



*Ontario College Quality Assurance Service*

*Service de l'assurance de la qualité des  
collèges de l'Ontario*

# **PROGRAM QUALITY ASSURANCE PROCESS AUDIT**

## **Orientation Manual**

### **Quality Assurance and Improvement in Ontario's Colleges**

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## **INTRODUCTION TO REVISED ORIENTATION MANUAL**

The Program Quality Assurance Process Audit (PQAPA) model was developed through a joint government – college sector working group known as the CCVPA/MTCU Working Group<sup>1</sup> between 2003 and 2005, and approved by the Committee of Presidents for full implementation in January 2007. Prior to the approval for full implementation of the Program Quality Assurance Process Audit (PQAPA) with all 24 of Ontario’s public colleges, a pilot project was conducted in five of the colleges of applied arts and technology. In order to assist with this pilot project and to document the overall process, a version of this Orientation Manual was developed to:

- provide all public colleges with an introduction to the PQAPA process;
- provide those colleges who were part of the pilot project with some guidance and direction as they prepared for the audit process; and,
- provide direction and guidance to the members of the Audit Panels as they undertook the audits in the five colleges.

We wish to thank and acknowledge the five colleges and their Presidents who volunteered to take part in the pilot project. These colleges were diverse with respect to size, region, and self-reported ‘readiness’ in terms of their quality assurance and improvement processes. The five colleges involved in the pilot project were:

- Algonquin College in Ottawa (President - Robert Gillett)
- Confederation College in Thunder Bay (President - Patricia Lang)
- George Brown College in Toronto (President - Anne Sado)
- St. Clair College in Windsor (President - Dr. John Strasser)
- Seneca College in Toronto (President - Dr. Rick Miner)

The Pilot successfully ran according to plan between May 2006 and September 2006 and in the fall 2006 was evaluated by Dr. William Massy, an internationally-recognized researcher and expert in quality assurance and improvement in higher education. Dr. Massy was asked to evaluate the PQAPA model, its implementation through the pilot project, to consider alternative models for review that may be more effective, and to advise on any weaknesses related to the independence of the process. Dr. Massy confirmed that the PQAPA reflects global best practices and is well suited to the needs of the Ontario college system at this time.

Following this evaluation some changes to the implementation of the model were agreed to by the Management Board and these changes are reflected in this version of the Orientation Manual. As we are committed to an annual review, documentation and implementation practices used in the PQAPA will continue to be refined and up-dated to reflect our commitment to continuous improvement.

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<sup>1</sup> CCVPA /MTCU Working Group on Charter Program Policy Issues had membership from the Coordinating Committee of Vice-Presidents, Academic (CCVPA) and the Colleges Branch of the Ministry of Training, Colleges and Universities (MTCU). This group was co-chaired by the Director of the Colleges Branch and a Vice-President, Academic.

## INTRODUCTION TO THE PROGRAM QUALITY ASSURANCE PROCESS AUDIT FOR ONTARIO'S COLLEGES

One of the prerequisites for granting greater autonomy to the colleges of applied arts and technology in Ontario to govern their own programs is the implementation of a process to assure program quality. Documentation from the government (the Ministry of Training, Colleges and Universities) in 2002 outlined two elements of this expectation:

- quality assurance at the individual college level; and,
- a self-regulating process at the system level.

In the early stages of the development of an approach to self-regulation, a distinction was made between the terms *Quality Assessment* (**the mechanism or procedures used to determine the extent to which quality exists**) and *Quality Assurance* (**the mechanism or procedures used to assure or measure the level or existence of quality**). A decision was made to focus on the latter, *Quality Assurance*, and the implementation of a mechanism that assures and measures the existence of quality in the college system. This is an important distinction that is consistent with the expanded roles of college Boards of Governors and the literature that stresses broad participation in, and ownership of, quality assurance processes.

A set of *Guiding Principles* was developed and approved by the Committee of Presidents in 2003. These principles were developed as a guide to which any acceptable program quality assurance process would conform. It was agreed that a program quality assurance mechanism for Ontario's colleges of applied arts and technology should be consistent with the current set of *Guiding Principles* as approved by the Management Board in September 2005. These guiding principles ensured that any quality assurance and improvement model developed for Ontario's colleges must:

- a. be consistent with international best practices;
- b. be effective, efficient, and cyclical;
- c. give appropriate notice to colleges prior to review;
- d. be described and operate as an audit to provide a review of each college's educational quality assurance processes and policies to ensure that minimum standards are met;
- e. use an external, competent, mutually-agreeable, objective peer review panel;
- f. follow a mandatory and clear process that identifies strengths and weaknesses, recommends improvements, and facilitates positive change;
- g. distribute the preliminary report to the college for their response and include the college response in the final report;
- h. provide for categories of approval;
- i. provide a method and system for appeals against its decisions and reports;
- j. provide for consistency of panel decisions; and,
- k. be sustainable and affordable for the system as a whole and for the individual colleges in the system.

The *Ontario College Quality Assurance Service*, an arms-length, independent body ensures that programs leading to an Ontario College credential conform to the Ministry-approved Credentials Framework<sup>2</sup>. Additionally, this service coordinates regular, external, and independent audits assessing the effectiveness of the colleges' quality assurance processes. These two functions are undertaken by separate operations – the Credentials Validation Service (CVS)<sup>3</sup> and the Program Quality Assurance Process Audit<sup>4</sup> (PQAPA).

### **PROGRAM QUALITY ASSURANCE PROCESS AUDIT (PQAPA)**

The PQAPA is a process that involves the regular and cyclical review of each college's program quality assurance processes. Its purpose is developmental and its intent is to ensure continual improvement. Each external evaluation of a college's processes culminates in a report documenting the degree to which their processes conform to the criteria defining exemplary quality assurance processes, and in recommendations aimed at improvement and enhanced consistency with the quality criteria.

The PQAPA requires the following actions:

1. The establishment of an independent, arms-length oversight body to coordinate the PQAPA.
2. The implementation of program quality assurance processes by, and internal to, each college.
3. An academic quality audit of each college's program quality assurance processes to be conducted by an external panel.
4. A review of each audit report by the oversight body to ensure that the panel's process has conformed to the approved guidelines and the report has treated each college fairly and consistently.
5. The provision of an appeal process prior to the release of the final Audit Report.

Each of these five (5) requirements is described in detail below.

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<sup>2</sup> All Ministry of Training, Colleges and Universities policy documents related to the colleges of applied arts and technology in Ontario can be found at <http://caat.edu.gov.on.ca>. The Credentials Framework is a part of the Minister's Binding Policy Directive, *Framework for Programs of Instruction*.

