, and legal or regulatory requirements. It includes an understanding of the role and mandate of REBs and responsibilities of REB members. Training should be tailored to the types and complexities of the research the REB reviews. This training should be offered both upon the appointment of new members, and periodically throughout a member's tenure. Institutions should promote and recognize the contribution of REB members to the research ethics review process, as a valued and essential component of the research enterprise (TCPS2 Article 6.7)

The REB Chair has provided workshops for the research community as well as presentations for specific courses on a range of research ethics topics. The ORE manager and REB Chair provide consultation and individual support for researchers. However, additional resources should be identified to provide expanded training for REB members and the university research community as well as provide workshops on emerging ethical issues such as autoethnography, ethical responses to fraudulent participation and survey bots, conducting research with participants in vulnerable contexts, and research advancements in the biomedical and clinical fields.

REB PROTOCOL REVIEW ACTIVITY January 1, 2024—December 31, 2024, and January 1-March 31, 2025

Protocol reviews and monitoring are the activities of the REB which require the most amount of REB activity. Each new file submitted to the REB requires approximately 10-20 hours from point of submission to clearance. This includes: initial processing for file completeness and assessment of readiness for review; assignment to review committee; committee members' individual time to review the protocol; time in committee review; editing and sending comments and communicating with researchers; reviewing researchers' responses to comments and protocol modifications, and determining clearance; data entry and file processing. Pre-submission consultations with researchers can vary from several minutes to several hours and over multiple time periods depending upon the complexity of the protocol. Please see *Appendices A, B, and C* for visual overviews of application review processes, Boards and committees by type of application, and a detailed flow chart of REB and ORE workflow.

Table 1A: New Applications by Level of Review

January 1, 2024-December 31, 2024

Socio-Behavioural Board	5
Delegated	164
Executive	52
Biomedical	8
SoTL-E	8
Withdrawn	7
Total	**244**
Exempt	32

Table 1B: New Applications by Level of Review

January 1, 2025-March 31, 2025

Socio-Behavioural Board	2
Delegated	30
Executive	22
Biomedical	1
SoTL-E	3
Withdrawn	3
Total	**61**
Exempt	7

Table 2A: New Applications by Principal Investigator Type

January 1, 2024-December 31, 2024

Administrative	7
Board of Record	3
Faculty	180
PhD Thesis	73
Resident Project	7
Secondary Use of Data	2
Institutional Partners	4
Windsor Regional Hospital	15
Hotel-Dieu Grace Hospital (HDGH)	4
Other Universities	26
Master's Thesis	70
Undergraduate	14
External Community Partners	3
Other	15
Total	**423**

***The 423 total represented in this table exceeds the total number of applications as there can be more than one faculty member reflected on an application. This number is an indication of the cross-Faculty collaboration among our researchers.**

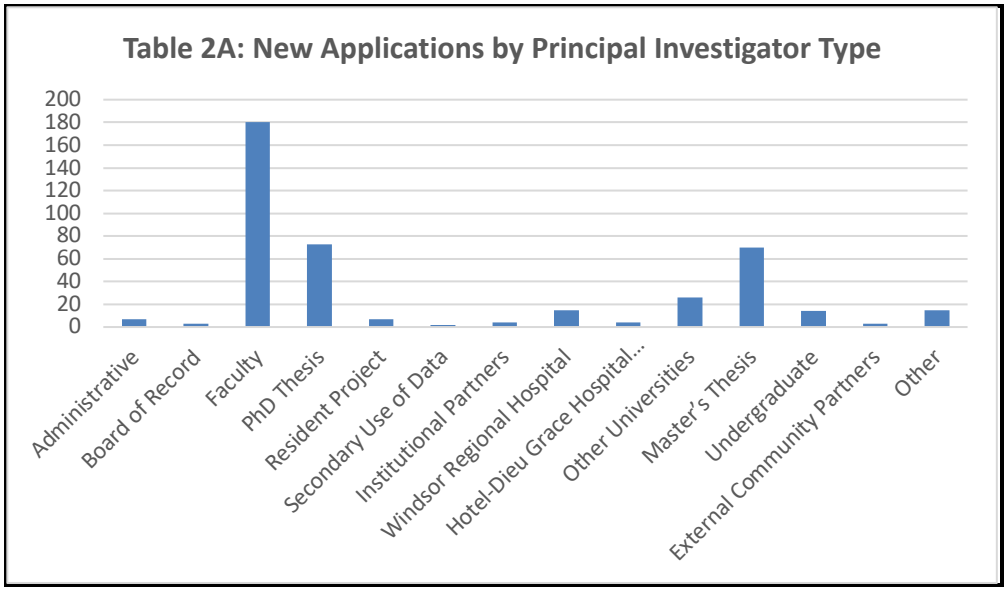


Table 2B: New Applications by Principal Investigator Type

January 1, 2025-March 31, 2025

Administrative	5
Board of Record	1
Faculty	82
PhD Thesis	32
Resident Project	1
Secondary Use of Data	1
Institutional Partners	3
Hotel-Dieu Grace Hospital	2
Windsor Regional Hospital	7
Other Universities	16
Master's Thesis	30
Undergraduate	6
External Community Partners	4
Other	1
Total	**191**

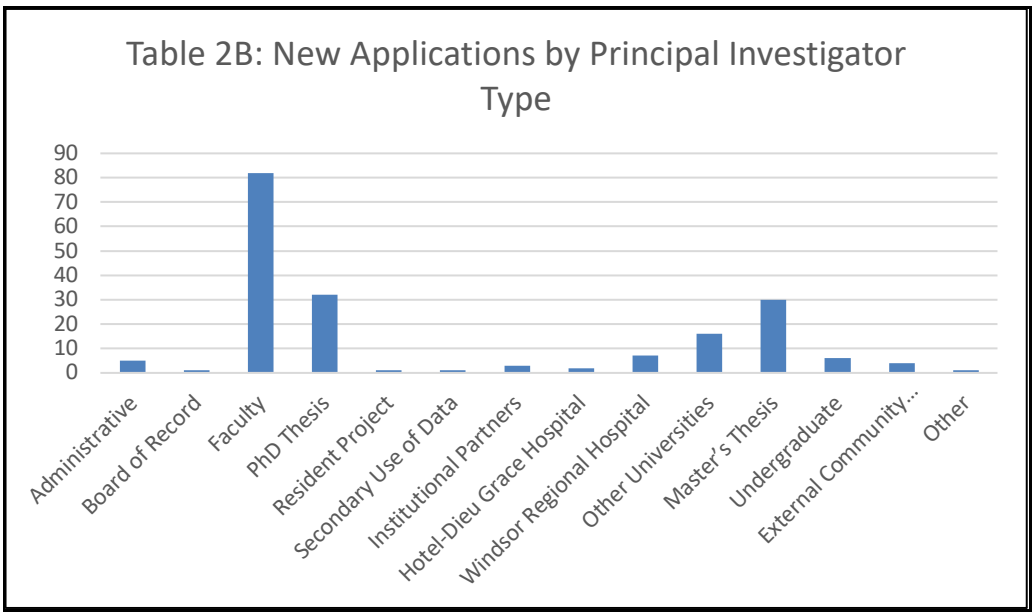


Table 3A: New Applications by Faculty Unit

January 1, 2024-December 31, 2024

Faculty of Education	54
Faculty Of Arts, Humanities, and Social Sciences	154
Faculty of Engineering	12
Faculty of Human Kinetics	50
Faculty of Law	13
Faculty of Nursing	19
Faculty of Science	44
Leddy Library	2
Odette School of Business	22
Office of the Provost & Vice President Academic	4
Office Of The Vice President -- Research And Innovation	1
Student & Academic Services/Registrar	1
Continuing Education	1
External (Non-UWindsor)	46
Total	**423**

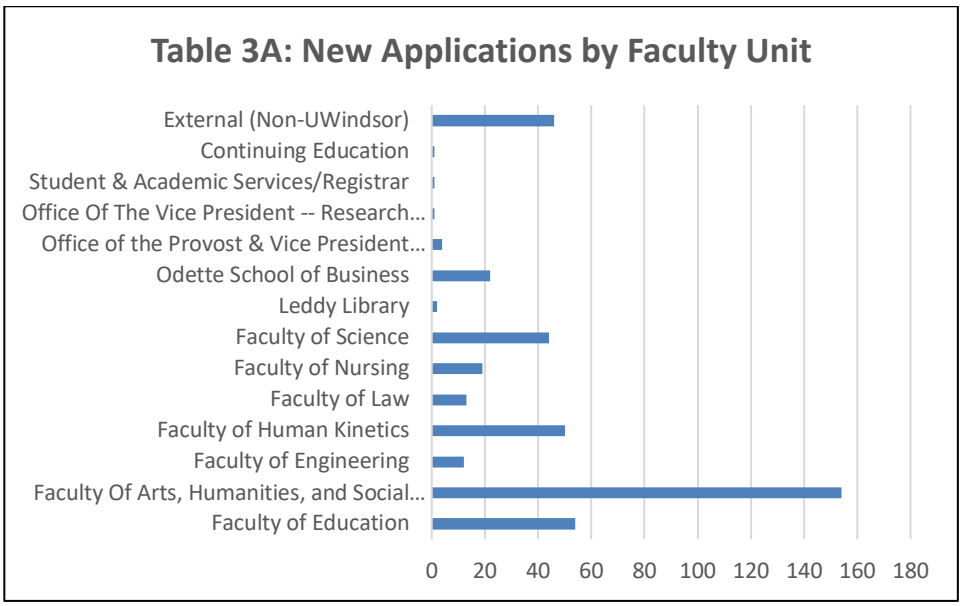
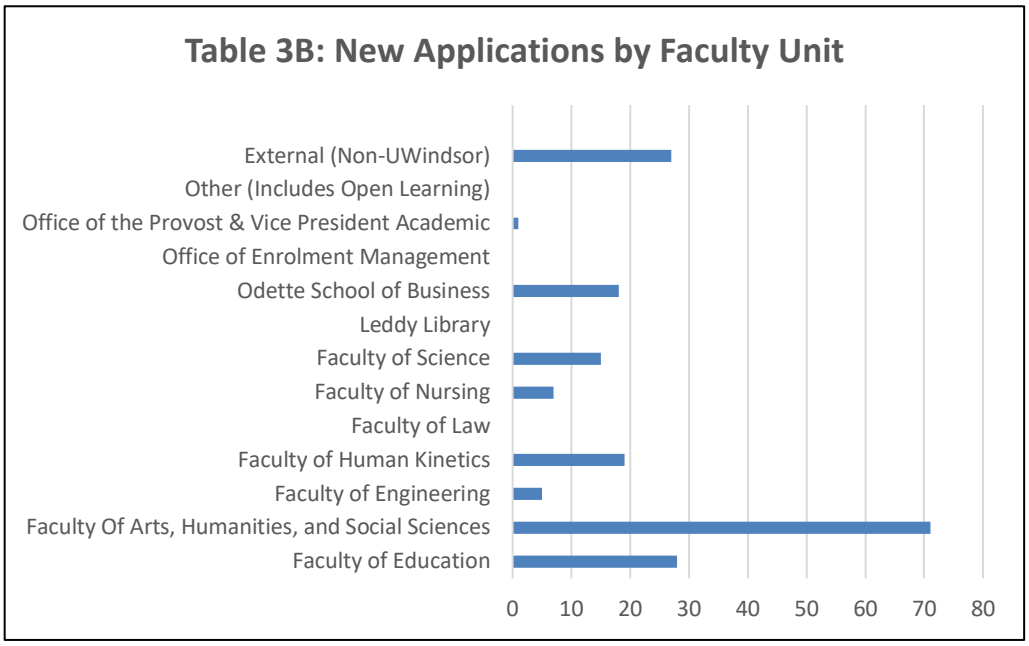


Table 3B: New Applications by Faculty Unit

January 1, 2025-March 31, 2025

Faculty of Education	28
Faculty Of Arts, Humanities, and Social Sciences	71
Faculty of Engineering	5
Faculty of Human Kinetics	19
Faculty of Law	0
Faculty of Nursing	7
Faculty of Science	15
Leddy Library	0
Odette School of Business	18
Office of Enrolment Management	0
Office of the Provost & Vice President Academic	1
Other (Includes Open Learning)	0
External (Non-UWindsor)	27
Total	**191**



Tables 1, 2 and 3, and the corresponding graphs, illustrate the activity of the REB by level of review, principal investigator type, and by academic Faculty. In keeping with the TCPS2 principle of proportionate review (TCPS2, Chapter 1C, Article 2.9, Article 6.12), Table 1 shows that most protocols are reviewed by a Delegated Review Committee or as an executive review by the Chair alone or together with another REB member. Table 2 and the corresponding graph illustrate that the majority of protocols over the academic year are faculty-based research projects, followed by student applications, primarily master's theses and doctoral dissertation projects. Institutional partner applications are from organizations in which the REB is considered the Board of Record and is contracted for ethical review and protocol oversight services as well as consultation and guidance on research ethics issues, including Erie Shores Healthcare, Hôtel-Dieu Grace Hospital, the Windsor-Essex County Health Unit and community organizations as requested. 'Other' applications refer to external researchers who are seeking to conduct research at the University of Windsor and are typically cleared at another REB and executively reviewed by the REB Chair. Table 3 illustrates that most applications come from FAHSS affiliated researchers, with Faculty of Education and HK researchers having the second highest applications followed closely by the Faculty of Science and Faculty of Engineering.

