

ACADEMIC POLICY REVIEW COMMITTEE

FALL 2016 REPORT

January, 2017

The Academic Policy Review Committee (APRC), an ad hoc committee of the Academic Governance and Policy Committee, has as its mandate the review of five policies: *Policy 134: Undergraduate Academic Consideration and Appeals*; *Policy 135: Examination*; *Policy 145: Undergraduate Course Management*; *Policy 151: Course Management-Yeates School of Graduate Studies*; and *Policy 152: Graduate Student Academic Appeals*. The APRC's work continues the work done by those responsible for the 2013 Draft Policy Review Report.

During the Fall 2016 term, the Committee met five times. It was decided to begin with the policy and procedures for requesting academic consideration for missed work based on medical/compassionate grounds, including Ryerson's current medical certificate. Schools and Departments were invited to submit data on the number of medical notes submitted per term by students in their program, while stakeholder consultations took place through the following avenues:

- student focus groups conducted by the RSU and CESAR
- town halls for students (two), faculty (two) and staff (one)
- surveys and focus groups with faculty, students, and staff in each Faculty, conducted by APRC members who are Associate Deans
- consultation with the G. Raymond Chang School of Continuing Education
- consultations with Ryerson resource individuals (see Appendix 1 for list)
- feedback provided to the APRC's dedicated email address policyreview@ryerson.ca
- a survey of academic consideration policies at other Canadian universities, through online research and phone conversations with university representatives

Summary of Work and Findings

1. Academic Consideration on Medical Grounds: Ryerson's Medical Certificate

The 2013 Draft Policy Review Report recommended that "The existing medical certificate should be reviewed in terms of timing, content, and who makes decisions." Feedback from current community consultations confirmed the need to look at a wide range of issues regarding the policy and procedures for requesting academic consideration on medical grounds.

1.1 Problems with the Certificate's Format

The APRC's consultations highlighted a range of perceived problems with Ryerson's current medical certificate. These problems are related to the certificate's excessive length and detail, its lack of clarity in what is being requested of health care professionals (HCPs), the absence of information to students about the penalties associated with falsifying information, and a format that does not offer sufficient guidance concerning potential breaches of student privacy.

In terms of certificate length and degree of detail, feedback indicates that the form should be sufficiently clear and concise for an HCP to complete it in less than a minute. This is not the case

currently. Because of the level of detail required, an HCP may also miss completing information on the form, which could result in the program department asking the student to return to the clinic for more information. This increases the cost to the student.

Despite the certificate's length, there are clear gaps in what is currently being asked for, making it difficult for Ryerson decision makers, either in program departments or in the Registrar's Office, to decide whether academic consideration is warranted. The form does not specify who qualifies as a 'regulated health professional', and it does not ask for a clarification of the status of the current condition as acute versus chronic. Nor does it ask the HCP to rate the degree to which the condition impairs the student's ability to perform his/her academic obligations. Additionally, it does not require the HCP to base his/her assessment on objective evidence of illness. In response to the question, "If you are seeing the student after the date of the missed obligation, what evidence do you have that the student was too ill to meet his/her obligation?", HCPs often write 'patient history' or 'patient self-report', which is not necessarily all that useful for Ryerson decision-makers receiving the form.

Finally, the certificate does not include an explicit warning to the student about the consequences of falsifying information. In addition, allowing the HCP to provide a diagnosis and other information with the student's permission does not sufficiently guard against the sharing of personal health information. Ryerson's Privacy Commissioner recommends that collection of personal health information be avoided given the potential for breaches of the Personal Health Information Protection Act.

1.2 A Perception of Possible Abuse

Associated with these shortcomings is a widespread perception among faculty, staff and students that there is significant abuse of the current medical note system, with some students who are not sick obtaining medical notes to obtain an academic advantage or to manage their workload/exam schedule.

To examine this, the APRC invited program departments to provide us with the total number of medical notes processed during an academic term. We received responses from programs in all Faculties for the Fall 2014 term. The lowest rates of note submission relative to the total number of students enrolled are in FCAD and FCS, with percentages of less than 5%. The highest rate is in TRSM, with 17%. In an average term, most Ryerson programs process fewer than 50 medical notes. However, about 10 process 50 to 100 and a few process over 300.

One program department that processes approximately 200 medical notes per term provided the APRC with a detailed analysis and report on their medical note data for the 2015-2016 academic year. Their results found that 40 students, or 6% of their entire cohort, submitted at least four medical notes each during the period studied and were responsible for 50% of all medical notes submitted. The most notes submitted by an individual student was 17. Further analysis found that more difficult courses with typically high failure rates have higher absence rates than easier courses with low failure rates. When two difficult courses have their exams close together, the absence rate in both exams is typically higher than usual. There was also a strong correlation between frequent medical note submission and poor academic performance, suggesting that

intervention is warranted in these cases. The report concluded that “there is clear evidence that some students take advantage of the medical note system to obtain academic advantage.”