<sup>3</sup> Information about the CVS can be found on the CVS web page at [www.ocqas.org](http://www.ocqas.org)

<sup>4</sup> The name "Program Quality Assurance Process Audit" (PQAPA) was chosen to deal with several concerns: (a) the word "program" limits the scope of reviews to postsecondary credit programs and related processes and practices (not overall college operations); (b) the words "quality assurance process" describe the process (or processes) adopted by a college Board and its administration to act on their responsibility for ensuring overall effectiveness, currency, and relevance of the postsecondary credentials offered, and does not extend to or include 'program evaluation'; (c) the word "audit" describes the role of the province-wide review process (in that it reviews processes, validates the college's Program Quality Assurance record, and verifies that the process has the impact of improving programs). A shorter title for this process may be desirable.

## **Requirement 1: The establishment of an independent, arms-length oversight body**

The PQAPA is led by a policy-driven, arms-length oversight and governance body that ensures its effective implementation and on-going evolution. Operating independently of any individual academic institution and of the provincial government, this body is free to make and report objective judgments regarding college program quality assurance processes. The body selected for this is the current Management Board established to oversee the Credentials Validation Service (CVS). It assumed responsibility for the PQAPA, in addition to its role with oversight of the CVS, with the addition of new membership who bring experience with and credibility in the area of academic and institutional quality assurance and academic audits. These combined efforts are known as the *Ontario College Quality Assurance Service*.

This is an efficient and coordinated approach to overseeing the quality of provincial college programming: by the CVS at the program level, and by the PQAPA at the institutional level. With respect to the oversight of the PQAPA, the Management Board will:

- develop policies and procedures for the implementation and operation of academic quality audits in keeping with international best practices and the guiding principles underpinning its creation;
- facilitate the ongoing scheduling of the Program Quality Assurance Process Audits;
- facilitate the recruitment and training of a pool of external reviewers, and the appointment of specific review panels for each audit;
- receive the reports of the independent review panels and ensure adherence to the guidelines and consistency of these reports prior to their release; and,
- provide for an objective, timely, and competent appeal process, whenever required, whereby changes can be requested in those parts of a report that are inconsistent with the facts.

Staff engaged to oversee the PQAPA process will occupy the facilities allocated to the CVS, located in the offices of *Colleges Ontario*<sup>5</sup>. As with the CVS, all staff are subject to administrative direction from *Colleges Ontario*'s senior management.

Reasons for integrating the operations of the CVS and the PQAPA include: the complementarities of roles; the optimum use of staff; the efficient use of facilities; the streamlining of processes; the management of peak loads; the ease of staff supervision; the control of costs; and, the facilitation of communications.

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<sup>5</sup> *Colleges Ontario*, formerly known as the Association of Colleges of Applied Arts and Technology of Ontario (ACAATO) is the professional association of the Province's public colleges. Colleges Ontario provides the overall financial, human resource, and legal oversight and due diligence to the OCQAS.

## **Requirement 2: Implementation of quality assurance processes in each college**

It is understood that each college, under the leadership of the President and the governance of the Board, has the overall responsibility for the quality assurance of the programs it delivers. When government placed responsibility for quality assurance in the hands of each college they mirrored international best practices that incorporate processes to ensure ‘ownership of quality’. The relevant Minister’s Binding Policy Directive reflects this view.

To assist colleges in the development and/or refinement of their individual program quality assurance processes, this Manual provides a list of essential/minimum standards or criteria, drawn from global best practices. The individual processes used by colleges are expected to give close attention to the learning environment, to learning outcomes, and to student success.

### **Criteria defining exemplary college program quality assurance processes**

The following five (5) criteria define institutional policies and practices that a college will have developed and implemented to ensure the quality of their programs. It is assumed that all colleges will extend their tradition of openness and transparency to these processes.

**Criterion 1. Admission, credit for prior learning, promotion, graduation, and other related academic policies support program development and student achievement of program learning outcomes.**

**Criterion 2. Programs conform to the *Framework for Programs of Instruction*<sup>6</sup> and the Credentials Framework, are consistent with accepted college system nomenclature / program titling principles, and maintain relevance.**

**Criterion 3. Methods of program delivery and student evaluation are consistent with the program learning outcomes.**

**Criterion 4. Human, physical, financial, and support resources to support student achievement of program learning outcomes are available and accessible.**

**Criterion 5. Regular program quality assessment that involves faculty, students, industry representatives, and others as appropriate for the purpose of continual improvement is in place and happens.**

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<sup>6</sup> The Minister’s Binding Policy Directive *Framework for Programs of Instruction* is one of the policy documents issued by the Ministry of Training, Colleges and Universities in April 2003 to guide the development and delivery of programs of instruction offered by the colleges of applied arts and technology in Ontario.

These criteria are critical to the success of this initiative. First, implementation will depend on the degree to which colleges understand the rationale for, and are prepared to institute, the required standards. Second, the standards provide a ‘template’ for refining, approving, and implementing program quality assurance processes that can elicit a positive audit. Third, a clear statement of scope and limits of the PQAPA is important to future evaluation and refinement of the provincial process.

The PQAPA will focus on college-wide policies and practices and drill down on selected programs to verify that practices are implemented, that recommendations lead to improvement, and that program quality is assured.

A more detailed explanation of the criteria and how they will be used in the PQAPA process is found on the following pages of this Manual. In this case the criteria are accompanied by a list of requirements and an explanation of the significance or importance of the requirement. As well, the criteria are presented in the form of questions that a college can ask of itself in undertaking its self-study, and that the external audit panel will ask when auditing the college.

**Criterion 1. To what extent does your college’s quality assurance process ensure the existence and communication of information to support admission, credit for prior learning, promotion, graduation, and other related academic policies that support program development and student achievement of program learning outcomes?**

	<i>Requirement</i>	<i>Explanation</i>
<b>1.1</b>	<p><i>Applicant and student requirements and obligations are clearly stated, communicated, and accessible, including:</i></p> <ul style="list-style-type: none"> <li>• <i>requirements for admission to the program and to courses in the program;</i></li> <li>• <i>provisions for awarding credit towards a credential or exemptions from specific course requirements as a result of cross-crediting, exemptions, transfer credits, and/or recognition for prior learning;</i></li> <li>• <i>advancement in programs, and maximum periods for completion;</i></li> <li>• <i>provisions for dealing with instances of impaired performance (e.g., aegrotat passes, special accommodations, etc.);</i></li> <li>• <i>assessment, including provisions for reassessment and appeals;</i></li> <li>• <i>requirements for the awarding of the credential;</i></li> <li>• <i>rules and criteria governing any awarding of merit, distinction, and other grades; and,</i></li> <li>• <i>assurances that the title of any qualifications awarded for a program or series of courses is consistent with the Credentials Framework for the college system , and with any relevant professional standards and/or nomenclature.</i></li> </ul>	<p><i>A significant factor influencing student success is the fit between the learner and the program of study. Policies and processes must optimize this fit between student and program.</i></p> <p><i>This requirement supports informed student choice and facilitates the fair, efficient, and effective attainment of learning outcomes.</i></p>
<b>1.2</b>	<p><i>Clear statements of learning outcomes exist for all programs offered by the college.</i></p>	<p><i>Students and faculty involved in a program will benefit from a clear statement of the overall learning outcomes of the program.</i></p>
<b>1.3</b>	<p><i>Program learning outcomes are operationally meaningful in that they are:</i></p>	<p><i>An important test of operationally meaningful</i></p>