Post Clearance Review Activity

Table 4A: Protocols requiring modifications, adverse events, and other monitoring
January 1, 2024-December 31, 2024

Files closed	31
Final Reports	31
Progress Reports	90
Requests to revise*	118
Unanticipated/Adverse Events	13
Cleared	200

*** These numbers reflect protocol files in which revisions were requested. The total number of revisions reviewed and cleared is significantly higher as researchers can submit multiple revisions over the course of their project. However, our database does not provide the capacity to report the number of revisions, adverse events, etc. per protocol.**

Table 4B: Protocols requiring modifications, adverse events, and other monitoring
January 1, 2025-March 31, 2025

Files closed	15
Final Reports	15
Progress Reports	32
Requests to revise*	53
Unanticipated/Adverse Events	4
Cleared	68

*** These numbers reflect protocol files in which revisions were requested. The total number of revisions reviewed and cleared is significantly higher as researchers can submit multiple revisions over the course of their project. However, our database does not provide the capacity to report the number of revisions, adverse events, etc. per protocol.**

After protocols are cleared, four additional areas of protocol activity are monitored by the REB. These include: requests to revise an existing protocol; unanticipated or adverse events; annual progress reports; and final reports. Post clearance requests to revise reviews can require one to several hours each of the ORE and REB Chair's time depending upon the number and complexity of the requests. Unanticipated and adverse events range in severity and occur infrequently, but when they do occur, they often require several hours for the REB Chair to review, communicate and/or meet with the researcher, sometimes communicate with participants, file documentation, clearance, and follow-up. Progress reports and final reports require less time as these tend to be straightforward descriptions of project process or conclusion.

Personal note from the Interim REB Chair

The work of the REB/ORE is rarely visible to those beyond the researchers who must submit their research protocols for clearance or who seek guidance on research ethics issues. Because of the required level of confidentiality and privacy protections for researchers and human participants, the breadth of the REB/ORE work is not public. Furthermore, the complexity of research ethics deliberations, the education and training required of REB members and ORE staff, as well as the management and oversight of research protocols to ensure that the research conducted complies with the TCPS2, US federal regulations and international ethics standards is almost never recognized or acknowledged within the University of Windsor.

From my personal perspective, I have been pleased to be involved in research ethics for almost 25 years in Canada, the US, and internationally. I have been a member of the University of Windsor's REB since 2010 and have served as a Full-Board member, a Delegated Review Committee member, and eight years as REB Chair. During my involvement with the University of Windsor's REB, I have had the privilege to work with highly dedicated REB members who generously gave of their time to engage in discussions on research ethics issues, promoted ethical research through consultation with their colleagues and students, as well as brought disciplinary and research ethics expertise in reviewing applications and providing feedback to researchers in promoting the ethical conduct of research. The level of commitment, expertise, and willingness to provide their time to the REB has been among the best I have ever seen in any other ethics committee context.

During the pandemic, I was one of six international consultants hired by the World Health Organization (WHO) to work with the existing staff of the Secretariat to the Ethics Review Committee. During my time as a consultant to WHO, I initiated a drop-in clinic with another WHO staff member to provide research ethics consultation for researchers and WHO staff; we led this clinic weekly for two years. Across all the researchers I engaged with and international projects I reviewed, our researchers at the University of Windsor are conducting research that rivals the work being done around the world. The quality of our researchers and their work, and their commitment to doing ethical research, is as excellent as any place I have worked. The University of Windsor is very fortunate to have the level and quality of faculty and student research as a major strength.

Finally, the administration of research ethics is the responsibility of ORE staff, and I have been fortunate to work with 2 exceptional staff members who work daily to ensure that researchers are supported in their engagement with the REB. Their commitment, knowledge, compassion, and willingness to go beyond expectations to respond to researchers' applications, requests, issues and questions are the reason that the HRA assessment results identified a strong REB. The research community at the University of Windsor is stronger and successful because of all the behind-the-scenes work of this exceptional team.

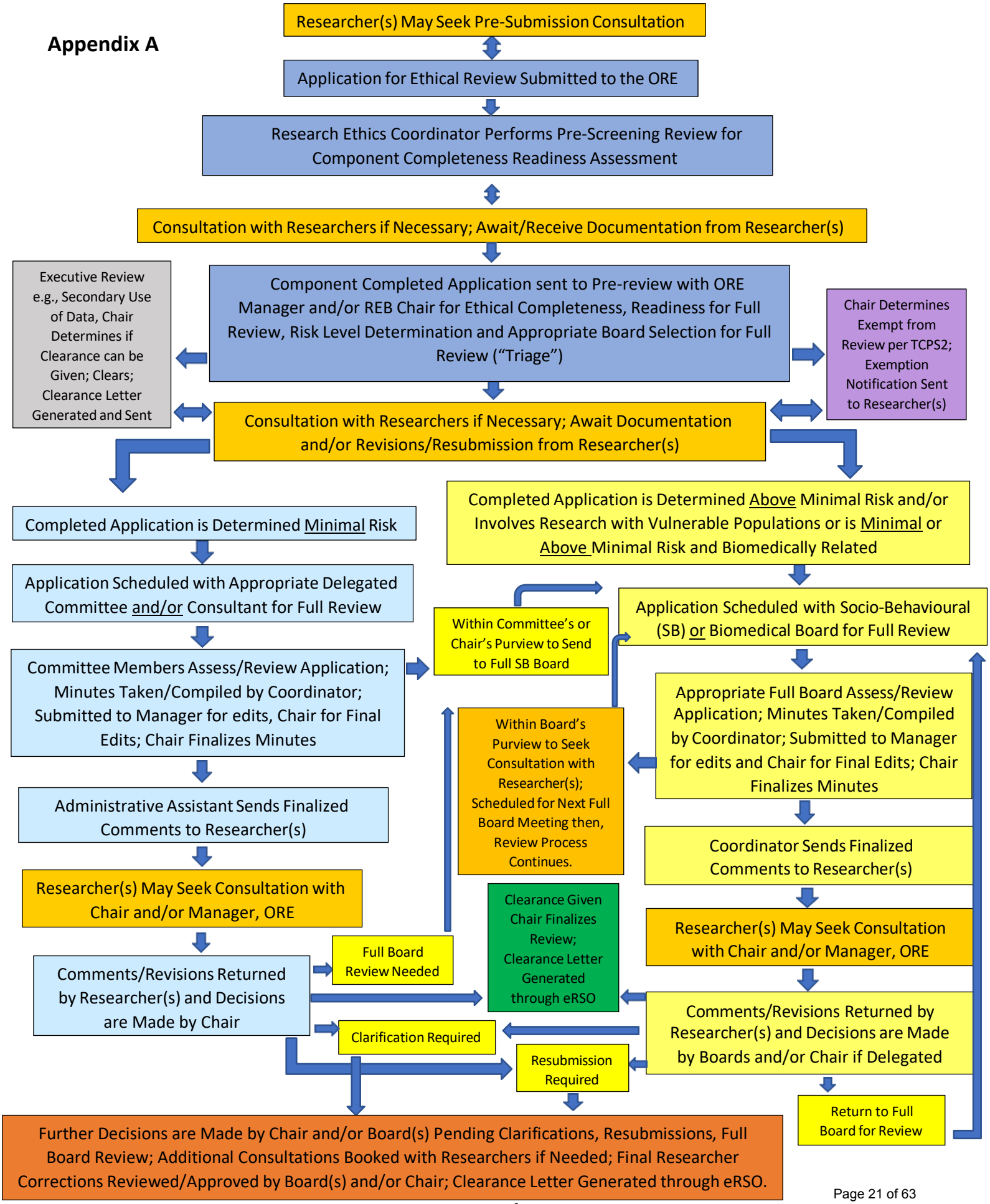
On behalf of the University of Windsor Research Ethics Board, this report is respectfully submitted.

APPENDICES

Appendix A: Office of Research Ethics Detailed Application Review Flow Chart
Appendix B: Research Ethics Board Review by Application Type and Responsibility
Appendix C: Overview of ORE and REB Structure and Workflow
Appendix D: List of REB Members
Appendix E: HRA Assessment Table of Alignment with National Standards

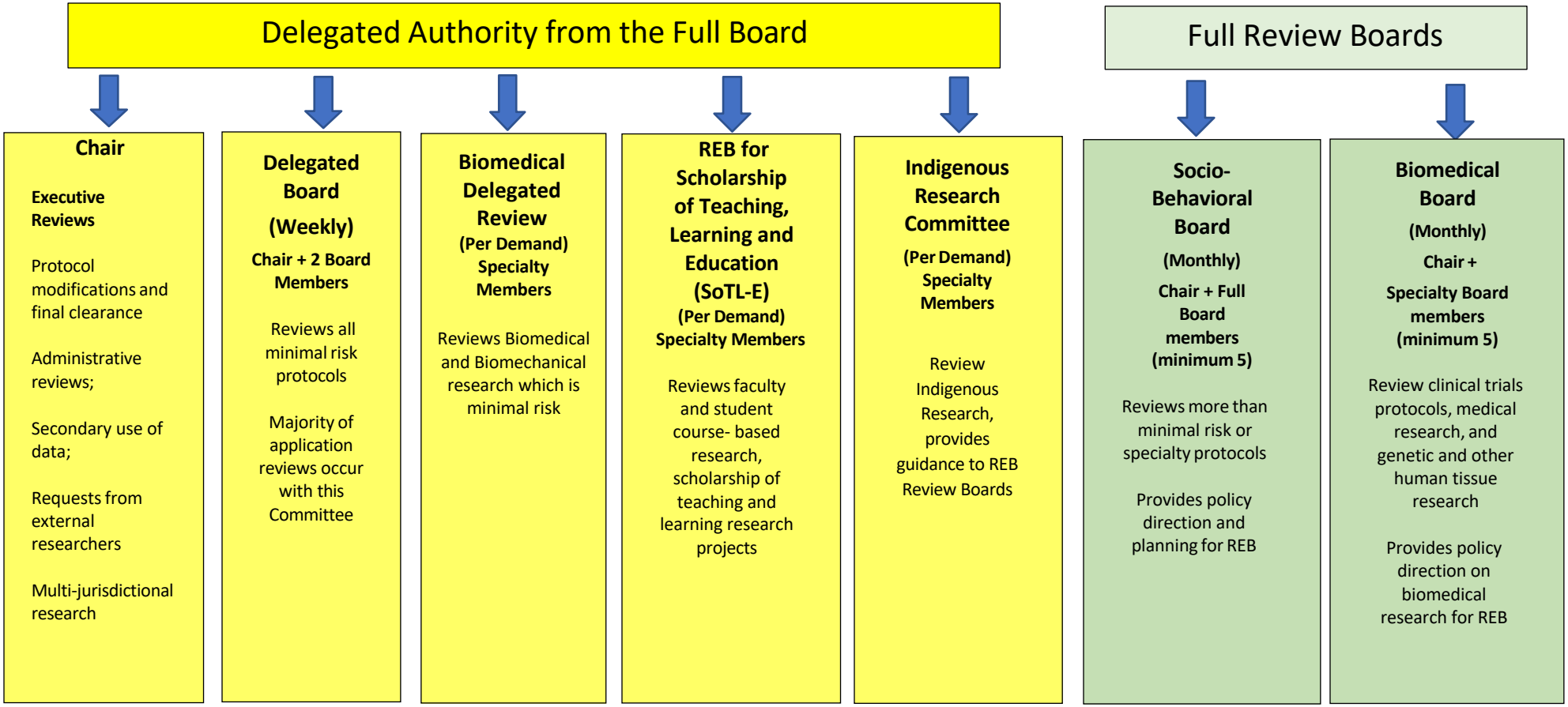
Office of Research Ethics (ORE) Detailed Application Review Flowchart

Appendix A



Appendix B

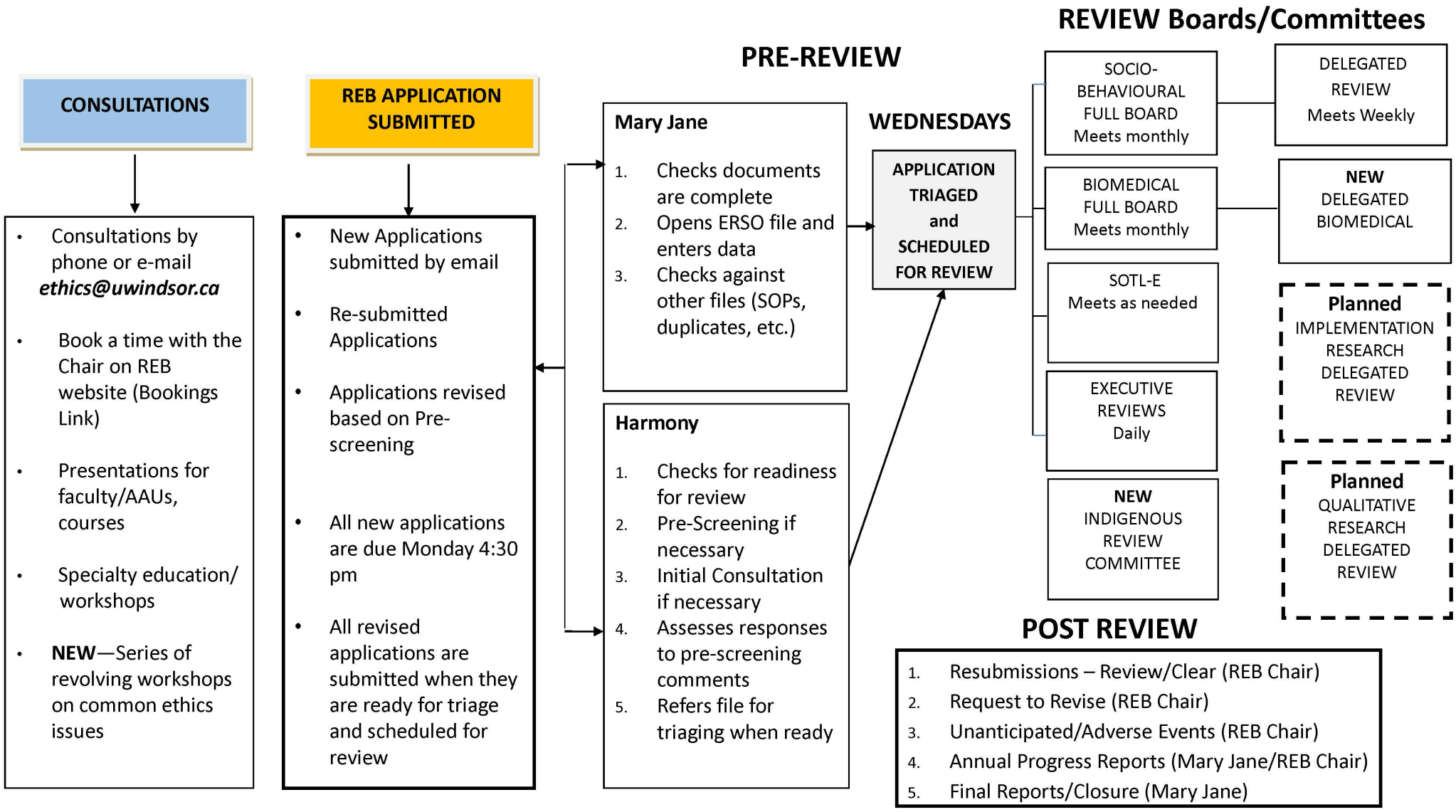
Research Ethics Board and Committee Review by Application Type and Responsibility



*Note: The Full Board can ask for specialty expert consultations and form ad hoc advisory committees as required.