1.3 Other Canadian Universities: Findings

Most Canadian universities require students to submit a medical certificate to document medical/health reasons for academic consideration. The forms differ in terms of how much and what information the HCP is asked to document. For example, some universities’ medical certificates (e.g., U of Windsor and Carleton) simply ask the health care provider to confirm that the student’s condition is sufficiently serious to prevent them from attending school or completing academic work. The type of note used at a larger number of Ontario universities (e.g., U of T, York, McMaster, Waterloo, and Western) requires the HCP to select one of five categories (negligible to severe) that best describes how the student’s academic functioning is incapacitated by their current illness, injury, or treatment.

There are additional ways in which the medical certificates at other universities differ from Ryerson’s medical certificate.

- The HCP may be asked to confirm that they saw the student when they were sick/injured and to verify the illness/injury was severe enough to prevent attending school or completing academic requirements. Or the HCP may have the option to select that they cannot confirm the student’s illness (e.g., Carleton) and that their assessment was based on the patient’s report (“patient has completely recovered at this time.”)
- The medical certificate may include a statement that the HCP’s assessment is based on their physical examination and applicable documented history at the time of the illness/injury, not after the fact.
- Different forms may be used for compassionate versus medical grounds for missed evaluation.
- The medical certificate may include a statement about academic integrity and the consequences to the student of not being truthful or of falsifying information.
- The medical certificate may specify who is authorized to complete the form. (For example, the U of T’s medical form must be completed only by a physician, surgeon, nurse practitioner, registered psychologist or dentist.)

1.4 Ryerson’s Medical Certificate: Proposed Revision

Based on feedback from the consultations, the APRC has drafted a revised Ryerson Health Certificate, which is attached (Appendix 2). The form is interactive and accessible as per AODA requirements. The form has also been reviewed and approved by Ryerson’s legal team.

2. Academic Consideration on Medical Grounds: Policy Issues

2.1 Documentation for Medical Grounds

Numerous concerns were raised during the consultation process about the policy of requiring a medical certificate to document medical grounds for academic consideration. These include the following.

First, the current policy allows students to submit the medical certificate three days after the missed evaluation. By the time students make their medical visit they often show no signs of

illness and HCPs base their assessment on students' self-report of illness. In this respect, the current system is like a self-declaration system. More generally doctors aren't always able to 'verify' certain illnesses. Many illnesses have few or no objective signs, and thus many medical certificates have no real value as the doctor can only repeat what the patient says.

There are issues of equity as well. The current system privileges students who can pay for a medical note since HCPs normally charge patients between \$25 to \$30 to complete a medical certificate. The current system also privileges those with ready access to HCPs. Some students, especially international students, may not have a family physician. Moreover, students without ready access to an HCP can't always get an appointment when they are sick – even at Ryerson's Medical Centre.

Medical certificates result in a range of resource burdens. They are an administrative encumbrance for schools and departments as well as first-year offices that must process the notes. In addition, medical associations in some provinces (e.g. Ontario, Alberta, Nova Scotia and Newfoundland and Labrador) have criticized employers' and universities' requirement of 'sick notes'. They claim that the practice clogs medical offices with people who aren't sick or who are sick but don't need treatment and suggest that it represents a wasteful use of resources in the medical system. There are health-related concerns expressed by these medical associations as well. By being required to visit a physician's office when they are sick but don't require treatment, students expose vulnerable populations (the elderly and young) to illnesses.

2.1.1 Self-Declaration of Medical Illness

Experience at Other Universities

Given the various arguments cited above, some Canadian universities (i.e., Queen's, U of Alberta, U of Saskatchewan, Memorial, UBC, and McMaster) allow students, under certain conditions, to self-declare illness rather than obtain a medical certificate. Examples of these policies include the following:

- Queen's has had a 'no note' policy for many years. Students can submit a verification of illness (VOI) form to their instructors to request academic consideration. The self-declaration form is only for short-term minor illnesses. Medical conditions that last for more than three days require documentation. For final exams a medical certificate is required.
- Since 2010, the University of Alberta's policy has explicitly stated that a medical note cannot be required, under any circumstance, for students requesting academic consideration. Students can submit a statutory declaration form to their Faculty office or to the Registrar's Office. Students are required to swear that their statements are true, and they are made aware of the consequences of falsifying information.
- Memorial University adopted a self-declaration policy in 2014 after the Newfoundland and Labrador Medical Association issued guidelines to physicians to not write medical notes for illnesses shorter than five days. The University later revised their policy, in consultation with the NLMA, to require medical documentation for students seeking academic consideration to defer a final examination.
- The University of British Columbia began using a "self-declaration of illness or injury form" on a trial basis about four or five years ago to alleviate problems that are associated

with “sick notes” and in recognition of the fact that, in many situations, students do not require the care of a health or counselling professional. Revisions have been made to the form over the years, and a revised version will come out in the spring of 2017. Students solemnly swear that their absence from class was a direct result of their inability to attend due to personal illness or injury. The form is posted on the University’s Health and Wellness website, and students are asked to use it.