	<b><i>Requirement</i></b>	<b><i>Explanation</i></b>
	<ul style="list-style-type: none"> <li>• <i>used to provide guidance for curriculum development and student learning assessment; and,</i></li> <li>• <i>internalized and used in the day-to-day work of program faculty.</i></li> </ul>	<p><i>program-level learning outcomes is whether the achievement of the outcomes can be measured. Outcomes, for which achievement cannot be measured, at least in principle, are not operationally meaningful or useful.</i></p>
<b>1.4</b>	<p><i>Student requirements and obligations stated for each program are derived from, and flow coherently from, the program's stated learning outcomes.</i></p>	<p><i>This requirement supports informed student choice and facilitates the fair, efficient, and effective attainment of learning outcomes.</i></p>

**Criterion 2.** To what extent does your college’s quality assurance process ensure that programs conform to the *Framework for Programs of Instruction* and the *Credentials Framework*, are consistent with accepted college system nomenclature / program titling principles, and maintain relevance?

	<b><i>Requirement</i></b>	<b><i>Explanation</i></b>
<b>2.1</b>	<i>The structure of the program is consistent with the program learning outcomes.</i>	<i>Students can reasonably expect to master the learning outcomes through the program of study.</i>
<b>2.2</b>	<i>The length of the program is appropriate to the level of the program outcomes.</i>	<i>Students are afforded a reasonable time to master the learning outcomes.</i>
<b>2.3</b>	<i>Appropriate credits are allocated for each component of the program, and transfer and laddering options are stated.</i>	<i>Student progress appropriately reflects workload.</i>
<b>2.4</b>	<i>Academic practices and policies govern program structure, including any specific pre- and co-requisites, mandatory and optional/elective components, practical/work-based components, alternative entry and exit points, and are consistent with program learning outcomes.</i>	<i>In a timely way, students are clearly informed of learning options and evaluative requirements to optimize learning.</i>
<b>2.5</b>	<i>Program learning outcomes are consistent with the credential granted, the title of the credential awarded, the provincial program standards (where these apply), and the minimum essential expectations of the workplace. They:</i> <ul style="list-style-type: none"> <li><i>• are reflected in the course outlines; and,</i></li> <li><i>• are used in prior learning assessment</i></li> </ul>	<i>This requirement states the program outcome standards, relates them to courses of study and process of prior learning assessment, and ensures they reflect approved curriculum and meet workplace requirements.</i>
<b>2.6</b>	<i>Program learning outcomes are consistent with MTCU Provincial Program Standards where they exist.</i>	<i>This is in keeping with Ministry policy as expressed in the Framework for Programs of Instruction.</i>
<b>2.7</b>	<i>Program title is consistent with college system nomenclature / titling principles.</i>	<i>This is in keeping with Ministry policy as expressed in the Framework for Programs of Instruction.</i>

	<b><i>Requirement</i></b>	<b><i>Explanation</i></b>
<b>2.8</b>	<i>Changes to courses and program outcomes are introduced on a timely basis and are designed to maintain the relevance of the program.</i>	<i>In a timely way, students are clearly informed of program changes and the relevance of such changes to optimize learning.</i>

**Criterion 3. To what extent does your college’s quality assurance process ensure methods of program delivery and student evaluation are consistent with the program learning outcomes?**

	<b><i>Requirement</i></b>	<b><i>Explanation</i></b>
<b>3.1</b>	<i>Program delivery, including that which takes place off-site, is consistent with the nature of the program, the learning outcomes, and the needs of the students.</i>	<i>Educational delivery appropriately helps learners attain the learning outcomes.</i>
<b>3.2</b>	<p><i>Academic policies and practices provide for assessments and appeals, and ensure that:</i></p> <ul style="list-style-type: none"> <li><i>• evaluation methods are aligned with course outcomes, are valid, and are reliable;</i></li> <li><i>• the required standards for evaluation are clearly specified for each component of the course and the program;</i></li> <li><i>• learners are provided with fair and regular feedback on progress and fair reporting of final achievement; and,</i></li> <li><i>• resubmissions, supplementals, and appeals are appropriate, fair, valid, and consistent.</i></li> </ul>	<p><i>Assessment and feedback are critical to the learning process. The evaluation of learning ensures that standards have been met. Evaluation processes need to be sufficiently clear, fair, and appropriate to maintain confidence.</i></p>
<b>3.3</b>	<p><i>Academic policies and practices that provide for the development and continuous improvement of teaching and learning methods are valued, documented, and supported. This would include:</i></p> <ul style="list-style-type: none"> <li><i>• regular experimentation with new teaching methods; and,</i></li> <li><i>• systematic measuring of the results of these new methods to support currency and relevancy of teaching and learning.</i></li> </ul>	<p><i>Continuous improvement of programs will be enhanced when there is support and encouragement for programs to engage in regular experimentation with new teaching methods with the results being measured by the college as systematically as possible.</i></p>
<b>3.4</b>	<i>Graduate capabilities, including knowledge, skills, and attitudes are consistent with program outcomes.</i>	<i>Looking at graduate outcomes provides evidence that the program outcomes are being attained.</i>

**Criterion 4. To what extent does your college’s quality assurance process ensure human, physical, financial, and support resources to support student achievement of program learning outcomes are available and accessible?**

	<b><i>Requirement</i></b>	<b><i>Explanation</i></b>
<b>4.1</b>	<p><i>Teaching staff involved in the program:</i></p> <ul style="list-style-type: none"> <li>• <i>meet the needs of the students and facilitate the achievement of the program learning outcomes;</i></li> <li>• <i>possess the combination of experience and credentials appropriate to, and required by, the program of study;</i></li> <li>• <i>have the level of expertise and ability to provide the advertised learning experiences; and,</i></li> <li>• <i>are oriented, coordinated, and evaluated.</i></li> </ul>	<p><i>The provision of appropriate instructional and coaching resources is critical to the formal learning process.</i></p>
<b>4.2</b>	<p><i>Learning facilities (including Learning Resource Centres) and equipment support the promised modes of delivery and the learning process.</i></p>	<p><i>The learning, laboratory, and equipment resources that support practical applications are critical to the learning process.</i></p>
<b>4.3</b>	<p><i>Academic support and advising services meet the needs of the students and facilitate the achievement of the program learning outcomes.</i></p>	<p><i>Retention can be enhanced by timely student support and advising.</i></p>
<b>4.4</b>	<p><i>Leadership, organization, and management of programs, include:</i></p> <ul style="list-style-type: none"> <li>• <i>optimization of human resources, learning resources, and facilities;</i></li> <li>• <i>measurements of efficiency in the use of resources are considered in the design of teaching methods; and,</i></li> <li>• <i>consistent opportunities for students to meet the program learning outcomes are available across all learning locations and differing modes of delivery.</i></li> </ul>	<p><i>Quality programs and institutions need to be planned as well as effectively managed.</i></p>