Overview of ORE and REB Structure and Workflow

APPENDIX C



APPENDIX D

OFFICE OF RESEARCH ETHICS

Suzanne McMurphy	Sociology, Anthropology and Criminology Faculty Member and REB Chair
Harmony Peach	Manager
Mary Jane Nohra	Research Ethics Coordinator

SOCIO-BEHAVIOURAL BOARD

Marc Frey	Manager, Windsor-Essex County Health Unit
Glynis George	Sociology, Anthropology & Criminology, Faculty Member
Rosanne Menna	Psychology, Faculty Member
Fallon Mitchell	PhD Candidate, Kinesiology, Student Representative
Laura Chittle	Centre for Teaching and Learning
Katherine Rudzinski	School of Social Work, Post Doctoral Fellow
Russell Nahdee	Indigenous Research Representative, Office of Open Leaning
Kristen Hales	KLW Law, Legal Representative
Carlin Miller	Psychology, Faculty Member
Vasanthi Venkatesh	Law, Faculty Member
Berenica Vejvoda	Research Data Services Coordinator, Leddy Library
Mason Shepphard	Student Representative
Samantha Monk	Student Representative
Megan Kalbfleisch	Student Representative
Jesse Myers	Student Representative

BIOMEDICAL BEHAVIOURAL BOARD

Marc Frey	Manager, Windsor-Essex County Health Unit
Sherri Lynne Menard	Environmental Health and Safety Manager
Matthew Krause	Kinesiology, Research Safety Committee Representative, Faculty Member
Adrian Guta	School of Social Work, Faculty Member
Anthony Bain	Kinesiology, Faculty Member
Saverpierre Maggio	Maggio Walk-in Law Firm, Legal Representative
Karen Metcalfe	Windsor Cancer Research Group, Associate Director WE-Spark
Phil Karpowicz	Biomedical Sciences, Faculty Member

Siyaram Pandey	Chemistry & Biochemistry, Faculty Member
Jessica Kichler	Psychology, Adolescent Health, Faculty Member
Catherine Febria	Canada Research Chair & Assistant Professor Freshwater Restoration Ecology; ; GLIER, Faculty Member
Jennifer Voth	Research Associate, HDGH Representative; Community Representative
Krista Naccarato	Manager, Quality and Performance & Chief Privacy Officer, Canadian Mental Health Association, Community Representative
Wally Liang	Windsor Regional Hospital, WRH Representative, Medical and Community Representative
Stephen Bartol	Medicine Professional Corporation (April 27, 2021), Community Representative
Kelly McNorton	Windsor Regional Hospital, Pharmacy Operations Manager, Community Member
Donna McLean	Windsor Clinical Research Inc., Community Member
Samira Narimannejad	Student Representative
Elnaz Akhavan Rezaee	Student Representative
Victor Eghujovbo	Student Representative
Maja Jelich	Student Representative

SOTL-E COMMITTEE

Laura Chittle	Centre for Teaching and Learning
Clayton Smith	Psychology, Faculty Member
Christopher Greig	Education, Faculty Member
Allyson Skene	Centre for Teaching and Learning
Catherine Vanner	Education, Faculty Member

BIOMEDICAL DELEGATED COMMITTEE

Anthony Bain	Kinesiology, Faculty Member
Matthew Krause	Kinesiology, Research Safety Committee Representative, Faculty Member
Cheri McGowan	Kinesiology, Faculty Member
Victor Eghujovbo	Student Representative
Christopher Abeare	Psychology, Faculty Member

INDIGENOUS COMMITTEE

Russell Nahdee	Indigenous Research Representative, Office of Open Leaning
Catherine Febria	Canada Research Chair & Assistant Professor Freshwater Restoration Ecology; GLIER, Faculty Member
Jaimie Kechego	Center for Teaching and Learning

DELEGATED COMMITTEE

Rosanne Menna	Psychology, Faculty Member
Katherine Rudzinski	School of Social Work, Post Doctoral Fellow
Adrian Guta	School of Social Work, Faculty Member
Anthony Bain	Kinesiology, Faculty Member

HUMAN RESEARCH ACCREDITATION CANADA

Feasibility Client: University of Windsor
Type of Assessment: Accreditation Feasit
Date (start/end): March 28, 2025 / TBD

Review of Feasibility Client's SOPs against Accreditation Standards - HRPP

Objective

To verify that the Feasibility Client's SOPs conform to the Accreditation Standards applicable to its organization.

Documents Available for Review

- Organizational Chart (including reporting structure of the Organization's REB)
- REB Roster
- Schematic of Partnerships/Affiliations with the REB (including applicable MOUs)
- Applicable SOPs including appendices and policies
- National Standard of Canada (NSC) CAN/DGSI 129 / HRSO 100.01 (Rev. 1 2024) "Development of a Human Research Protection Program (HRPP)", including the informative annexes and normative references

Abbreviations

- SOP: Standard Operating Procedure
- M: Met
- MMC: Met with Minor Corrections
- NM: Not Met

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.1 HRPP MANDATE					
4.1 The Organization shall have a written Mandate that describes the structure, leadership, culture, and overall applicability of the Human Research Protection Program (HRPP).		Guidelines for Research Involving Humans 2023	NM - Action(s) required:	The document provided, Guidelines for Research Involving Humans, does not address the requirement. This document does not include all of the components of the HRPP - it focuses almost exclusively on the REB, which is just one component of the HRPP.	
The Mandate shall:					
4.1.1 describe its origins, and the processes for its approval, updates, and revisions.		Guidelines for Research Involving Human Subjects 2001 Guidelines for Research Involving Human Subjects 2023	NM - Action(s) required:	The document provided is not an HRPP Mandate and does not address the requirement.	
4.1.2 outline the structure of the HRPP and its reporting relationship(s), if any, within the Organization and outside the Organization.		See announcement from VPRI Newsletter	NM - Action(s) required:	The document provided is not an HRPP Mandate and does not address the requirement. An HRPP Mandate can be supported by an Organizational Chart, however, none was provided. In the announcement referenced, the Feasibility Client outlined information regarding the new ORIS structure. However, this needs to be elaborated upon within the HRPP Mandate, and include the external relationships outlined in the MOUs. Of note, the REB Chair's reporting has undergone temporary changes as outlined in the document. As a component of the HRPP, the REB has responsibilities within it, however, it is important that the decisions of the REB are not influenced by members of the HRPP.	
4.1.3 outline the individuals and groups who play a role in the HRPP including, but not limited to, the REB, Investigators/Researchers, and administrative personnel.		See document "Individuals and groups who play a role in the HRPP".	NM - Action(s) required:	The document provided does not address the requirement. The document provided outlines the roles of REB members, Investigators/Researchers, students as investigators, and Administrative personnel as they relate to the REB. To meet the requirement, this needs to be revised to describe the individuals who play a role in the HRPP.	
4.1.4 list the relevant regulations, guidelines, policies, and standards governing the HRPP.		Guidelines for Research Involving Humans 2023	NM - Action(s) required:	The document provided does not address the requirement. The normative documents that govern the HRPP must be included in the Mandate.	

4.1.5 outline the function, responsibility, jurisdiction and authority of the HRPP.		Guidelines for Research Involving Humans 2023	NM - Action(s) required:	The document provided does not address the requirement. The function, responsibility, jurisdiction, and authority of the HRPP, not just the REB, is required in the HRPP Mandate.	
4.1.6 describe the culture of the HRPP, particularly the core organizational values with respect to the ethical conduct of its human research, and its adherence to regulations, guidelines, policies, and standards listed in the Mandate.		Guidelines for Research Involving Humans 2023	NM - Action(s) required:	The document provided does not address the requirement. The document does describe the core principles of the REB with respect to the ethical conduct of human research and refers to the importance of adhering to relevant regulations and policies, however, these need to apply to the HRPP, not just the REB.	
4.1.7 describe how the HRPP will operate in a multi-centre and multi-jurisdictional research environment.		No SOP	NM - Action(s) required:		
4.1.8 outline the process that ensures that the deliberations and decision making of the REB are free from any outside influences or biases.		No SOP	NM - Action(s) required:		
4.1.9 outline the process for ensuring responsible conduct of research by the HRPP's Investigators/Researchers.		No SOP	NM - Action(s) required:		
4.1.10 be available in the working languages of the Individuals Who Play a Role in the HRPP.		No SOP	NM - Action(s) required:		
4.1.11 ensure that Individuals Who Play a Role in the HRPP are aware of who the HRPP Leader or Leadership is and have direct access to the HRPP Leader or Leadership.		Director of Research and Integrity Services	NM - Action(s) required:		
4.1.12 appoint a Leader or Leadership of the HRPP that is responsible for its oversight and has the legal authority to represent it.		Director of Research and Integrity Services	NM - Action(s) required:		
4.1.13 outline the Leader or Leadership's authority and responsibilities, including the following:		Director of Research and Integrity Services	NM - Action(s) required:		
(a) The Leader or Leadership shall have training in human research protection.		No SOP	NM - Action(s) required:		
(b) The Leader or Leadership shall foster a culture that supports the ethical conduct of all human research and adherence to relevant regulations, guidelines, policies, and standards listed in the Mandate.		No SOP	NM - Action(s) required:		
(c) The Leader or Leadership shall ensure that the HRPP has resources to support the size and complexity of the research conducted, such as qualified personnel, space, equipment, materials and technology.		No SOP Budget is managed by Director of Research and Integrity Services.	NM - Action(s) required:	A procedure was not provided for this requirement. As indicated in the documented entitled "University of Windsor Required Documents -AFA smc comments", there are currently 1169 active studies under the auspices of the REB. The HRPP Leadership requires a procedure for determining and ensuring that the HRPP has the resources necessary to support the size and complexity of the research being conducted, including the REB as a component of the HRPP.	
(d) The Leader or Leadership should ensure that the HRPP is insured to fulfill its mandate and has access to independent legal counsel.		No SOP	NM - Action(s) required:		
(e) The Leader or Leadership may delegate parts of its authority to other qualified Individuals Who Play a Role in the HRPP but shall be solely responsible for their conduct.		No SOP	NM - Action(s) required:		
(f) The Leader or Leadership shall ensure that the HRPP has sufficient resources for internal compliance auditing, and that activities of the HRPP are audited on a regular basis.		No SOP	NM - Action(s) required:		
(g) The Leader or Leadership shall ensure that findings stemming from internal or external compliance auditing are addressed in a timely manner, including corrective and preventative actions, and effectiveness verification, as required.		No SOP	NM - Action(s) required:		
(h) On an annual basis, the Leader or Leadership shall conduct a formal and documented review of the HRPP and make adjustments, as required. The scope of the review can be found in Annex A of CAN/DGSI 129 / HRSO 100.01.		No SOP	NM - Action(s) required:		

(i) The Leader or Leadership shall ensure that the documented procedures of the HRPP will be reviewed at least every two years and revised where necessary.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.2 HUMAN RESEARCH DETERMINATION					
4.2 The HRPP shall have documented procedures that determine what constitutes human research and falls under the auspices of the HRPP.		No SOP	NM - Action(s) required:	Procedures were not provided for the requirements in this section. Although the "Guidelines for Research Involving Humans" provides information about what constitutes human research (page 12) and falls within the scope of the REB, it does not address what falls within the scope of the HRPP or the process for this determination.	
Documented procedures shall include:					
4.2.1 a process for the determination of what constitutes research involving humans and falls under the auspices of the HRPP.		No SOP	NM - Action(s) required:		
4.2.2 a designation of whom, within the HRPP, is authorized to make determinations of what constitutes research involving humans.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.3 OBTAINING APPROVALS TO CONDUCT HUMAN RESEARCH					
4.3 The HRPP shall have documented procedures to ensure that proposed human research attains all levels of approval that are required prior to commencement of any research. Examples of research activities requiring approval prior to their commencement can be found in Annex B of CAN/DGSI 129 / HRSO 100.01.		Partially - REB SOPs	NM - Action(s) required:	The procedures provided do not address the requirements in this section. The procedures provided are REB procedures. The responsibility of having documented procedures to fulfill this requirement lies with the HRPP Leadership.	
Documented procedures shall ensure that, before the commencement of any research:					
4.3.1 a review(s) shall be conducted, as appropriate, within or outside the HRPP, to determine that the proposed research is scientifically valid and has value to affected communities.		Partially - REB SOPs	NM - Action(s) required:		
4.3.2 approval by a properly constituted REB shall be received for the proposed research.		Guidelines for Research Involving Human Subjects 2023	NM - Action(s) required:		
4.3.3 where required, approval(s) from committees or individuals within or external to the Organization shall be received for the proposed research.		MOUs or Main Application	NM - Action(s) required:		
4.3.4 where required, written authorization from the appropriate regulatory authorities shall be received for the proposed research.		Main Application	NM - Action(s) required:		
4.3.5 where required, approval from the appropriate community or external organization shall be received for the proposed research.		Main Application	NM - Action(s) required:		
Documented procedures shall ensure that:					
4.3.6 where required, after receiving all required approvals, the proposed research shall be entered into a publicly accessible registry.		No SOP	NM - Action(s) required:		
Documented procedures should ensure that:					
4.3.7 an internal registry of the HRPP's research studies shall be created, maintained, and be available to the public.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	