The experience at universities that have instituted self-declaration policies provides some interesting lessons:

- A “no-note” policy was proposed at Carleton University, but not everyone was comfortable moving forward. Stakeholders wanted to find out more about what other universities were doing. The Director of Health Services was tasked with conducting an environmental scan and prepared a report for Senate. Self-declarations will be brought to Senate this year. As an initial step, the no-note policy will apply for mid-terms and classwork, but not for final exams. The Director of Health Services advises that significant education is needed to successfully implement self-declarations.
- When self-declarations were implemented at Queen’s University, there was concern about potential abuse, but this was not borne out by actual experience. No major differences were noted in the number of requests for academic consideration after self-declarations were implemented. The University’s Health Services has a letter that students can give to faculty, reminding them of Queen’s “no-note” policy and asking them to not request medical notes from students regarding minor short-term illness. The letter states: “Most short-term minor illnesses are self-limiting and often there is no need to seek medical help. Requiring notes becomes the motivation for seeking medical care that may otherwise be unnecessary. It is hoped that students will be considered fairly and given the benefit of the doubt when reasonable.”
- The University of British Columbia has found that some faculties have been slow to use the self-declaration form, but the University’s Health and Wellness unit has been “equally persistent in encouraging students to talk with their instructors, unit heads, and associate deans.” They have found that the form works well with minor colds and the flu but does not work for final exams or for lab exams. They have found that some students overuse the form, but faculty may choose to decline the form, if they feel it is appropriate. The Director of Health and Wellness noted that some faculty still require students to obtain a medical note for any absence due to illness or injury. The Health and Wellness unit has an ongoing campaign to ask instructors to use the form, and they have made “some very gradual headway.”
- The use of sworn self-declaration for the purposes of exam deferral was initiated at the University of Alberta by personnel associated with the University Health Centre. Despite the implementation of the ‘no medical note policy’, use of medical notes has continued to increase. Students seem not to know about the existence of the self-declaration option and many students continue to be sent by their professors to get a medical note because the professors are unaware that a self-declaration is acceptable. Often these medical notes are requested by professors after the students have recovered. It is speculated that the underlying reasons for the increase despite the new policy may be due to the way the policy is written and understood and the lack of education among professors and students about the statutory declaration form as well as what kind of information is needed. The

recommendations by University of Alberta stakeholders for any other university contemplating self-declaration for exam deferral is that the policy be clearly written and that there be a comprehensive education campaign directed at faculty, staff and students.

Overall, this collective experience leads to two main conclusions. First, the transition to self-declarations has not led to reported increases in the number of self-declarations versus medical notes. Second, the experience at Carleton, Queen's University, and the University of Alberta suggests the importance of ensuring adequate preparation and education of stakeholders before any such system is instituted.

Ryerson Feedback on Self-Declarations

The APRC made a point of asking Ryerson stakeholders about the self-declaration option during its consultations. It is useful to quickly summarize the feedback we received both from students and from faculty members.

Most students who were interviewed supported self-declarations, although opinions varied widely in terms of how many self-declarations they thought should be allowed per term. (The number ranged from one to no limit, with the typical response being one to two self-declarations per semester.) Students also wondered whether there would be a limit on the number of self-declarations based on the reasons (e.g., medical; compassionate, etc.), and some thought self-declarations should not be used for final exams. A minority of students we consulted did not support self-declarations. In one Faculty, students who were interviewed were highly negative in their view of self-declarations, describing the idea as potentially damaging to their Faculty's reputation. Some students voiced a belief that self-declarations would lead to more abuse by some students.

Most faculty members who were part of the consultation process did not support adopting self-declarations. Opinions were often quite strong, with some arguing that it would lead to abuse by students. A minority thought self-declarations were a good idea or were at least not much different than our current system. If self-declarations were adopted, the majority who voiced an opinion said that only one per term should be allowed.

Self-Declarations: A Path Forward for Ryerson?