**Criterion 5. To what extent does your college’s quality assurance process ensure regular program quality assessment that involves a variety of stakeholders, including faculty, students, industry representatives, and others as appropriate for the purpose of continual quality improvement?**

	<b><i>Requirement</i></b>	<b><i>Explanation</i></b>
<b>5.1</b>	<p><i>The college has implemented a program quality management system that identifies and rectifies weaknesses, and facilitates the evolution of the program to maintain its relevance. This includes:</i></p> <ul style="list-style-type: none"> <li>• <i>a process</i> <ul style="list-style-type: none"> <li>○ <i>to review programs, courses, and academic standards,</i></li> <li>○ <i>to monitor improvement following review, and</i></li> <li>○ <i>to determine continuation or suspension of courses or programs;</i></li> </ul> </li> <li>• <i>provision for the systematic measurement of indicators that program outcomes have been met;</i></li> <li>• <i>assurance that the views of learners, employers, professional and trade bodies, and academic communities are taken into account;</i></li> <li>• <i>changes to programs and courses are managed to keep them current with provincial standards and relevant professional body requirements; and,</i></li> <li>• <i>processes to ensure that recommendations arising from previous reviews have been considered and addressed.</i></li> </ul>	<p><i>To meet the changing demands of the workplace and international standards, career education must be subject to processes that objectively measure, assess, and, whenever necessary drive, program change.</i></p>
<b>5.2</b>	<p><i>Documentation and other evidence arising from program quality management processes is maintained and used in on-going quality management.</i></p>	<p><i>Successful program quality assurance processes result in continuous improvement, and tangentially produce documentation that can be used.</i></p>
<b>5.3</b>	<p><i>Graduates, employers, students, and other stakeholders indicate satisfaction with the program.</i></p>	<p><i>Satisfaction may indicate that expectations of the various stakeholder groups have been met, and where improvements can be made.</i></p>

### **Requirement 3: The Academic Quality Audit**

A 5-year cycle of audits is being implemented for the Ontario colleges. An external panel of objective and competent professionals, led by a trained Panel Chair, will complete the academic quality audit. The process is designed to be a developmental activity and contribute to the continuous improvement of the educational programs of the college system. This academic quality audit begins with a self-study by the college and a subsequent site visit by an audit panel. This process emphasizes continual improvement based on self-reflection rather than simply compliance with pre-determined standards. The purpose of the academic quality audit is to encourage colleges to assess and evaluate their educational quality assurance and improvement processes and have these findings confirmed by the external audit panel.

#### **3.1 The self-study**

Colleges begin the process with a review and examination of their own quality assurance and improvement processes and practices as compared to the exemplary quality criteria and requirements stated above. This self-study will include the college asking itself a series of questions related to such activities as determining learning outcomes, designing curriculum, designing teaching and learning materials and methods, developing student learning assessments, and assuring the implementation of quality educational experiences. Many of these activities are reflected in the quality criteria.

Following such a discussion and review, the college will complete the *Quality Criteria Form*<sup>7</sup> indicating the documentary evidence it has found to support its rating of the five criteria. A copy of the *Quality Criteria Form* is provided to the college in advance and is the same form used by the external audit panel when conducting its academic quality audit. The college will determine, as a result of this self-study, how it is doing in terms of meeting or exceeding each of the requirements of the five exemplary quality criteria.

The college then writes a self-study report in which it:

- documents its findings;
- describes the current state of their efforts;
- describes strengths and weaknesses in each of the five criteria;
- cites and briefly describes documentation supporting exemplary practices;
- describes any initiatives being undertaken to address practices and areas that require improvement; and,
- describes implementation plans for improvement initiatives and priorities.

This self-study report (approximately 20 pages), along with the completed *Quality Criteria Form*, forms part of the package of information forwarded to the external audit panel prior to the site visit.

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<sup>7</sup> The Quality Criteria Form is included as *Appendix C* in this Manual.

### **3.2 Audit Panel Chair Selection and Training:**

Panel Chairs are recruited, selected, and trained through a process directed and approved by the Management Board. The process ensures that the individuals being considered as potential Panel Chairs, at minimum have:

- an understanding of, and support for, the fundamental roles of Ontario's colleges of applied arts and technology;
- a knowledge of, and preferably experience with, educational or professional quality assurance processes;
- a track record of successful team leadership;
- direct experience with at least one Academic Audit in an Ontario College, either as a panel member or as an observer to the process;
- credibility within the college system and, more broadly, with other stakeholders; and,
- a willingness to undertake all of the orientation and process requirements listed.

The training program for Panel Chairs will include:

- training being conducted in the language specific to the college that the Audit Panel chairs will audit (French for French-language colleges and English for English-language colleges);
- the provincial, national, and international context of PQAPA;
- an overview of the principles of a successful quality assurance audit process;
- a thorough review of the policies and processes followed by the PQAPA;
- report writing, specific to the PQAPA;
- a review and enhancement of the guidelines and manuals; and,
- an introduction to, and understanding of, the appeal process.

### **3.3 Recruitment of the Audit Panel Members:**

The Management Board has established a process for searching, recruiting, selecting, and training a pool of review panelists. All audit panel members will typically be provided from this pool. Acceptable applicants to be considered for the pool will conform to the criteria listed in section 3.2 (above), attend a training and orientation program, and commit to meet, in a timely way, the preparation, scheduling, and reporting obligations of a panelist.

### **3.4 Selection of an Audit Panel:**

The panel composition generally follows the structure outlined below; however, extenuating circumstances and the need for external confidence may demand alterations approved by the Management Board after consultation with the college(s) being reviewed.

Audit panels will typically have three members:

- a trained PQAPA Audit Panel Chair who is external to the CAAT system; and,

- two trained, objective, and competent panelists from within, or external to, the CAAT system, and external to the college being reviewed.

Panelists selected from within the college system, at minimum, must:

- hold, or have held, a senior faculty or academic administrative position;
- possess knowledge and understanding of outcomes and standards-based assessments;
- be familiar with quality assurance systems used in colleges; and,
- be objective and impartial.

Further, panelists must not have an employment, advising, or contract relationship with the college under review, or any other connection that could create a conflict of interest, potential or real.

A slate of names of potential audit panel members selected from the pool of trained panelists will be submitted to the college. The college has, at that point, the opportunity to select or dismiss, with reason, any names on the slate of potential auditors. Once the college has vetted and/or accepted the slate of potential auditors, a Panel will be appointed by the OCQAS Management Board, through its staff, to conduct the audit.

The College being reviewed will be provided with the names of the members of the panel, and it will then send each member, at least 4-6 weeks prior to the actual review, copies of the Self – Study Report and supporting documented evidence. A letter outlining the expectations of the appointment to the Audit Panel including the role of the Chair, honorarium, provision for expenses, emergency contact numbers, time lines, and obligations as approved by the Management Board will be sent by the OCQAS staff to the Panel Chair and copied to the other panel members.