4.4 QUALIFICATION AND TRAINING OF INDIVIDUALS WHO PLAY A ROLE IN THE HRPP

4.4 The HRPP shall ensure that Individuals Who Play a Role in the HRPP are qualified for their roles, are trained in human research protection, and that a program is in place for ongoing training.		Partially - training provided for researchers and REB members and ORE staff	NM - Action(s) required:	The procedures provided do not address the requirement. The procedures provided for qualification and training focus on the REB and the Office of Research Ethics (e.g. SOP 103.002, 202.002), and researchers (SOP 801.002). It is essential that everyone who plays a role in the HRPP be qualified and trained for their roles and trained in human research protection. Additionally, the responsibility for training resides at the level of the HRPP Leadership through the HRPP's Quality Assurance department.	
Documented procedures shall:					
4.4.1 ensure that a training program exists for human research protection and that all Individuals Who Play a Role in the HRPP have participated in the training program prior to performing their roles (e.g. HRSO-100.02-2023 Development of a Training Program for Human Research Protection).		TCPS2 Certificates or equivalent required from all Reviewers and Researchers	NM - Action(s) required:	The procedures provided do not address the requirement. It is essential that everyone who plays a role in the HRPP be trained in human research protection. Additionally, the responsibility for training resides at the level of the HRPP Leadership through the HRPP's Quality Assurance department.	
4.4.2 ensure that all Individuals Who Play a Role in the HRPP have relevant credentials, education and are trained for their roles within the HRPP.		TCPS2 Certificates or equivalent required from all Reviewers and Researchers	NM - Action(s) required:	It is essential that everyone who plays a role in the HRPP have relevant credentials, education, and are trained for their roles. Additionally, the responsibility for ensuring these criteria resides at the level of the HRPP Leadership through the HRPP's Quality Assurance department.	
4.4.3 ensure that Investigators/Researchers that play a role in HRPP will only be approved to conduct human research in their specific areas of expertise for which they have relevant credentials, education and experience. Examples of acceptable credentials for Investigators/Researchers can be found in Annex C of CAN/DGSI 129 / HRSO 100.01.		Main Application	NM - Action(s) required:	The procedures provided do not address the requirement. It is essential that everyone who plays a role in the HRPP have the relevant credentials, education, and experience for their specific areas of expertise within the HRPP. Additionally, the responsibility for evaluating an individuals suitability for their role resides at the level of the HRPP Leadership through the HRPP's Quality Assurance department.	
4.4.4 describe the plan for ensuring ongoing training and continuing education for all Individuals Who Play a Role in the HRPP, including training and continuing education from external sources.		Partially - only provided by Chair for ORE/REB, researchers	NM - Action(s) required:	The procedures provided do not address the requirement. It is essential that everyone who plays a role in the HRPP receive ongoing training and participate in continuing education. Additionally, the responsibility for ensuring this aspect of training resides at the level of the HRPP Leadership through the HRPP's Quality Assurance department.	
4.4.5 outline the process for the creation and maintenance of training files for all Individuals Who Play a Role in the HRPP.		Partially - only in REB SOP	NM - Action(s) required:	The procedures provided do not address the requirement. It is essential that everyone who plays a role in the HRPP have a current training file. Additionally, the responsibility for creating and maintaining training files resides at the level of the HRPP Leadership through the HRPP's Quality Assurance department.	

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.5 COMPLIANCE WITH THE HRPP					
4.5 The HRPP shall have documented procedures for assessing compliance with the HRPP.		No SOP	NM - Action(s) required:	Procedures were not provided for the requirements in this section. SOP 901.002 addresses some aspects of assessing compliance but these only pertain to the REB. It is essential that a procedure exists for assessing compliance of the entire HRPP that fulfills all of the requirements in this section.	
4.5.1 Documented procedures shall describe the process for assessing compliance with the HRPP including, but not limited to:		No SOP	NM - Action(s) required:		
(a) the frequency, number, and level of scrutiny of compliance assessments commensurate with the size of the HRPP, and the complexities and risks associated with the human research.		No SOP	NM - Action(s) required:		
(b) the methods for data collection		No SOP	NM - Action(s) required:		
(c) the metrics employed in order to conduct an analysis of compliance with the HRPP.		Dysfunctional database, limited reporting	NM - Action(s) required:		
Documented procedures should ensure that:					

4.5.2 a report will be prepared at least annually that summarizes all of the compliance and non-compliance assessment findings for presentation to the HRPP Leader or Leadership.		Unsure - responsibility of Director of Research and Integrity Services	NM - Action(s) required:		
4.5.3 the HRPP Leader or Leadership will ensure that the report summarizing all of the compliance and non-compliance assessment findings will be shared with the highest authority of the Organization.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.6 NON-COMPLIANCE WITH THE HRPP					
4.6 The HRPP shall have documented procedures for managing incidents of non-compliance with the HRPP.		No SOP	NM - Action(s) required:	SOP 903.002 and the glossary address some aspects of managing incidents of non-compliance but these only pertain to the REB. It is essential that a procedure exists for assessing non-compliance applicable to the entire HRPP that fulfills all of the requirements in this section.	
Documented procedures shall:					
4.6.1 define non-compliance, serious non-compliance, and continuing non-compliance with the HRPP.		No SOP	NM - Action(s) required:		
4.6.2 outline the process for managing incidents of non-compliance with the HRPP including, but not limited to, how they are identified, received, reviewed, and investigated.		No SOP	NM - Action(s) required:		
4.6.3 outline the process for reporting incidents of non-compliance, serious non-compliance, and continuing non-compliance with the HRPP including, but not limited to, the following:					
(a) the timeline for reporting,		No SOP	NM - Action(s) required:		
(b) the format for reporting,		No SOP	NM - Action(s) required:		
(c) to whom the incidents of non-compliance shall be reported (eg, HRPP Leader or Leadership, REB, study sponsor, regulatory authorities, Research Participants).		Partially - only REB SOP	NM - Action(s) required:		
4.6.4 outline the ways that Individuals Who Play a Role in the HRPP shall mitigate future incidents of non-compliance, serious non-compliance, and continuing non-compliance.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.7 CONTINUOUS QUALITY IMPROVEMENT OF THE HRPP					
4.7 The HRPP should have documented procedures for continuous quality improvement of the HRPP in order to fulfill 4.1.13 (h).		No SOP	NM - Action(s) required:	Procedures were not provided for the requirements in this section.	
Documented procedures should:					
4.7.1 describe the process for continuous quality improvement of the HRPP that includes, but is not limited to, the following:		No SOP	NM - Action(s) required:		
(a) the individuals responsible for continuous quality improvement of the HRPP and a delineation of tasks for which these individuals are responsible.		No SOP	NM - Action(s) required:		
(b) a plan to assess the performance of the HRPP.		No SOP	NM - Action(s) required:		
(c) a schedule of the performance indicators that will be monitored in order to routinely evaluate improvement efforts and outcomes. Examples of performance indicators can be found in Annex A of CAN/DGSI 129 / HRSO 100.01.		No and we cannot do KPI because dysfuctional systems (e.g., database)	NM - Action(s) required:		
(d) the methods for assessing, measuring, monitoring and analyzing the performance indicators.		No SOP	NM - Action(s) required:		
(e) an evaluation of the results and determination of subsequent actions.		No SOP	NM - Action(s) required:		
(f) a process by which to improve on items that emerge.		No SOP	NM - Action(s) required:		

4.7.2 ensure that all Individuals Who Play a Role in the HRPP understand the performance indicators and are empowered to improve efforts and results.		No SOP	NM - Action(s) required:		
4.7.3 ensure that stakeholders outside the HRPP, especially Research Participants, are involved in continuous quality improvement activities.		No SOP	NM - Action(s) required:		
4.7.4 describe the process for receiving and addressing complaints including anonymous complaints (a whistle-blower provision) from Individuals Who Play a Role in the HRPP, and from stakeholders outside the HRPP.		Partially - REB SOP	NM - Action(s) required:		
4.7.5 describe how the HRPP will protect complainants from reprisal and how information about this protection will be disseminated to those that play a role in the HRPP and stakeholders outside the HRPP, in order to promote a culture of responsible research.		No SOP	NM - Action(s) required:		
4.7.6 include a process to report on the results of the performance of the HRPP, and what, if any, procedures or changes in practice emerged due to the continuous quality improvement activities.		Partially - Senate Report on ORE/REB	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.8 SELECTION OF VENDORS AND SUB-CONTRACTORS					
4.8 The HRPP shall have documented procedures for selecting Vendors and Sub-contractors and assessing their compliance with the HRPP.		No SOP	NM - Action(s) required:	Procedures were not provided for the requirements in this section.	
Documented procedures shall describe the process for:					
4.8.1 the selection of Vendors and Sub-contractors hired to fulfill a role(s) within the HRPP. The process should ensure that the HRPP's preferred option is to select Vendors and Sub-contractors that hold proof of third-party conformity assessments such as certification, qualification or accreditation.		No SOP	NM - Action(s) required:		
4.8.2 assessing the documented procedures of Vendors and Sub-contractors that do not hold proof of third-party conformity assessments to ensure that they are in compliance with the HRPP. The process shall include the criteria upon which the selection decision is made and any training or other measures that are required in order to ensure compliance with the HRPP.		No SOP	NM - Action(s) required:		
Documented procedures should describe the process for:					
4.8.3 conducting for-cause and random audits of all Vendors and Sub-contractors hired to fulfill a role(s) within the HRPP in order to ensure compliance with the HRPP.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.9 NEGATIVE IMPACTS OF RESEARCH					
4.9 Where there are NSCs dealing with negative impacts of research on affected parties and the conduct of research, the HRPP shall recognize and follow them. If NSCs do not exist, the HRPP shall ensure that it has documented procedures for dealing with negative impacts of research on affected parties including Research Participants, Investigators/ Researchers, and third parties such as families and communities, and on research data integrity and the conduct of research.		Partially - only REB SOP	NM - Action(s) required:	The procedures provided do not address the requirements in this section.	
Documented procedures shall:					
4.9.1 include a plan for identifying, monitoring, mitigating, assessing, managing, and reporting negative impacts for the particular types of research under the auspices of the HRPP.		No SOP	NM - Action(s) required:		
(a) The plan shall include specific reference and adherence to applicable organizational, regional, provincial, national or international guidelines and regulations regarding negative impacts and their reporting requirements. Examples of applicable guidelines and regulations can be found in Annex D of CAN/DGSI 129 / HRSO 100.01.		Partially - only REB SOP	NM - Action(s) required:		
(b) The plan shall include provisions for negative impacts that are unanticipated.		Partially - only REB SOP	NM - Action(s) required:		

4.9.2 ensure that all Individuals Who Play a Role in the HRPP are aware of the above-mentioned plan and have been appropriately trained on its implementation.		No SOP	NM - Action(s) required:		
4.9.3 outline the process for the review and management of emerging information or other findings of consequence to affected parties that could adversely affect their health, welfare, interests, rights, or impact the conduct of the research.		No SOP	NM - Action(s) required:		
4.9.4 include provisions for monitoring and managing heretofore unrecognized or emerging negative impacts including the process, timeline and format for reporting, and to whom they are reportable. An example would be the implementation of a data and safety monitoring board (DSMB), or its equivalent. Such provisions shall include measures to ensure meaningful input from Research Participants and/or their representatives.		Unsure if there is an institutional SOP - responsibility of Director of Research and Integrity Services	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.10 PRIVACY AND DATA GOVERNANCE					
4.10 Where there are NSC dealing with privacy and data governance as they relate to human research, the HRPP shall recognize and follow them. If NSCs do not exist, the HRPP shall ensure that it has documented procedures to protect the privacy interests of Research Participants and to maintain the confidentiality and security of personal information (personal data) and research data.		No SOP	NM - Action(s) required:	Procedures were not provided for the requirements in this section. Some REB SOPs provided (e.g. 107.002, 801.002, 403.002) address aspects of privacy and data governance. To fully meet this requirement, it would need to be part of a documented procedure applicable to the HRPP and not just the REB members.	
Documented procedures shall:					
4.10.1 define the terms personal information (personal data), privacy and confidentiality in accordance with applicable laws, regulations, policies, and guidelines and in relation to their impact on Research Participants and research activities.		No SOP	MMC - Correction(s) recommended:	The Glossary of Terms (dated January 2021 and accessed via the following link: https://www.uwindsor.ca/research-ethics-board/sites/uwindsor.ca.research-ethics-board/files/glossary-of-terms-january-2021_1.pdf) includes the required definitions. However, this is an REB document. Such terms must be defined and accessible to the entire HRPP.	
4.10.2 outline the process for assessing risks that may impact the privacy interests of Research Participants and the maintenance of confidentiality and security of personal information (personal data) and research data, including, but not limited to, the following:		No SOP	NM - Action(s) required:		
(a) the criteria that will be considered in the risk assessment. Examples of risk assessment criteria related to privacy and data security can be found in Annex E of CAN/DGSI 129 / HRSO 100.01.		No SOP	NM - Action(s) required:		
(b) a determination of who within the HRPP is responsible for conducting the risk assessment.		No SOP	NM - Action(s) required:		
(c) to whom the risk assessment findings will be reported.		No SOP	NM - Action(s) required:		
4.10.3 ensure that an assessment of risks that may impact the privacy interests of Research Participants and the maintenance of confidentiality and security of personal information (personal data) and research data will be conducted prior to the initiation of research and will be reviewed and updated on an ongoing basis throughout the research.		No SOP	NM - Action(s) required:		
4.10.4 ensure that all Individuals Who Play a Role in the HRPP are aware of the above-mentioned risk assessment process and have been appropriately trained on all documented procedures related to protecting the privacy interests of Research Participants and to maintaining the confidentiality and security of personal information (personal data) and research data.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.11 OPERATIONS DURING DISRUPTIVE EVENTS AND PUBLICLY DECLARED EMERGENCIES					