Where does this leave self-declarations as a policy option for Ryerson? The APRC supports the use of self-declarations, under certain conditions. However, based on findings of what has occurred at other universities who have gone this route, as well as the feedback we received, it is the APRC's view that any future move in this direction at Ryerson would need to be based on an extensive process of consultation and education directed exclusively at such a policy change. Further program-based quantitative analysis of the sort cited previously in this document may also shed further light on the issues involved in any such future move.

3. Outstanding Issues

There are other outstanding issues related to academic consideration which the Committee will continue dealing with in the months ahead. A sub-committee of the APRC has been working on defining other grounds for academic consideration (e.g., bereavement, personal distress or emergency; etc.) and identifying the documentation required for each. Also, stakeholder consultations reveal the need for clear and consistent procedures for processing requests for academic consideration. The APRC will be working on these topics in the Winter 2017 term.

APPENDIX 1 – Resource Individuals

Name	Title
Charmaine Hack	University Registrar
Rona Abramovitch	Senior Advisor, Community Engagement
Nora Farrell	Ombudsperson
John Paul Foxe	Director, Academic Integrity
Marc Emond	Acting Assistant Director, Academic Accommodations & Learning
Allan MacDonald	Director, Student Health & Wellness
Heather Driscoll	Director, Compliance and Policy Management and Privacy Officer
Miljana Horvat	Associate Dean, Graduate Studies, FEAS
Natalie Roach	Mental Health Coordinator, HR
Christina Halliday	Director, Student Learning Support Services
Denise O’Neil Green	Vice-Provost, EDI
Sarah Thompson	Clinical Coordinator, Centre for Student Development & Counselling
Robyn Parr	Assistant Registrar, Student Financial Services
Heather Lane-Vetere	Vice-Provost, Students

APPENDIX 2 – Ryerson University’s Updated Student Health Certificate



STUDENT HEALTH CERTIFICATE

[The completed form must be submitted to the student’s Program Department, or to the Chang School for Continuing Education students.]

A. TO BE COMPLETED BY THE STUDENT

STUDENT #: _____

I, _____, hereby authorize this regulated health professional to provide the following information to Ryerson University and, if required, to verify the information relating to my request for academic consideration. I understand that misrepresentation of facts may constitute academic misconduct and will be subject to the processes, penalties and consequences, as outlined in Ryerson’s Policy 60: Academic Integrity. I understand that completion of this form does not guarantee that academic consideration will be granted. I understand that the University may require additional information from me or the regulated health professional to decide whether to grant academic consideration.

Signature of Student

Date (dd/mm/yyyy)

B. TO BE COMPLETED BY THE APPROPRIATE REGULATED HEALTH PROFESSIONAL

The University’s health certificate is required as supporting documentation for academic consideration, such as deferral requests or appeals. You may be contacted by the University to verify the information you provide, but no additional information will be requested without the permission of the student. Please indicate below the effect of the illness, injury and/or treatment on the student’s ability to learn, communicate, concentrate and participate in academic activities, as well as their decision making capacity.

The student has completely recovered at this time. Yes No The condition is chronic/ongoing. Yes No

Initial the most relevant category	Degree of Incapacitation on Academic Functioning
Serious	Significantly impaired in decision making capacity and/or ability to fulfill academic obligations (e.g., unable to complete an assignment, unable to write a test/examination, unable to attend classes).
Moderate	May be able to fulfill some academic obligations, but performance and/or decision making capacity is considerably affected e.g. unable to attend some classes, decreased concentration, assignments may be late.
Mild	Unlikely to have a significant effect on ability to fulfill academic obligations or on decision making capacity.

Date of onset of current condition (dd/mm/yyyy): _____

Date on which academic functioning is no longer impaired (dd/mm/yyyy): _____

Additional relevant information regarding the impact on the student’s academic functioning and decision making capacity.

DO NOT disclose the diagnosis, or nature of the condition and/or treatment.

I certify that this assessment falls within my legislated scope of practice.

Business stamp, with address and telephone

Name of Regulated Health Professional
(Please print)

Date (dd/mm/yyyy)

Signature of Health Professional

Licensing Body and Registration Number

Note: Protection of Privacy: In accordance with Section 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), the information on this form is collected under the authority of the Ryerson University Act, 1977 and is needed to process your request for academic consideration. All personal information that is collected will be used, stored, and destroyed in accordance with Ryerson’s Information Protection and Access Policy (see <http://www.ryerson.ca/about/vpadministration/assets/pdf/InformationProtectionAccessPolicy.pdf>). If you have questions about the collection, use and disclosure of this information by Ryerson please contact the Secretary of Senate, 350 Victoria St, Suite JOR-1227, Toronto ON M5B 2K3, 416-979-5011, lstewart@ryerson.ca.