### **3.5 The Audit:**

#### **3.5.1 Pre-Audit**

At least two (2) months prior to the deadline for submission of documentation and at least three (3) months before a scheduled site visit of the PQAPA Audit Panel, colleges to be reviewed in the specific and current calendar year will receive a letter from the PQAPA office outlining, in general terms, the information and documentation they are required to submit in advance of the review. The documentation, wherever possible, should be submitted in an electronic format (CDs containing all the documentation and evidence are recommended) and sent directly to the panel chair and the panel members. In certain cases, the documentation (in an electronic format) could be submitted to the PQAPA office for distribution to the panel members. This documentation will include, and may not be limited to:

- The name, organizational responsibility, and contact information for, the college representative responsible for liaison with the Audit Panel.

This person will be responsible for the provision of additional information, provision of answers to any additional questions, and coordination of the Panel visit;

- A list of the college's quality assurance team members and their respective roles, where there is such a team in place for the college;
- A copy of the self-study report as outlined in 3.1 above;
- A current organizational chart for the college, including names and responsibilities of the senior college employees;
- Program quality assurance and program review policies and processes that have been approved through the college's academic policy approval process, and examples of review documents and follow-up related to programs leading to: a) Ontario College Certificates; b) Ontario College Diplomas; c) Ontario College Advanced Diplomas; and, d) Ontario College Graduate Certificates;
- College approved general academic policies and practices related to admission, evaluation, grading, promotion, appeal, prior learning assessment and recognition, credit transfer, advisory committees, faculty recruitment and evaluation, and program approval and modification;
- A one-page flow-chart of the college's current program quality assurance process; and,
- Reports of recent program reviews undertaken by the college as part of their internal quality assurance process.

The Chair of the Audit Panel will, along with the other members of the Audit Panel, review the documentation received for completeness, and promptly forward any request for additional information to the college. The other members of the Audit Panel will be provided with copies of all relevant documents, and will be advised of the site visit dates and expectations for the Audit. It is desirable that direct communication related to the Audit (site visit agenda, documentation required and/or requested, accommodation and meal requests, etc.) happen between the panel chair and the college contact person. However, if the need arises, this communication will be facilitated through the PQAPA office.

The Chair of the Audit Panel will, through the PQAPA office if required, negotiate and confirm a date for the site visit and develop a draft schedule for the site visit of the Audit Panel to the college. The college site visit by the Audit Panel will be scheduled, at minimum, as a one-and-a-half (1 ½) day visit<sup>8</sup> and may include a tour of facilities and meetings with the following people, where this is relevant to the audit of the college's quality assurance processes and where the categories of representation have been identified ahead of time:

- The academic team(s) who have overall responsibility for academic quality assurance, program reviews, and continuous improvement;

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<sup>8</sup> A template for the site visit is included as *Appendix A* of this Manual and may be used as a guide by the Chair of the Audit Panel.

- Representative program advisory committee members;
- Representative faculty;
- Representative students;
- Representative service providers (librarians, student services, academic support and advising, etc.); and,
- The President and Senior Academic Officer(s).

Although it is normally expected that the Panel will visit only the main campus location of each college, far flung or highly diverse, multi-campus operations may require an additional day of campus visits. These plans would be negotiated in advance of the site visit.

### **3.5.2 Site Visit**

As outlined above, visits to the college by the Audit Panel will be scheduled in advance through a negotiated process between the college liaison person and the Chair of the Audit Panel.

The site visit will end with an ‘*exit interview*’ conducted on the morning of the second day. This will serve as a way of preparing the college for the possible contents of, and recommendations to be made in, the draft Report of the Audit Panel.

At the end of the visit, all documentation collected by the Panel members will be left with the college liaison person. The exception will be those documents collected and retained by the Panel Chair who may require the documentation in order to draft the final report. The documentation will be returned by the Panel Chair to the college upon completion and submission of the final audit report.

## **Requirement 4: The Final Audit Report**

### **4.1 General Parameters:**

The Audit Report is designed to describe the college’s Quality Assurance policies, processes, and practices and their effectiveness. The Report outlines the findings of the Panel, which are reached through its interpretation of the specific information it has gathered. The Report notes strengths (commendable/best practices) as well as those areas that require improvement. Reports do not comment on individuals (positively or negatively) or on standards irrelevant to the quality assurance process. Reports attempt to address all relevant areas without excessive detail or presuming to be exhaustive.

Audit Reports will not contain statements that cannot be substantiated. If the Audit Panel believes that comment on a particular matter needs to be made, it must gather and append evidence on which to base its comment. Conversely, firm views are stated firmly, avoiding excessive subtlety.

The Final Audit Report is a public document and belongs to the Management Board of the OCQAS as a whole; not to the Audit Panel or its individual members. The Panel acts on behalf of the Management Board, and it is the Management Board, not the Panel, that affirms the conclusions, supports the recommendations in the report, and issues the Final Report.

All Audit Reports will adopt a similar structure<sup>9</sup>, while allowing some flexibility for each Audit Panel to present its findings in a manner they consider to be of most assistance to the college being audited.

The Panel's audit will be attentive to identifying best practices as well as to areas where improvements can be made. Where a best practice is identified and seen as potentially 'transferable' to other colleges in the system, it will be included in a "*Best Practices Database*" (following the final approval of the Audit Report by the Management Board) commissioned by the Management Board and available on-line to all colleges. Recommendations for improvement will alert the college to an area for attention, rather than instructing it to take a particular action or series of actions.

The aim is for the Final Audit Report to be as helpful and constructive as possible for the college being audited, while at the same time not compromising the Panel's conclusions or the rigor of the Report.

#### **4.2 Preparation of a draft Report:**

Following the quality assurance process audit, which includes a thorough review of all documentation received from the college and the completion of the site visit, the Panel members will meet to discuss possible content for the final report and recommendations to be made. The OCQAS Management Board embraces its role to ensure consistency in the reporting process for the quality audits conducted under the PQAPA. In this spirit the Board believes it necessary to clarify expectations (for the Panel members and for the College personnel) related to the ratings for the colleges as well as for the audit panels. In order to facilitate and ensure consistency for all colleges and for the Audit Panels, the following two (2) principles have been approved<sup>10</sup>:

1. For a college's quality assurance (QA) system to receive a rating of "MET", there must be evidence to show that the process(es) identified or offered as evidence has/have been **implemented and effective over a period of time**. *This principle should be interpreted in the context of the introduction of new college QA systems: a rating of "MET" can only be granted for a new system if there is evidence of it being implemented and being effective.*

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<sup>9</sup> A Report template has been developed and approved by the Management Board and is included as **Appendix B** of this Manual.