4.11 Where there is a NSC for operations during disruptive events and publicly declared emergencies, the HRPP shall recognize and follow it. If a NSC does not exist, the HRPP shall ensure that it has documented procedures for operations during disruptive events and publicly declared emergencies.		Partially - only REB SOP (Covid)	NM - Action(s) required:	The procedure provided, namely, SOP 501.003, outlines how the REB will operate during a publicly declared emergency. Procedures must exist for the entire HRPP.	
Documented procedures shall:					
4.11.1 define disruptive events and publicly declared emergencies.		Partially - only REB SOP (Covid)	MMC - Correction(s) recommended:	The Glossary of Terms (dated January 2021 and accessed via the following link: https://www.uwindsor.ca/research-ethics-board/sites/uwindsor.ca.research-ethics-board/files/glossary-of-terms-january-2021_1.pdf) includes the required definitions. However, this is an REB document. Such terms must be defined and accessible to the entire HRPP.	
4.11.2 describe how essential activities will be maintained during disruptive events and publicly declared emergencies.		Partially - only REB SOP (Covid)	NM - Action(s) required:		
4.11.3 outline the process for ensuring the safety and wellbeing of the following during disruptive events and publicly declared emergencies:		Partially - only REB SOP (Covid)	NM - Action(s) required:		
(a) Research Participants.		Partially - only REB SOP (Covid)	NM - Action(s) required:		
(b) Individuals Who Play a Role in the HRPP.		No SOP	NM - Action(s) required:		
4.11.4 outline the process for ensuring the integrity of the following during disruptive events and publicly declared emergencies:		Partially - only REB SOP (Covid)	NM - Action(s) required:		
(a) essential documentation.		Partially - only REB SOP (Covid)	NM - Action(s) required:		
(b) research data.		Partially - only REB SOP (Covid)	NM - Action(s) required:		
(c) biological samples.		Partially - only REB SOP (Covid)	NM - Action(s) required:		
(d) investigational product.		No SOP	NM - Action(s) required:		
4.11.5 describe the process for how operations will resume as the disruptive event or publicly declared emergency subsides.		No SOP	NM - Action(s) required:		
4.11.6 describe the process for assessing and documenting the response to the disruptive event or publicly declared emergency and any lessons learned for the future.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.12 CONFLICTS OF INTEREST AND CONFLICTS OF ROLES					
4.12 The HRPP shall have documented procedures to identify, disclose, review and manage conflicts of interest and conflicts of roles of Individuals Who Play a Role in the HRPP and their personal associates.		Institutional Policy on COI	NM - Action(s) required:	The Senate Policy on Conflict of Interest or Commitment addresses some aspects of identification, disclosure, review, and management of conflicts of interest, but not conflicts of roles. Similarly, SOPs 105A.002, 105B.002, and 105.002 address some aspects of identification, disclosure, review, and management of conflicts of interest for the REB, researchers, and the organization, but not conflicts of roles. However, these are REB procedures. It is essential that a procedure, not just a policy, exists for conflicts of interest and conflicts of roles of all individuals who play a role in the HRPP (and vendors and sub-contractors, as per 4.12.2), and their personal associates.	
Documented procedures shall:					
4.12.1 identify which aspects of conflicts of interest (e.g. monetary, reputational, or institutional) and conflicts of roles (e.g. having a care role as well as a research role) are relevant to the HRPP (e.g. situational and structural), in particular, those that involve conflicts with the responsibilities of the Individuals who Play a Role in the HRPP with respect to Research Participants, and the achievement and communication of research results.		Partially - REB SOP	NM - Action(s) required:		
4.12.2 outline the process for Individuals Who Play a Role in the HRPP, as well as Vendors and Sub-contractors, to disclose conflicts of interest and conflicts of roles that may affect any aspect of their human research responsibilities.		No SOP	NM - Action(s) required:		

4.12.3 describe how the identification and disclosure of conflicts of interest and conflicts of roles will be documented, managed, and reported.		Institutional Policy on COI	NM - Action(s) required:		
4.12.4 ensure that Individuals Who Play a Role in the HRPP are trained on how to identify and disclose conflicts of interests and conflicts of roles.		Partially - REB SOP	NM - Action(s) required:	SOP 103.002 refers to a Conflict of Interest Agreement that must be signed by every new REB member. Without seeing this agreement, it is difficult to assess if it meets this requirement. However, to fully meet this requirement, it would need to be part of a documented procedure applicable to the HRPP and not just the REB members.	

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.13 UNDUE INFLUENCE					
4.13 The HRPP shall have documented procedures to ensure that Individuals Who Play a Role in the HRPP, as well as vendors and sub-contractors, function independently and free from undue influence.		No SOP	NM - Action(s) required:	SOPs 105A.002, 105B.002, and 105C.002 address some aspects of undue influence for the REB, researchers, and the organization, but these are not REB procedures. It is essential that a procedure exists for ensuring that all individuals who play a role in the HRPP, as well as vendors and sub-contractors, function independently and free from undue influence.	
Documented procedures shall:					
4.13.1 include a definition of undue influence as it pertains to Individuals Who Play a Role in the HRPP, as well as Vendors and Sub-contractors, and their human research responsibilities and activities. The definition shall describe the various sources of possible undue pressure such as those that may be perceived from owners, shareholders, board members, community members, institutional officials of the Organization, study sponsors, or government.		Partially - REB SOP	NM - Action(s) required:		
4.13.2 ensure that Individuals Who Play a Role in the HRPP, as well as Vendors and Sub-contractors, shall function independently and free from any undue influence that may affect their human research responsibilities.		No SOP	NM - Action(s) required:		
4.13.3 describe the process for Individuals Who Play a Role in the HRPP, as well as Vendors and Sub-contractors, to identify and disclose incidents of undue influence.		No SOP	NM - Action(s) required:		
4.13.4 describe how the identification and disclosure of incidents of undue influence will be documented, managed, and reported.		No SOP	NM - Action(s) required:		
4.13.5 describe how the HRPP will protect individuals who disclose incidents of undue influence from reprisal and how information about this protection will be disseminated to those that play a role in the HRPP, as well as vendors and sub-contractors, in order to promote a culture of responsible research.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.14 DISSEMINATION OF RESEARCH RESULTS					
4.14 The HRPP shall have documented procedures to ensure and monitor that the results of human research are responsibly disseminated in a timely manner, without undue restrictions, and, where applicable, in compliance with funding and public registry requirements.		Leddy Library/REB summary reporting site: https://scholar.uwindsor.ca/research-result-summaries/	NM - Action(s) required:	The Leddy Library/REB summary reporting site is a platform, not a procedure, and is managed by the REB. It is essential that a procedure exists for ensuring and monitoring that the results of human research are responsibly disseminated in a timely manner, without undue restrictions, and, where applicable, in compliance with funding and public registry requirements.	
Documented procedures shall ensure that:					
4.14.1 Investigators/Researchers will have timely and unrestricted access to their original research data for the duration of the research to ensure that they can report findings accurately in order to make informed decisions regarding research participation.		No SOP	NM - Action(s) required:		
(a) The documented procedures shall include a provision for timely and unrestricted access to original research data for the duration of the research from all Investigators/Researchers involved in multi-site research.		No SOP	NM - Action(s) required:		
4.14.2 the results (data analyses, interpretation of data, findings) of research will be responsibly disseminated to Investigators/Researchers, Research Participants, and the public in a timely manner.	602.001	Leddy Library/REB joint summary site: https://scholar.uwindsor.ca/research-result-summaries/	NM - Action(s) required:		

4.14.3 no undue restrictions will be placed on Investigators/Researchers regarding what research data they can publish or responsibly disseminate.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.15 COMMUNITY AND RESEARCH PARTICIPANT ENGAGEMENT					
4.15 Where there is a NSC for engaging the public in the research enterprise, the HRPP shall recognize and follow it. If a NSC does not exist, the HRPP shall ensure that it has documented procedures to support a program that engages the public in the research enterprise.		No SOP	NM - Action(s) required:	No procedures were provided to support the requirements in this section. The website (ORIS RCR) could be used a platform for publicizing information to the community. However, it is essential that a procedure exists for supporting a program that engages the public in the research enterprise that meets these requirements.	
Documented procedures should:					
4.15.1 describe the elements and tools of a program designed to engage the community and Research Participants in the research enterprise, and the process for the program's implementation.		No SOP	NM - Action(s) required:		
4.15.2 ensure that the program involves all stages of research and all Individuals Who Play a Role in the HRPP.		No SOP	NM - Action(s) required:		
4.15.3 describe the plan for communicating and publicizing the program to the community and Research Participants, including the method of accessing the program.		Partially - REB Website/ORIS RCR info on their website	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.16 RESEARCH PARTICIPANTS' INQUIRIES AND CONCERNS					
4.16 The HRPP should have documented procedures to address inquiries and concerns of Research Participants.		Partially - REB SOP	NM - Action(s) required:	The website and procedures provided do not address the requirements in this section. The REB website includes the REB's contact information. It does not include a procedure to address inquiries and concerns of research participants. It is essential that a procedure exists for addressing inquiries and concerns of research participants. The responsibility for addressing inquiries and concerns of research participants resides at the level of the HRPP Leadership. The importance of this structure becomes apparent, for example, in instances where the Research Participants' inquiries and concerns pertain to the REB - the REB cannot be responsible for addressing these communications.	
Documented procedures should describe:					
4.16.1 the plan for communicating to Research Participants that a process is in place to address their inquiries and concerns.		Partially - REB SOP/ REB Website: https://www.uwindsor.ca/research-ethics-board/	NM - Action(s) required:		
4.16.2 the process for addressing inquiries and concerns of Research Participants in a manner that is inclusive and respectful of their rights and privacy.		Partially - REB SOP	NM - Action(s) required:		
4.16.3 the process ensuring that Research Participants' inquiries and concerns will be addressed in a timely and efficient manner.		Partially - REB SOP	NM - Action(s) required:		
Documented procedures shall describe:					
4.16.4 who within the HRPP is responsible for addressing inquiries and concerns of Research Participants and describe how their contact information will be conveyed to Research Participants.		Partially - REB SOP/REB website: https://www.uwindsor.ca/research-ethics-board/	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.17 RESEARCH WITH INDIVIDUALS IN SITUATIONS OF VULNERABILITY					

4.17 The HRPP shall have documented procedures to identify and consider situations where Research Participants may be vulnerable in the context of the proposed research.		Partially - Main Application	NM - Action(s) required:	The document provided does not address the requirements in this section. The REB document "Main Application" includes questions regarding potential research risks, mitigation strategies, and vulnerability. The REB procedure SOP 403.002 addresses some aspects of 4.17.2. None of these documents include a procedure to identify and consider situations where research participants may be vulnerable in the context of the proposed research. Additionally, it is essential that such procedure exists and applies to all individuals who play a role in the HRPP.	
Documented procedures shall:					
4.17.1 outline the process for determining which situations and criteria render a research participant vulnerable in the context of the proposed research. For example, there are situations in which Research Participants are confined or lack accessibility in relation to study participation requirements, situations that disadvantages Research Participants economically or socially, and situations that place Research Participants in a relationship of power imbalance with the Research Team.		Partially - Main Application	NM - Action(s) required:		
4.17.2 ensure that individuals placed in situations of vulnerability are neither inappropriately included (e.g. over-researched populations), nor excluded from research (e.g. avoiding research addressing individuals in situations of vulnerability). The selection of Research Participants should be guided first and foremost by the goals of the research.		Partially - Main Application	NM - Action(s) required:		
4.17.3 outline the process for ensuring ethical oversight of research involving Research Participants in situations of vulnerability, including consultation with affected Research Participants, referral to support services, or applying safety protections, where appropriate.		Partially - Main Application	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.18 RESPECTING RESEARCH PARTICIPANTS' CULTURE, BELIEFS AND SOCIAL IDENTITY					
4.18 The HRPP shall have documented procedures that describe how the HRPP will respect the culture, beliefs and social identity of Research Participants.		No SOP	NM - Action(s) required:	The REB document "Main Application" includes questions regarding potential research risks, mitigation strategies, and vulnerability. It does not include a procedure that describes how the HRPP will respect the culture, beliefs and social identity of research participants, and therefore, does not address the requirements in this section. It is essential that such procedure exists and applies to all individuals who play a role in the HRPP.	
4.18.1 Documented procedures shall outline the process for ensuring that the culture, beliefs and social identity of Research Participants will be respected by all Individuals Who Play a Role in the HRPP and apply throughout the entire research process. This includes, but is not limited to, the building and fostering of relationships with, and inclusion of, culturally- and socially-identifiable individuals in the entire research process.		Partially - Main Application	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.19 RESEARCH WITH INDIGENOUS PEOPLES					
4.19 Where there is a NSC for research with Indigenous Peoples, the HRPP shall recognize and follow it. If a NSC does not exist, the HRPP shall ensure that it has documented procedures that describe how the HRPP will promote a respectful research environment when conducting research with Indigenous Peoples.		REB Indigenous Review Committee	NM - Action(s) required:	The information provided does not address the requirements in this section. Although an Indigenous Review Committee exists, a procedure which outlines the role of this committee and other activities of the HRPP in relation to this requirement is absent. it is essential that a procedure for describing how the HRPP will promote a respectful research environment when conducting research with Indigenous Peoples exists. Such procedure would apply to all individuals who play a role in the HRPP.	
Documented procedures shall describe the process for ensuring that:					
4.19.1 an authentic partnership with the Indigenous Community is established, including, but not limited to, how the Investigators/Researchers will:		REB Indigenous Review Committee	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
(a) demonstrate that they entered into a voluntary and mutually beneficial relationship with the Indigenous Community prior to designing the research;		REB Indigenous Review Committee	NM - Action(s) required:		
(b) continue to develop the relationship; and		REB Indigenous Review Committee	NM - Action(s) required:		
(c) sustain the relationship throughout the research process and thereafter.		REB Indigenous Review Committee	NM - Action(s) required:		
4.19.2 Indigenous research governance processes are adhered to, including, but not limited to, describing how:		REB Indigenous Review Committee	NM - Action(s) required:		
(a) Indigenous governance structures and REBs will intersect (eg, ensuring that the Indigenous community's process is followed in terms of the order of REB review and approval in relation to Indigenous community review and collective consent).		REB Indigenous Review Committee	NM - Action(s) required:		
(b) collective consent will be obtained from the Indigenous Community; and		REB Indigenous Review Committee	NM - Action(s) required:		
(c) ongoing collective acceptability of the research to the Indigenous community will be monitored.		REB Indigenous Review Committee	NM - Action(s) required:		
4.19.3 the HRPP promotes Indigenous sovereignty over research data, including a process for ensuring:		Partially REB SOP/Indigenous Review Committee	NM - Action(s) required:		
(a) Indigenous ownership of research data.		REB Indigenous Review Committee	NM - Action(s) required:		
(b) Indigenous control of research data.		REB Indigenous Review Committee	NM - Action(s) required:		
(c) that organizational structures within the HRPP (eg, legal requirements, financial policies) do not unduly burden or restrict Indigenous sovereignty over research data.		No SOP	NM - Action(s) required:		
4.19.4 research funding respects the infrastructural needs of Indigenous communities, including, but not limited to, the following:		No SOP	NM - Action(s) required:		
(a) how the organization will ensure that Investigators/Researchers do not unduly burden Indigenous communities.		No SOP	NM - Action(s) required:		
(b) how Research Participants and community leaders are appropriately compensated for engagement in research.		REB Indigenous Review Committee	NM - Action(s) required:		
4.19.5 Individuals Who Play a Role in the HRPP and plan to conduct research with Indigenous Peoples have been appropriately trained on research with Indigenous Peoples before any elements of research are undertaken.		REB Indigenous Review Committee	NM - Action(s) required:		
Documented procedures should describe the process for ensuring that:					
4.19.6 Indigenous research governance processes are adhered to, including describing how the research partnership would be dissolved and the Investigators/ Researchers' involvement in the research terminated, should collective consent no longer apply.		REB Indigenous Review Committee	NM - Action(s) required:		
4.19.7 research funding respects the infrastructural needs of Indigenous communities, including how the HRPP will support a goal of having research funds managed by the Indigenous community rather than the research institution, whenever possible.		No SOP	NM - Action(s) required:		