<sup>10</sup> These principles were approved by the Management Board, September 2008

2. Where a college introduces a new QA process to supersede a former process, and due to its newness there is insufficient evidence of the effectiveness of this new process, the college should provide **evidence that the former process/system was implemented and effective**. *This principle should be interpreted in the spirit of ‘not punishing colleges for implementing new and more effective QA systems’ that replace a prior QA system that was demonstrably effective.*

A draft Report will be written by the Panel Chair, with input from the other Audit Panel members. Each conclusion reached by a Panel should be presented within the context of the stated audit review process and be qualified accordingly. Decisions taken, and recommendations made by the Panel need to focus on each college’s ‘*quality assurance processes, policies, and practices*’ and be stated in such a manner so to reflect this focus.

The Panel will categorize its overall findings of the colleges’ quality assurance processes as falling within one of the following five categories of maturity<sup>11</sup>. In each case the Panel may reach a unanimous or a majority decision<sup>12</sup>. The five categories of maturity of the college’s quality assurance processes can be defined as:

- **Minimal effort** – means there are no organized quality assurance and improvement (QA&I) processes in place within the college. There are no perceived organized quality assurance and improvement (QA&I) processes or systems in place within the college and there is little quality consciousness found on the part of the college employees.
- **Reactive effort** – means that the college responds to problems mostly with *ad hoc* methods. The QA&I criteria and processes receive little systematic attention. The college responds to problems in mostly an ad hoc manner and may make periodic adjustments when required. The QA&I processes receive little systematic attention within the institution.
- **Formal effort** – means that individual initiatives and experimentations with improvements may be seen in and around the college, and these are motivated explicitly by the key quality criteria. There are some noticeable individual initiatives and experimentations that are found in program areas and around the institution. These initiatives seem to be motivated explicitly by the key quality criteria.
- **Organized effort** – means that quality process initiatives begin to be planned and tracked, work methods are systematically rooted in the quality criteria, and the college has begun to develop performance metrics and norms. There is evidence that quality process initiatives are being planned and tracked, work methods are systematically rooted in quality criteria, and the institution has begun to develop and implement performance metrics and norms.

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<sup>11</sup> These categories are based on similar categories adapted by Dr. William Massy (*Education Quality Improvement: A Handbook for Departments, Stanford University*) from the “*capability-maturity theory*” developed at Carnegie-Mellon University for use in the high tech industry and have been used with success in academic audits in Hong Kong, Tennessee, and Missouri.

<sup>12</sup> Majority decisions require that the dissenting member write and append a minority report.

- ***Mature effort*** – means quality processes have been embedded in the college’s culture, continuous improvement is a way of life, and organizational learning about and commitment to QA&I are fully established.

Notwithstanding the overall categorization of the colleges’ category of maturity (as outlined above), the draft Report will also detail its findings under the following three areas:

- ***Commendations*** – these are statements that articulate areas of exemplary practice as noted by the Panel. These may be practices, policies, or procedures that are especially good and may be worthy of emulation by other colleges.
- ***Affirmations*** – these are statements that articulate areas where the college itself has found a weakness, identifies the weakness, and intends to correct it. In effect the Panel is affirming the college’s judgment and findings of its own self-study.
- ***Recommendations*** – these are statements that articulate areas identified by the Panel in its own audit as needing improvement and not identified by the college’s self-study.

It is clear that ***affirmations*** are better than ***recommendations***. The use of this approach to summarize the finding of the Audit Panel not only allows the identification of best (exemplary) practices, it also provides an incentive for the colleges, as part of their self-study, to identify any perceived weaknesses in their own policies, practices or procedures, and also to begin to document the improvements they intend to make to rectify these situations, rather than hoping the Panel does not find them.

Based on input from all Panel members, the Chair prepares a draft report (including, where required, the minority report as written by the dissenting member) for review, adjustment, and approval by each Panel member. The final draft Report will, at minimum:

- describe the methodology used, and the verification steps taken by the Audit Panel;
- provide a status report on the program reviews completed by the college;
- present, in summary form, the general principles and guidelines used by the college in its own internal program quality assurance reviews;
- comment on how well the review procedures and practices used by the college conform to the college’s own policies and the degree to which the methods actually employed meet the standards and criteria established for program quality assurance processes;
- outline strengths and weaknesses found in the process;
- categorize the college’s QA&I processes according to the five categories of maturity;
- clearly articulate all ***commendations, affirmations, and recommendations***; and,
- commit the college to submitting, to the Management Board, an interim, follow-up report on the recommendations contained in the final Audit Report ***within eighteen months*** of the release of the final Audit Report.

Following the approval of the draft Report by the members of the Audit Panel, the draft Report will be forwarded to the relevant college for their response, including areas where the college believes there is a need for corrections of any errors in facts. The college is afforded 30 days to submit their response, in writing, to the Chair of the Audit Panel. The Panel will then make whatever changes to the draft Report they, at their discretion, agree to make. Any comments or corrections of facts received from the college will be included in the Final Report.

Once all feedback from the college and the Audit Panel members has been incorporated and the final Report is prepared, the Chair of the Audit Panel will submit this final draft Report to the Management Board for review, approval, and release.

International best practices provide for systematic follow-up on academic quality audit recommendations in a more timely way than during the next audit cycle. The 18-month follow-up report requested here will describe what the college has done to remedy the situation that led to the recommendation, when the remedy was/will be implemented, what the results have been from any remedy already implemented, and what additional efforts the college has decided might be necessary to ameliorate the situation. This follow-up report will be reviewed by the Management Board, who would then post this follow-up report on the website to accompany the Executive Summary of the Final Audit Report for the college.

The Management Board supports the fact that the responsibility for follow-up and accountability for the college's quality assurance and improvement processes rests with the Board of Governors and is committed, through the office of the OCQAS, to support and aid this process for each college.

### **4.3 Role of the Management Board:**

The Management Board has the authority to release a Final PQAPA Audit Panel Report only after it has verified that the following conditions have been met:

- the process used by the Audit Panel conforms to the approved audit guidelines;
- the college has been given the opportunity to comment on the draft Audit Report and has been treated fairly and consistently as compared to other reviews in other colleges;
- the college has provided a written and signed response to their review of the draft Audit Report;
- the Final Audit Report does not contain confidential or proprietary information; and,
- the college has seen the final draft Audit Report and has had the opportunity to appeal in cases where it believes the report still contains errors of fact.

#### **4.4 Appeal Process:**

Colleges undertaking an appeal must do so, in writing, within 30 days of notice of the receipt of the final draft Report. The appeal must specifically state the nature of the appeal by:

- identifying any factual or logical errors;
- providing evidence that the content of the report is in error;
- requesting specific corrective action;
- appending all relevant evidence referred to in the appeal;
- appending a list of witnesses who may be called to the appeal hearing; and,
- committing to cover any costs associated with holding an appeal hearing.

In cases where discrepancies between the views of the college and the views of the Audit Panel cannot be resolved through discussion and consultation, the Management Board will convene a formal Appeals Committee consisting of three (3) persons selected from the pool of trained and approved Panel Chairs. It is understood that the selection and appointment of Appeals Committee members will be done in a manner consistent with the specific language requirements of the college undertaking and requesting the appeal. A meeting of the Appeals Committee will be scheduled within three (3) weeks of receipt of the written Notice to Appeal.

The Appeals Committee hearing will take the form of a formal meeting being convened at a mutually agreed upon location (most often and most likely the offices of the OCQAS), and involving:

- the 3 person appointed Appeals Committee;
- the college representative (who will supply, in advance, supporting documentation and the names of relevant witnesses to be invited to the appeal session, as outlined above); and,
- the Chair of the Audit Panel that produced the report being appealed (who will supply, in advance, supporting documentation and the names of relevant witnesses who may be invited to the appeal session).

The Appeals Committee, after hearing and considering all submissions, will produce a report and submit this report to the Management Board. The final written decision of the Appeals Committee will be binding on the college and the Final Report, and will be forwarded to the appealing college by the Chair of the Management Board. Complete documentation for the Audit and the Appeal will be kept on file.

#### **Requirement 5: Release of the Final Audit Report**

The Final Audit Report will be released by the Management Board only when the following conditions have been satisfied:

- a) all conditions outlined in 4.2 above have been met; and,
  - b) the deadline for undertaking an appeal has passed and no appeal has been made;
- or,

- c) the Appeals Committee has heard an appeal, ruled on any changes to be made to the Final Report, and those changes (if any) have been made.

The Final Audit Report will be released to the President of the relevant college, the Executive Summary of the Report will be posted on the PQAPA website, and a copy will be held in the office of the OCQAS. It is understood these documents are subject to the Freedom of Information legislation, and will be released on request, charging associated costs.

The Executive Summary from each Final Audit Report will remain posted on the website until the next audit is completed and the most recent Executive Summary is posted. It should be noted again that in signing off on the final Audit Report, the College commits to submitting, to the Management Board, an interim follow-up report on the recommendations contained in the final Audit Report within eighteen (18) months of the release of the final Audit Report.

## APPENDIX A

### Suggested Site Visit Agenda

#### Pre-Site Visit Day: (Preparation and Planning)

**12:00 – 2:00 p.m.**

Panel members arrive at hotel

**3:00 – 5:00 p.m.**

Panel members meet face-to-face to review materials received, prepare questions and approaches to be used during visit to the college

**6:00 –**

Meet with personnel from college – may include tour of facilities and working dinner and may be a time to identify any additional materials the Panel may want to have available at the site visit the next day.

#### Site Visit Day: (Academic Audit)

**8:30 – 9:00 a.m.**

Panel meets formally with Senior Administration of college for overview of college's Quality Assurance & Improvement processes

**9:00 – 12:00**

Panel conducts interviews as previously arranged by college and Panel Chair.

**12:00 – 1:00 p.m.**

Panel meets alone for working lunch to compare findings from the morning interviews and to make any adjustments in approach that may be required. May also identify additional materials or documents they would like to review. It is unlikely that any changes to the pre-arranged interview groups can be made at this short notice.

**1:00 – 4:30 p.m.**

Panel members continue interviews with various college stakeholders.

#### **Evening**

Panel meets alone and has working dinner to review findings of the day, compare notes and prepare for exit interview with the senior administration the next morning. This allows the Panel to follow-up on issues, finalize their conclusions, and prepare for the exit interview.

#### Post-visit day (Summary and Exit Interview)

**Morning:** (flexible time – need to flex with amount of material and number of people involved)

Panel meets with Senior Administration (and any others identified by the college) to debrief on the findings from the review of the documentation and the academic audit visit. This will include generally informing the college of their findings and their initial 'leanings' in terms of the ratings to be provided. Some discussion may take place; however this is not a time to "debate" the findings of the Audit Panel.

**APPENDIX B**

**Final Report Template**

This report represents the findings of the Program Quality Assurance Process Audit for *(insert name of college and date of Audit)*.

This report has been prepared, reviewed, and accepted by all parties to the Audit, including the college personnel, members of the Review Panel, and the Management Board of the OCQAS. The signatures of the representative parties demonstrate their acceptance of the content of this Report.

For the College:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For the Review Panel:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For the Management Board:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Review Panel Membership**

Chair: \_\_\_\_\_  
Name / Title

Members: \_\_\_\_\_  
Name / Title

\_\_\_\_\_  
Name / Title

**EXECUTIVE SUMMARY:**

**A. CONCLUSIONS**

*This section must be a verbatim copy of the content found in **Part V: Findings** of this Report.*

**B. OVERALL FINDINGS OF PANEL**

<b>Criterion</b>	<b>Met</b>	<b>Partially Met</b>	<b>Not Met</b>
Criterion 1			
Criterion 2			
Criterion 3			
Criterion 4			
Criterion 5			

**C. COMMENDATIONS**

*This section must be a verbatim copy of the content found in **Part V: Findings** of this Report.*

**D. AFFIRMATIONS**

*This section must be a verbatim copy of the content found in **Part V: Findings** of this Report.*

**E. RECOMMENDATIONS**

*This section must be a verbatim copy of the content found in **Part V: Findings** of this Report.*

## **PART 1: INTRODUCTION**

### **A. General description of the College**

*Outline the unique characteristics of the college, including student body, community and local issues, economic realities, and other unique factors relevant to the college and its overall operations.*

### **B. Impact of Unique Characteristics on Quality Assurance Processes**

*Comment on how these unique characteristics and other relevant information about the college might impact on the programming offered, the academic standards of the college, and the quality assurance processes employed by the college.*

## **PART II:     METHODODOLOGY EMPLOYED FOR AUDIT**

### **A.     Materials Received From College:**

*Please indicate all materials received from the College prior to the Audit. List the documentation as an Appendix to the Final Audit Report.*

### **B.     Documentation Review (Completeness of Documentation):**

*Was the initial package of documentation submitted by the College complete, in the view of the Panel members?*

*Was additional documentation required? If so, indicate any additional materials that were requested and reviewed by the Panel.*

*Describe the process used to review the materials received from the College.*

*Were the documents reviewed individually by Panel members?*

*Were they reviewed in a group as a Panel-as-a-whole?*

### **C.     General Impressions of Documentation Review (Pre-Audit Documentation Submitted by College):**

*Were the processes used / described by the College comprehensive?*

*Do the processes used / described by the College cover a range of programs, using a range of evaluation / assessment tools?*

*Were there perceived gaps in either the tools used or the application of these tools to the evaluation / assessment of quality found in programs?*

### **D.     Preparation of Draft Report:**

*Comment on the 'exit interview' held with the Senior Administrators from the College held at the end of the site visit.*

*Describe the process used by the Panel to draft the final report. In the case of **majority** decisions, be sure to comment on how these decisions were reached and also include the **minority** report.*