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.20 RESEARCH WITH OTHER COMMUNITIES					
4.20 The HRPP shall ensure that it has documented procedures that describe how it will promote a respectful research environment when conducting research with humans based on their membership in specific communities. Examples of communities include, but are not limited to, individuals who have the shared experience of a common impairment (e.g. hearing, vision), disease (e.g. HIV AIDS, breast cancer, Alzheimer's Disease), genetic history, cultural history, social relationship, or marginalization. In developing its documented procedures, the HRPP shall consider the relevant requirements described in section 4.19 - Research with Indigenous Peoples.		No SOP	NM - Action(s) required:	No procedures were provided to support the requirements in this section.	
Documented procedures shall describe the process for ensuring that:					

Accreditation Requirements	Feasibility Client's SOP(s) - Number	Feasibility Client's SOP(s) - Title	Site Reviewers' Decisions		Feasibility Client's Response
			Decision	Additional Information	
4.20.1 an authentic partnership with the Community is established, including, but not limited to, how Investigators/Researchers will:		No SOP	NM - Action(s) required:		
(a) identify and consult with the Community leadership, or if such leadership does not exist, identify and consult with individuals who represent various groups within the Community;		No SOP	NM - Action(s) required:		
(b) demonstrate that they entered into a voluntary and mutually beneficial relationship with the Community; and		No SOP	NM - Action(s) required:		
(c) continue to develop the relationship and sustain the relationship throughout the research process and thereafter.		No SOP	NM - Action(s) required:		
4.20.2 the Community is engaged in the human research from design to completion.		No SOP	NM - Action(s) required:		
4.20.3 research funding respects, and where possible enhances, the infrastructural needs of the Community, including, but not limited to, the following:		No SOP	NM - Action(s) required:		
(a) how the HRPP will ensure that Investigators/Researchers do not unduly burden or over-solicit communities; and		No SOP	NM - Action(s) required:		
(b) how Research Participants and Community leaders are appropriately compensated for engagement in research.		No SOP	NM - Action(s) required:		
4.20.4 the research is likely to generate knowledge that could benefit the Community (e.g. to increase the understanding of causal factors, to contribute to the health or well-being of Community members).		No SOP	NM - Action(s) required:		
4.20.5 where appropriate, approval from the Community is granted prior to the commencement of any human research activities (see section 4.3 – Obtaining Approvals to Conduct Human Research).		Partially - REB SOP Main Application	NM - Action(s) required:		
4.20.6 where appropriate, Community research governance processes are adhered to, including, but not limited to, describing how:		REB SOP	NM - Action(s) required:		
(a) collective consent will be obtained, if required; and		Partially - REB SOP Main Application	NM - Action(s) required:		
(b) ongoing collective acceptability of the research to the Community will be monitored.		No SOP	NM - Action(s) required:		
4.20.7 results and knowledge derived from the human research are transferred, translated, and exchanged (e.g. Knowledge Translation and Exchange, Knowledge Mobilization) with the Community.		Leddy Library reporting site/joint with REB: https://scholar.uwindsor.ca/research-result-summaries/	NM - Action(s) required:		
4.20.8 where applicable, any agreements with the Community include details for ownership of, access to, and use of data and include arrangements for co-authorship in situations where Community members are collaborators or partners in the research.		Partially - REB SOP Main Application	NM - Action(s) required:		

University of Windsor
Senate Governance Committee

5.2: **UCAPT Report on Renewal, Tenure/Permanence, and Promotion Processes**

Item for: **Information**

See attached.

University of Windsor

SPRING 2025 REPORT to SENATE – UCAPT, UCRPPLM and RTP Processes

This report summarizes the **Spring 2025** University Committee on Academic Promotion and Tenure (UCAPT) information on aggregated Renewal, Tenure/Permanence and Promotion (RTP/RPP) details, in accordance with the December 2023 motion regarding UCAPT reporting to Senate. According to Bylaw 22: 8.1 "The primary responsibility of the UCAPT shall be to review all recommendations made by the various AAU RTP Committees regarding promotion, tenure, or contract renewal as specified in Bylaw 23, and to ensure that **established criteria** for promotion and/or tenure have been satisfied, and the **appropriate procedures** are followed**.**" Additionally, UCAPT approves ongoing significant updates and changes to RTP/RPP criteria and provides commentary on general issues that may arise in the RTP/RPP process. A parallel process governs advancement for librarians via the University Committee on Renewal, Permanence, and Promotion for Library Members (UCRPPLM). UCAPT meets regularly between September and June during the academic year (July 1 to June 30). The meeting schedule is now established at the beginning of the academic year, shared with Heads and Deans and posted publicly on the UCAPT website.

Candidate Related Data

For the 2024-2025 academic year, we expected to receive approximately 42 files from all Faculties and three from the Library, for a total of 45 files. To date, we can report that we have received 34 files. Of these files received, 10 will be reviewed at an upcoming meeting scheduled for May 13, 2025 and 11 files remain to be received. The majority of RTP related activities occur between December and June. The trends for total RTP/RPP files over the past six years are summarized by Faculty in Appendix 1 based on current data, to be finalized in Fall 2025.

The following Faculty files have been received for the 2024-2025 academic year:

- 9 contract renewals
- 10 tenure and promotion to Associate Professor
- 7 permanence and promotion to AAS III
- 4 promotions to full professor
- 1 promotion to Sessional Lecturer III
- 1 permanence only

For the 2024-2025 academic year, three (3) files were received from the libraries:

- 1 early permanence and promotion to Librarian II
- 1 permanence and promotion to Librarian III

The following files have yet to be received:

- 3 contract renewals
- 4 tenure and promotion to associate professor
- 3 promotions to full professor
- 1 promotion to Librarian IV

UCAPT Report of Equity, Diversity, Inclusion, Decolonization and Indigenization (EDI-DI) Data

Because of the confidential and sensitive nature of EDI-DI information, UCAPT does not directly receive the data, rather Human Resources has compiled the current information for July 1, 2024-June 30, 2025 (Appendix 2) and an updated report will be provided in the Fall UCAPT report once all data have been finalized.

Revisions to UCAPT Processes and AAU RTP Criteria

UCAPT Meeting Guidelines: The spring 2025 report identified a need to examine the UCAPT interview meeting processes to clarify the procedure for the candidate and committee members when a presentation to UCAPT is desired. Based on feedback from faculty and committee members in summer 2024, the interview process was modified and a new set of guidelines were drafted for the UCAPT interviews. These guidelines have now been used.

AAU RTP/RPP Criteria are submitted to UCAPT for approval, with 20 reviewed since July 2024 and approved criteria have been shared online. Additional criteria are on the agenda for May 13, 2025.

EDI-DI in Criteria: Continuing from the last report, any new criteria has included EDI-DI.

The **UCAPT Evaluation Form** approved by Senate May 2023 has now been used for almost one full academic year (2024-2025) with the aim to improve the alignment of the evaluation with the AAU's RTP/RPP criteria and ensure that student ratings were only used as one element of evidence. The AVPA recommends use of the form during performance reviews to support constructive feedback alignment with the RTP/RPP process.

The **Student Perception of Teaching** **(SPT)** Survey reports were used for the first time this academic period for RTP/RPP. In Winter 2025 the individual reports were updated with new calculations of the institutional norms based on the larger data set, and along with Faculty-level norms now available in the **User Guide** (page 17). Additionally, reliability calculations for response rates were calculated, showing that when there are 10 responses or more, the SPT have good rater agreement (page 6). Summary reports for AAU Heads have been made available. AAU RTP/RPP criteria are being updated to address the new SPT forms. Based on feedback from administrative assistants, the process for sharing Heads and RTP/RPP reports is being modified, and the use of a Teams Channel is being explored.

The RTP/RPP Workflow and Reporting/Tracking System has now been in used for this academic year (starting 2024) to enhance transparency as required by Senate (excel developed by Institutional Analysis). The system is intended as a temporary solution to help track the processing times between identified critical action points at each stage of the RTP/RPP process as requested by Senate.

Revised approach to eCV/Workflow Request for Proposals (RFP) – As mentioned last report, the current excel system for RTP/RPP Workflow and Reporting/Tracking System is only able to function as a temporary solution. It is manually maintained and not designed to be a sustainable enterprise system. A business case was prepared and reviewed for a new RTP/RPP Workflow and Tracking system along with an integrated eCV, in liaison with HR as they undergo implementation of the UWinsite People, the new HR system. Partial funding was approved. Steering and Advisory committees have been developed, and a survey to gather faculty and staff input was circulated. Input from Brock University has now been incorporated into a revised RFP, which is now drafted and being approved.

Candidate Feedback: The June 2022 motion requested an anonymous "Faculty Evaluation of Process" (FEP) survey to be offered to all faculty that have undergone a UCAPT process during the academic year. A survey has been developed in Qualtrics to gather ongoing feedback. The survey has not yet been circulated, but is ready for use at the end of this academic cycle.

Identified Issues: Two themes were identified:

1. Delayed submission of packages continue to be an issue, as identified in Fall 2024. In part this is because of external review delays. The recommended and mandatory timelines were reviewed, and revised dates were circulated to Heads for feedback, with earlier start dates, particularly for tenure/permanence and promotion to allow the external reviews to be conducted in the summer when reviewers are more available. Additionally, the schedule of UCAPT meetings is now established in August with deadlines for material submissions and shared on the UCAPT website to help increase transparency and facilitate timing.
2. Conflicts of interest remained a topic with high frequency of questions. An FAQ has been developed, shared with the University Secretariat for feedback, and will be shared on the UCAPT website.

Training and Information Sessions

1. AAU Heads meeting was held on January 17, 2025 and lead by Dennis Jackson on usage of SPT Reports for RTP/RPP and Performance Reviews
2. RTP General Information e-mail to all Administrative Assistants was sent on February 13, 2025 and shared in the Teams Group for reference.
3. Early Career Faculty Workshop on *Creating and Sharing your eCV* with Erika Kustra on March 21, 2025. Discussed using the eCV system, including using the AAU /RPP criteria to guide development of the eCV and using the eCV for RTP/RPP package. 15 participants attended this session

4. AAU Heads meeting was held on March 28, 2025 to discuss RTP/RPP Draft Revised Timelines to help faculty members prepare for the process, noting these are recommendations not required by Senate Bylaws. It was suggested that Heads send confirmation messages to candidates in February and that candidate inform their Heads of submission intentions by March. Proposed establishing RTP committees in April rather than September. This process may also address external referee challenges.
5. A Spring RTP Information Session for all faculty members was held on Wednesday, April 30, 2025 in Freed Oman Commons, with 32 individuals attending.
6. A Spring RTP Information Session for all administrative assistants was held on Tuesday, May 6, 2025 in Freed-Orman Commons, with 14 individuals attending.

Appendix 1

Table 1: INTERIM RTP/RPP Files by Faculty and Year from 2018-2025*

	2024-2025	2023-2024	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019	TOTALS BY FACULTY
Business	6	8	3	14	9	5	1	**45**
Education	3	3	3	3	0	0	0	**10**
Engineering	3	1	9	10	10	8	4	**44**
FAHSS	11	19	19	22	16	18	11	**108**
Human Kinetics	0	1	0	3	7	3	1	**16**
Law	1	3	5	4	6	1	3	**26**
Libraries (Leddy/Law)	3	3	5	4	2	2	2	**18**
Nursing	3	2	2	5	1	1	2	**16**
Science	11	16	16	12	12	11	6	**81**
CTL	1	0	0	2	2	2	1	**7**
OOL	0	1	1	1	2	0	1	**6**
ARC	3	2	3	0	5	2	0	**19**
TOTALS BY YEAR	**45**	**59**	**66**	**80**	**72**	**54**	**30**	**395**

*The totals include all processes including contract renewal, tenure/permanence and promotion.

Appendix 2

Table 2: INTERIM UCAPT Report of Equity, Diversity, Inclusion, and Decolonizing (EDID) Data July 1 to June 30, 2025

*An applicant may be a member of multiple designated groups categories. As such, the sum of the numbers from the first five columns may be greater than the total number of designated group members. For the "total number of designated group members" column, each applicant is to be counted only once.

Applicants	# of Indigenous persons	# of persons with disabilities	# of sexual/ gender minorities (2SLGBTQIA+)	# of racialized people/ visible minorities	# of women	Total # of designated group members (do not double count individuals)*	Total # of all applicants (designated and non-designated)	Ratio of designated to non designated-group applicants
For Renewal	0	0	N/A	4	7	8	9	88.89%
For Tenure	0	1	N/A	4	5	8	15	53.33%
For Promotion	0	1	N/A	6	9	12	20	60.00%

University of Windsor
Senate Governance Committee

5.3.1: **Senate Standing Committee Membership 2025-2026**

Item for: **Approval**

Forwarded by: **SGC Nominating Committee**

MOTION: That the Senate Governance Committee recommend to Senate the approval of the Senate Standing Committees membership for 2025-2026.

See attached.

2025-2026

Senate Standing Committee Membership

Program Development Committee		
Member	Term	Notations
Provost and Vice President, Academic (or designate) – Ray Darling	Ex-officio	
Dean of Graduate Studies (or designate) – Patti Weir* (S.2025)	Ex-officio	
Vice-Provost, Teaching and Learning (or designate) Allyson Skene	Ex-officio	
Faculty of Business Administration		
Karen Robson* (S.2025)	2025-2027	
Faculty of Education		
Zuochen Zhang	2025-2027	
Faculty of Engineering		
Lisa Salfi-Novena* (S.2025)	2025-2027	
Faculty of Human Kinetics		
Sarah Woodruff Atkinson	2024-2026	
Faculty of Law		
Gemma Smyth	2024-2026	
Faculty of Nursing		
Edward Cruz	2024-2026	
Faculty of Science		
Kenneth NG	2025-2027	
Nurlan Turdaliev* (S.2025)	2025-2027	
Faculty of Arts Humanities & Social Sciences (at least one from Social Science & one from Arts)		
Jeremy Worth	2025-2027	
Arts/Humanities Kyle Asquith *(S.2025) CHAIR	2024-2026	
TBD - Social Sciences	2025-2027	1) Johanna Frank has been asked.
Librarian Representative		
Dave Johnston	2025-2027	
Student Representation (1 year terms) Five students (including at least one graduate, one part-time undergraduate, two full-time undergraduates) TBA (UWSA), TBA (UWSA), (GSS), TBA (OPUS), TBA Additional		

*At least three members must be members of Senate: 5 of 3 satisfied

Academic Policy Committee		
Member	Term	Notations
Associate Vice President Academic (or designate) Erika Kustra	Ex-officio	
Vice-Provost, Teaching and Learning (or designate) Jessica Raffoul (designate)	Ex-officio	
Faculty of Business Administration		
Ehab Elsaid* (S.2025)	2025-2027	
Faculty of Education		
Juliet Bushi* (S.2025)	2024-2026	
Faculty of Graduate Studies		
Chitra Ragan	2024-2026	
Faculty of Engineering		
Jacqueline Stagner	2024-2026	
Faculty of Law		
Muharem Kianieff* (S. 2025)	2025-2027	
Faculty of Human Kinetics		
TBD	2025-2027	1) Cheri McGowan – has been asked
Faculty of Nursing		
Gina Pittman	2024-2026	
Faculty of Science		
Isabelle Barrette-NG* (S.2025) CHAIR	2024-2026	
Faculty of Arts, Humanities & Social Sciences (One from Social Science & one from Arts/Humanities)		
Geoff Callaghan - Arts/Humanities	2025-2027	
Social Sciences – Kristina Nikolova *(S.2025)	2024-2026	
Librarian Representative		
Adam Mulcaster	2025-2027	
Student Representation (1 year terms) Four students (including one graduate, one part-time undergraduate, two full-time undergraduates). TBA (UWSA), TBA (UWSA), TBA (GSS), TBA (OPUS)		

*At least three members must be members of Senate: 4 of 3 satisfied

Senate Student Caucus		
Member	Term	Notations
Associate Vice-President, Student Experience Shetina Jones	Ex-officio	
Director, Campus Services Shae Harasym	Ex-officio	
Faculty of Business Administration		
Peter Savoni* (S. 2025)	2024-2026	
Faculty of Education		
Michael MacDonald* (S. 2025) CHAIR	2025-2027	
Faculty of Engineering		
Lindsay Miller	2024-2026	
Faculty of Law		
TBD	2025-2027	1) Irina Ceric* (S.2025) – has been asked
Faculty of Human Kinetics		
Sean Horton	2025-2027	
Faculty of Nursing		
TBD	2025-2027	
Faculty of Science		
Tranum Kaur	2024-2026	
Faculty of Arts, Humanities & Social Sciences		
Catherine Heard *(S.2025)	2025-2027	
Librarian Representative		
Sarah Glassford	2024-2026	
Student Representation (1 Year Terms) Eleven Students (2 graduate students, 2 part-time undergraduate, 4 full-time undergraduate, 1 international, 1 residence student, 1 student at large) (1 student from this group would be elected co-chair) TBA (GSS), TBA (GSS), TBA (OPUS), TBA (OPUS), TBA (UWSA), TBA (UWSA), TBA (UWSA), TBA (UWSA), TBA (International), TBA (Residence), TBA (Student At-Large)		

*At least three members must be members of Senate: 3 of 3 satisfied

Senate Governance Committee		
Member	Term	Notations
President (Chair) Rob Gordon	Ex-officio	
Provost and Vice President, Academic (or designate) Cheryl Collier	Ex-officio	
Vice-President, People, Equity, and Inclusion Clinton Beckford	Ex-officio	
Faculty of Business Administration		
Dr. Josianne Marsan* (S.2025)	2025-2027	
Faculty of Education		
Ken Montgomery* (S.2025)	2024-2026	
Faculty of Engineering		
Bruce Minaker * (S. 2025)	2024-2026	
Faculty of Law		
Reem Bahdi* (S. 2025)	2024-2026	
Faculty of Human Kinetics		
Adrianna Duquette	2025-2027	
Faculty of Nursing		
Debbie Sheppard-Lemoine* (S. 2025)	2024-2026	
Faculty of Science		
Phil Dutton	2024-2026	
Faculty of Graduate Studies		
Patti Weir* (S. 2025)	2024-2026	
Faculty of Arts, Humanities & Social Sciences		
Dennis Jackson* (S.2025)	2024-2026	
Johanna Luft	2024-2026	
Representative – at- Large		
Nick Baker	2024-2026	
Librarian Representative		
Selinda Berg* (S. 2025)	2025-2027	
Student Representation (all vacant 1year terms) Five student Senate members (including at least one graduate, one part-time undergraduate, two full-time undergraduates). TBA (UWSA), TBA (UWSA), TBA (GSS), TBA (OPUS).		

*At least half must be members of Senate: 8 of 6 Satisfied

University of Windsor
Senate Governance Committee

5.3.2: **Discipline Appeal Committee, Procedures and Discrimination Committee, SGC Nominating Committee, SGC Special Appointments Committee, SGC Bylaw Review Committee**

Item for: **Approval**

Forwarded by: **SGC Nominating Committee**

MOTION: That the 2025-2026 Discipline Appeal Committee, Procedures and Discrimination Committee, SGC Special Appointments Committee, SGC Nominating Committee, and SGC Bylaw Review Committee memberships be approved.

Discipline Appeals Committee (2025-2026)
Chair: David Tanovich (2024-2026)
Faculty Member: Gina Pittman (2025- 2027)
2 Faculty Alternates
Dima Alhadidi (2025-2027)
Sarah Woodruff (2024-2026)
3 Student Representatives
TBA GSS (2025-2026)
TBA OPUS (2025-2026)
TBA UWSA (2025-2026)

Procedures and Discrimination Committee (2024-2025)
Chair: Anneke Smit (2024-2026)
Faculty Member: Patti Fritz (2024-2026)
Student Member: Husam Morra - UWSA (2025-2026)
2 Faculty Alternates
Rajesh Seth (2025-2027)
Zareen Amtul (2024-2026)
2 Student Alternates
TBA OPUS (2025-2026)
TBA GSS (2025-2026)

SGC Special Appointments Committee (2024-2025)

Core Membership

Shanthi Johnston, Co-Chair, Vice- President Research and Innovation
Cheryl Collier, Co- Chair, Provost and Vice-President Academic
Nihar Biswas, Senior Faculty Representative (Engineering)
Linda Rohr, Senior Faculty Representative (Human Kinetics)
Kenneth Drouillard, Senior Faculty Representative (Science)
Lionel Walsh, Senior Faculty Representative (FAHSS)
TBA, Student Representative
TBA, Alternate Student Representatives
TBA, Alternate Student Representatives
TBA, Equity Assessor (Non-voting)
In the case of Honorary Degrees 1 Board of Governor member is included
Irene Moore Davis, Board of Governor Representative (term continues, as appointed by Board)
In the case of University Professors two senior members of the teaching staff of other universities are included
Bernhard Schlegel (Science, Wayne State University)
Charmaine Dean (VP, Research and International, University of Waterloo)

SGC Nominating Committee (2024-2025)

Robert Gordon
Cheryl Collier
Isabelle Barrette-Ng
Tom Najem
Hussam Mora – Student
TBA – Student Alternate

SGC Bylaw Review Committee (2024-2025)

Phil Dutton (Chair)
Jessica Raffoul
Patti Fritz
Hussam Mora (Student Representative)
Renée Wintermute (University Secretariat)

Student names will be provided by the UWSA, OPUS, and GSS.

University of Windsor
Senate Governance Committee

*5.3.3: **Senate Membership (2025-2026)**

Item for: **Information**

Forwarded by: **University Secretariat**

SENATE MEMBERSHIP 2025-2026

Updated: May 7, 2025

Ex officio members

1. R. Gordon – President (Chair)
2. C. Collier – Acting Provost and Vice-President, Academic
3. S. Jones – Associate Vice-Provost, Student Experience
4. R. Darling – Registrar
5. S. Johnson – Vice-President Research and Innovation
6. C. Beckford – Vice-President People, Equity and Inclusion
7. B. Lee – Dean, Faculty of AHSS
8. C. Verani – Dean, Faculty of Science
9. A. Mahajan - Dean, Odette School of Business
10. K. Montgomery – Dean, Faculty of Education
11. B. Van Heyst – Dean, Faculty of Engineering
12. L. Rohr – Dean, Faculty of Human Kinetics
13. R. Bahdi – Dean, Faculty of Law
14. D. Sheppard – LeMoine – Dean, Faculty of Nursing
15. P. Weir – Dean, Faculty of Graduate Studies
16. S. Berg – University Librarian
17. J. Cappucci – President of Assumption University
18. J. Boyes-Garbin – Principal of Canterbury College
19. N. King – Principal of Iona College
20. H. Morra – President, University of Windsor Students Alliance (UWSA)
21. C. Baillargeon – President, Organization of Part-Time University Students (OPUS)
22. A. Bhullar – President, Graduate Students Society (GSS)
23. E. Kustra – Associate Vice-President, Academic
24. F. Baki – Academic Colleague to COU

Faculty of Arts, Humanities and Social Sciences

1. TBD [to Sept 2026]
2. D. Jackson [to Sept 2026]
3. P. Selmi [to Sept 2026]
4. C. Herd [to Sept 2027]
5. M. Johnston [to Sept 2027]
6. R. Nelson [to Sept 2027]
7. K. Nikolova [to Sept 2027]
8. K. Asquith [to Sept 2027]
9. N Habibov [to Sept 2027]
10. N. Hector [to Sept 2027]
11. TBD [to Sep.t 2027]
12. TBD [to Sept 2027]

Odette School of Business

1. K. Robson [to Sept 2026]
2. P. Savoni [to Sept 2026]
3. E. Elsaid [to Sept 2027]
4. X. Guo [to Sept 2027]

Faculty of Education

1. J. Bushi [to Sept 2026]
2. M. MacDonald [to Sept 2027]

Faculty of Engineering

1. B. Minaker [to Sept 2026]
2. Y. Kim [to Sept 2026]
3. D. Danelon [to Sept 2027]
4. A. Sakr [to Sept 2027]
5. L. Salfi-Novena [to Sept 2027]

Faculty of Human Kinetics]

1. A. Duquette [to Sept 2026]
2. F. Biondi [to Sept 2027]

Faculty of Law

1. I. Ceric [to Sept 2027]
2. M. Kianieff [to Sept 2027]

Faculty of Nursing

1. TBD [to Sept 2027]
2. TBD [to Sept 2027]

Faculty of Science

1. A. Swan [to Sept 2026]
2. D. Marquardt [to Sept 2026]
3. Z. Kobti [to Sept 2026]
4. C. Rangan [to Sept 2026]
5. I. Barrette-Ng [to Sept 2026]
6. N. Turdaliev [to Sept 2027]
7. A. Polat [to Sept 2027]
8. K. Granville [to Sept 2027]

Library Representatives

1. R. Luo [to Sept 2026]
2. Berenica Vejvoda [to Sept 2027]

Elected representatives-at-large (1 year terms)

1. R. Aleks to Sept 2026]
2. P. Jasra [to Sept 2026]
3. C. Mumme [to Sept 2026]
4. M. Potter [to Sept 2026]
5. J. Raffoul [to Sept 2026]
6. A. Skene [to Sept 2026]

Academic Professional [1 year term]

1. Cherie Gagnon [to Sept 2026]

Elected representative of the Faculty Association

1. TBD [to Sept 2026]

Elected representative of the Aboriginal Education Council

1. Jaimie Kechego [to Sept 2026]

Board of Governors Representatives

1. L. Milne [until Sept 2026]
2. J. Rooke [until Sept 2026]

Appointed by the Alumni Association

1. TBD [to Sept 2027]

Student Representatives (1 year term)

1. TBD (UWSA) [to April 2026]
2. TBD (UWSA) [to April 2026]
3. TBD (UWSA) [to April 2026]
4. TBD (UWSA) [to April 2026]
5. TBD (UWSA) [to April 2026]
6. TBD (UWSA) [to April 2026]
7. TBD (GSS) [to April 2026]
8. TBD (GSS) [to April 2026]
9. TBD (OPUS) [to April 2026]
10. TBD (OPUS) [to April 2026]
11. TBD (OPUS) [to April 2026]

University of Windsor
Senate Governance Committee

*5.3.4: **UCAPT Membership (2025-2026)**

Item for: **Information**

Forwarded by: **University Secretariat**

UCAPT Membership
2025-2026

Erika Kustra, Associate Vice-President, Academic (ex-officio) (CHAIR)

Patti Weir, Dean, Graduate Studies (ex-officio)

TBA, Elected Faculty Representative, Engineering (2025-2027)

Claudio Verani, Dean, Science (2025-2027)

Debbie Sheppard - Lemoine, Dean, Nursing (2025-2027)

Ken Montgomery, Dean, Education (2025-2027)

Cheryl Collier, Dean, FAHSS (2024-2026)

Linda Rohr, Dean, Human Kinetics (2024-2026)

Fazle Baki, Elected Faculty Representative, Business (2024-2026)

Sujith Xavier, Elected Faculty Representative, Law (2024-2026)

Brent Lee, Dean, FAHSS (2024-2026)

TBA, Student Representation, OPUS (2025-2026)

TBA, Student Representation**,** GSS (2025-2026)

TBA, Student Representation, UWSA (2025-2026)

University of Windsor
Senate Governance Committee

5.4: **Revisions to Bylaws 10, 20, 32**

Item for: **Approval**

Forwarded by: **Bylaw Review Committee**

MOTION 1: That the proposed revisions to Bylaw 20 be approved.

Proposed Revisions
[revisions are in bold and strikethrough]

Bylaw 20:

1.4.2 Emeritus/Emerita Professor, Librarian IV, Associate Professor, or Librarian III: A professor, associate professor, librarian IV, or librarian III emerita/emeritus is a faculty member or librarian who has retired or ceased employment at the University, at the rank of professor, associate professor, librarian IV, or librarian III, with a minimum of 10 years of continuous service at the University of Windsor. The granting of the award is automatic, subject to the candidate accepting the honour. If accepted, the President will present the name(s) to the Senate and the Board of Governors for information.

Professors, associate professors, librarian IVs and librarian IIIs who do not meet the minimum required years of continuous service, but have demonstrated excellence in teaching, research/scholarship/creative activity or librarianship activity, and commitment and service to the University can apply or be nominated for this award, in which case the Special Appointments Committee will adjudicate completed applications/nominations. (see 2.4)

An emeritus/ta professor or associate professor may also be appointed as graduate faculty**, consistent with the Senate Policy on Graduate Faculty Designation.** ~~and serve in any capacity on a graduate student's research committee.~~

Rationale:

- Concurrently with this change, APC is reviewing changes to the policy on Graduate Faculty Designation which would clarify the role of professors' emeriti in supervision of graduate students. To ensure consistency, the bylaw is being revised to refer to the policy which provides more granularity regarding graduate faculty designation.

MOTION 2: That the Bylaw 32 be renamed "Procedural Irregularities Regarding Academic Instruction, Academic Evaluation, or Academic Grade Appeals" and that reference to allegations of discrimination, bias, sexual or other forms of harassment be removed.

Rationale:

- Currently Bylaw 32 addresses allegations of discrimination, bias, sexual or other forms of harassment, and/or irregular procedures regarding academic instruction, academic evaluation or academic grade appeals.

- Allegations of discrimination, bias, sexual or other forms of harassment should be investigated and adjudicated by experts. Faculty and student members of the Procedures and Discrimination Committee are well-equipped to address allegations of procedural irregularities but do not have the experience or expertise to address allegations of discrimination, bias, sexual or other forms of harassment, even though the scope is narrowed to matters relating to academic instruction, academic evaluation, and academic grade appeals.
- In reality, very few allegations of discrimination, bias, sexual or other forms of harassment regarding academic instruction, academic evaluation or academic grade appeals are filed with the Bylaw 32 Committee. (six in the last ten years) Students correctly file these matters with the Office of Human Rights, Conflict Resolution, and Mediation or the appropriate Dean's Office per the collective agreement.
- The Office of Human Rights, Conflict Resolution, and Mediation was consulted and agreed that such matters are best filed with their office.

MOTION 3: That the proposed revisions to Bylaw 10 be approved.

Proposed Revisions
[revisions are in bold and strikethrough]

Bylaw 10:

Recommendation

[…]

2.3.8.1 In the case of the Faculty of Human Kinetics, the Athletics Director, Associate Director(s), ancillary academic staff coaching members, and team leaders **in the Division of Athletics and Recreational Services, as well as the full-time permanent staff in the Office of the Dean of Human Kinetics and the Department of Kinesiology** shall be included as participating and voting members on the Faculty Council during the consideration of the Search Committee's recommendation. **In the case of the Faculty of Graduate Studies, all full-time permanent staff in the Faculty of Graduate Studies shall be included as participating and voting members on the Faculty of Graduate Studies Council during the consideration of the Search Committee's recommendation. In the case of all other Faculties, all full-time permanent staff in the Faculty shall be included as participating and voting members on the Faculty Assembly or, in the case of a Faculty that has no departments, the Faculty Council during the consideration of the Search Committee's recommendation.**

Rationale:
- While the position of Dean is a primarily an academic appointment, deans are also administrative leaders with operational decision-making powers.
- A review of faculty:staff ratio shows that in all but Engineering, Education, and Law the ratio exceeds the number of full-time permanent staff. In no cases would there be a voting majority of staff for the academic appointment.
- In light of these numbers, the Bylaw Review Committee supports OSB's initial argument for all full-time staff to vote on decanal appointments and renewal.

The following table shows the faculty-staff numbers and what it would mean to have a 3:1 ratio:
[numbers are best estimates and include planned positions once all bumping/restructuring/hiring is complete]

	Regular Faculty	Full-time Staff	Staff numbers to vote on Dean (3:1 ratio)
Science	132	32	44
Engineering	88	33	29
Arts, Humanities, Social Sciences	187	23	62
Human Kinetics	26 +10 AAS Coaches/Director/AD	5	12

	Regular Faculty	Full-time Staff	Staff numbers to vote on Dean (3:1 ratio)
Education	24	13	8
Law	36	21	12
Nursing	29	9	10
Business	62	17	21
Graduate Studies	Council = 27-29	7	9-10

Background:

Excerpt from March 2024 SGC minutes

5.3 Discussion of Staff Voting on Decanal Appointments

(See document SGC240327-5.3 for more details)

NOTED:

- In response to the Odette School of Business Faculty Council request that full-time OSB staff be permitted to vote on the recommended decanal candidate at Council, members noted that this raises a number issues:
  - Although Deans oversee operational matters, they are primarily academic appointments.
  - Such a change cannot be made for one Faculty and not others. Providing an exception for OSB staff to vote on decanal appointments would be inequitable, as members within the same unions would not have the same provision across all Faculties. Extending it to all Faculties would not be appropriate as the faculty:staff ratio varies across Faculties. In some areas, this could provide a voting majority to staff members for what is an academic appointment.
  - While faculty members remain in their appointed AAU/Faculty for most, if not all, their careers, staff changes and turnover are frequent which would raise issues of fairness in the voting process.
  - Such a change would set a precedent and could have a domino effect, with requests to vote on Associate Dean appointments, Head appointments, etc.
- With regard to the exception provided for HK, this is due to its unique structure whereby the Dean is the head of the academic department of Kinesiology and the non-academic division of Athletics and Recreational Services. Further, the provision for staff voting rights for HK is not extended to all staff, but rather to AAS coaches, team leads, and to their managers.
- There are other ways to provide staff with opportunities to participate in the decanal appointment process, including by providing feedback on public presentations, and encouraged areas to provide staff with the flexibility to attend such public presentation sessions.

AGREED:

- Appreciating the sentiment behind the request, it was agreed that Bylaw 10 be revised to require staff membership on the **Decanal Search Committees** (rather than leaving it to the Search Committee to decide), noting that this provides a greater voice to staff as the ratio of faculty:staff on a Search Committee is smaller. – This was approved by Senate on May 10, 2024

Response from OSB to SGC's March 2024 discussion:

- The main concerns related to the possible number of staff votes. Accordingly, we recommend that staff across the University be granted the same representation as students, specifically to vote on the appointment of a dean. We understand that the ratio of students to faculty representation at faculty council is 3 to 1, and we recommend that staff be permitted to attend and vote at any faculty council where a vote for dean is conducted. Only full time, non-probationary staff would be included, and staff representatives would be voted on prior to the council meeting. This should also address the concern about smaller areas as it's 1 staff vote for every 3 faculty, like what is currently done with students.

- We believe this increases equity and inclusion at the University of Windsor where students are given a vote at council meetings, but staff are not. Our recommendation for the staff vote is only for council meetings that are

considering the appointment of a dean, given the significant impact this vote could have on their lives and careers.

- Please note our recommendation is only for the appointment of deans as we did not receive support from our faculty to grant staff voting rights for the appointment of Associate Deans, nor do we intend to conduct such a vote. Therefore, we don't believe this will have a "domino effect" on the appointment of Associate Deans or Heads as that would require another vote, and within Odette at least, we do not have support for such a change.

University of Windsor
Senate Governance Committee

5.5: **Senate Information Sessions (2025-2026)**

Item for: **Information**

Select Senate Information Sessions topics for 2025-2026.

Current list of possible Strategic Items for Senate discussion

1) Work Integrated Learning
2) Individual Faculty plans and strategies
3) Entrepreneurship
4) Knowledge mobilization
5) Future of Education (open discussion on differing approaches to teaching, learning, and evaluations; the purpose of education; and what student success means)
6) Domestic Recruitment
7) International Recruitment
8) Student Retention
9) Curriculum Development

2024-2025

Topic	Date / Time / MS Teams Link	SIS Attendees	Views Post-SIS
Academic and Research Strategic Plan	November 1, 2024, 2:00pm	30	15
Generative AI	February 7, 2025, 2:00pm	31	19
University and College Partnerships	May 23, 2025, 2:00pm	TBD	TBD

2025-2026

Topic	Date / Time / MS Teams Link
	October 4, 2025, 2:00pm
	December 6, 2025, 2:00pm
	March 6, 2026, 2:00pm
	May 22, 2026, 2:00pm

University of Windsor
Senate Governance Committee

5.6: **Restructuring – International Recruitment, Domestic Recruitment and Student Retention**

Item for: **Approval**

Forwarded by: **Provost**

MOTION: That the proposed revisions be made to Bylaw 19 for a trial period of two years.

Proposed Revisions
[revisions are in bold and strikethrough]

All references to Associate Vice-President, Enrolment Management will be changed to Associate Vice-President, ***Global Engagement***

2.1 Qualifications

The Associate Vice-President, ~~Enrolment Management~~ **Global Engagement**, reporting to the Provost, oversees the University's **international** student recruitment, retention, and ~~enrolment management~~ **global engagement** strategies, and shall possess the appropriate qualifications.

SCHEDULE A

Duties and Responsibilities

Subject to determination by the Board and in consultation with the President and the Provost and Vice-President, Academic, the Associate Vice-President, ~~Enrolment Management~~ **Global Engagement** shall:

- Be responsible to the Provost and Vice-President, Academic;
- Provide strategic vision and tactical oversight to develop and implement a strategic **global engagement** ~~enrolment management~~ plan that achieves the university mission, vision, goals and objectives, leading **international** enrolment with optimism and energy to reach targeted outcomes, increasing student recruitment, enrolment, and graduation rates.
- In consultation with Deans and the Provost, make data-informed enrolment projections and strategic recruitment decisions by routinely analyzing data to shape strategic directions, clearly identifying, and defining historical University enrolment patterns while forecasting trends in new **international** student markets. Regularly reassess effectiveness of recruitment activities and scholarship programs based on data and make appropriate adjustments to continuously refine goals and strategies to reflect a proactive response to **international** market forces and the University's needs.
- In collaboration with other units and the Provost to ensure transparency and consistency of data, support Faculty decision making through the proactive, responsive, systematic provision of data sets that enable faculty-level strategic leadership and decision making,
- Inform the continued development and implementation of the University's comprehensive **international** recruitment program, including market segmentation, promotional strategies, and recruitment tactics to meet the University's **international** enrolment goals. Provide leadership in collaboration with the Department of Public Affairs & Communications to coordinate marketing and assess effectiveness.

- In collaboration with Student Awards & Financial Aid, leverage financial aid and scholarship funds to meet **international** recruitment and retention goals.
- In collaboration with academic leadership, support Faculty-determined **international** recruitment and enrolment strategies and activities.
- In collaboration with academic leadership, develop and implement systemic and respectful strategies to enhance access and engagement of **international** students from equity-deserving groups with University of Windsor programs. In collaboration with the VP, PEI, support the establishment of data collection processes to track progress in this area.
- Understand technological innovations and lead the process of harnessing emerging technologies and leveraging technology investments to refine operational procedures, policies, and standards.
- ~~Foster student-focused partnerships with key enrolment partners including the K-12, and community colleges in key markets.~~
- Formulate and manage the portfolio's annual budget, as well as short and long-term financial obligations.
- ~~Chair the Strategic Enrolment Management Committee~~

Rationale:

- International recruitment has been identified as the University's top ERM risk. The current portfolio is broad and divides the focus between international and domestic recruitment and retention.
- Domestic student recruitment and retention strategies differ from international strategies and require dedicated attention.
- An advisory committee to the Provost is being struck to review possible structures and determine the best processes for student recruitment and retention (both international and domestic). It is expected that this work will take two years. In the interim, a position filled by a faculty member will be created to oversee domestic student recruitment and retention exclusively, while the AVP Global Engagement will focus on international to ensure the University is reporting back on strategies and successes in achieving goals and metrics on this ERM top risk.
- The Advisory Committee's report and recommendations will be submitted to Senate, following review by the Provost and the Senate Governance Committee.