### **PART III: REVIEW OF COLLEGE'S PRE-AUDIT DOCUMENTATION**

A. General Principles and Guidelines Employed by the College:

*Describe the policies and practices employed by the College in the development and implementation of quality assurance processes. ("cyclical" and/or "annual")*

*Describe any guidelines used by the College to ensure compliance with its policies.*

B. Status of Program Reviews Completed by the College:

*Detail the processes used / employed by the College to undertake quality assurance in its programs.*

*Comment on the adequacy and comprehensiveness of the College's processes described above.*

- *Are there program areas that have not been reviewed?*
- *Are there documented reasons given for these omissions?*
- *Is there a plan in place to ensure all program areas are to be evaluated? (If yes, what is the given time frame for this?)*

## PART IV: SITE VISIT

### A. Logistics of Site Visit:

*Comment on the logistics of establishing and conducting the site visit.*

### B. Compliance with PQAPA Key Criteria:

*Below is a chart containing the **Criteria for Exemplary Quality Assurance Processes** that will be completed to assist with the Audit. The chart will record documentation reviewed / information gathered. Following this, an assessment can be made as to the extent to which the documentation is adequate in content and in nature to meet the requirement, and to allow the Panel members to comment on the extent to which the documentation is adequate and the extent to which it affirms that the college is actually doing what it says it is doing in the area of quality assurance processes and practices.*

*To determine the level of compliance with each criterion the rating principles adopted by the Management Board (see page 21 of this Manual) along with the following guidelines will be employed by the Panel:*

- *In order for the Panel to deem a criterion “**Met**” all requirements within the section must be, on the basis of the documentation and evidence reviewed by the Panel, **substantially and satisfactorily met**.*
- *In situations where, on the basis of the documentation and evidence reviewed by the Panel, the **majority and not all the requirements are deemed to be substantially and satisfactorily met**, the criterion itself will be deemed to be “**Partially met**”.*
- *Similarly, on the basis of the documentation and evidence reviewed by the Panel, if the **majority of the requirements within a criterion are not substantially and satisfactorily met**, the criterion itself will be deemed to be “**Not met**”.*

*It is required that the Panel provides an explanation for any requirements deemed to have been **partially met** or **not met**. In addition, the wording of an audit team's statement of compliance for a criterion that has been **met** would read: "**The methodology employed and the information reviewed as part of the audit supports the conclusion that the college's quality assurance processes ensure that all requirements within the criterion are substantially and satisfactorily met.**"*

**Criterion 1.** To what extent does your college’s quality assurance process ensure the existence and communication of information to support admission, credit for prior learning, promotion, graduation, and other related academic policies that support program development and student achievement of program learning outcomes?

<i>Finding of panel against requirements: Met / Partially met/ Not met</i>	<i>Requirement</i>	<i>Documentation Reviewed and Information Received to support rating given in first column.</i>
1.1	<p><i>Applicant and student requirements and obligations are clearly stated, communicated, and accessible, including:</i></p> <ul style="list-style-type: none"> <li>• <i>requirements for admission to the program and to courses in the program;</i></li> <li>• <i>provisions for awarding credit towards a credential or exemptions from specific course requirements as a result of cross-crediting, exemptions, transfer credits, and/or recognition for prior learning;</i></li> <li>• <i>advancement in programs, and maximum periods for completion;</i></li> <li>• <i>provisions for dealing with instances of impaired performance (e.g., aegrotat passes, special accommodations, etc.);</i></li> <li>• <i>assessment, including provisions for reassessment and appeals;</i></li> <li>• <i>requirements for the awarding of the credential;</i></li> <li>• <i>rules and criteria governing any awarding of merit, distinction, and other grades; and,</i></li> <li>• <i>assurances that the title of any qualifications awarded for a program or series of courses is consistent with the Credentials Framework for the college system and with any relevant</i></li> </ul>	<p><i>(list documentation reviewed / information received from the college)</i></p>

<b><i>Finding of panel against requirements: Met / Partially met/ Not met</i></b>	<b><i>Requirement</i></b>	<b><i>Documentation Reviewed and Information Received to support rating given in first column.</i></b>
	<i>professional standards and/or nomenclature.</i>	
<b>1.2</b>	<i>Clear statements of learning outcomes exist for all programs offered by the college.</i>	<i>(list documentation reviewed / information received from the college)</i>
<b>1.3</b>	<i>Program learning outcomes are operationally meaningful in that they are:</i> <ul style="list-style-type: none"> <li>• <i>used to provide guidance for curriculum development and student learning assessment;</i></li> <li><i>and,</i></li> <li>• <i>internalized and used in day-to-day work of the program faculty.</i></li> </ul>	<i>(list documentation reviewed / information received from the college)</i>
<b>1.4</b>	<i>Student requirements and obligations stated for each program are derived from and flow coherently from the program's stated learning outcomes.</i>	<i>(list documentation reviewed / information received from the college)</i>

**Criterion 2.** To what extent does your college’s quality assurance process ensure that programs conform to the *Framework for Programs of Instruction* and the *Credentials Framework*, are consistent with accepted college system nomenclature / program titling principles, and maintain relevance?

<b><i>Finding of panel against requirements: Met / Partially met/ Not met</i></b>	<b><i>Requirement</i></b>	<b><i>Documentation Reviewed and Information Received to support rating given in first column.</i></b>
<b>2.1</b>	<i>The structure of the program is consistent with the program learning outcomes.</i>	<i>(list documentation reviewed / information received from the college)</i>
<b>2.2</b>	<i>The length of the program is appropriate to the level of the program outcomes.</i>	<i>(list documentation reviewed / information received from the college)</i>
<b>2.3</b>	<i>Appropriate credits are allocated for each component of the program, and transfer and laddering options are stated.</i>	<i>(list documentation reviewed / information received from the college)</i>
<b>2.4</b>	<i>Academic practices and policies govern program structure, including any specific pre- and co-requisites, mandatory and optional/elective components, practical/work-based components, alternative entry and exit points, and are consistent with program learning outcomes.</i>	<i>(list documentation reviewed / information received from the college).</i>
<b>2.5</b>	<i>Program learning outcomes are consistent with the credential granted, the title of the credential awarded, the provincial program standards (where these apply), and the minimum essential expectations of the workplace. They:</i> <ul style="list-style-type: none"> <li>• <i>are reflected in the course outlines; and,</i></li> <li>• <i>are used in prior learning assessment.</i></li> </ul>	<i>(list documentation reviewed / information received from the college).</i>
<b>2.6</b>	<i>Program learning outcomes are consistent with MTCU Provincial Program Standards where they exist.</i>	<i>(list documentation reviewed / information received from the college)</i>

<b><i>Finding of panel against requirements: Met / Partially met/ Not met</i></b>	<b><i>Requirement</i></b>	<b><i>Documentation Reviewed and Information Received to support rating given in first column.</i></b>
<b>2.7</b>	<i>Program title is consistent with college system nomenclature / titling principles.</i>	<i>(list documentation reviewed / information received from the college)</i>
<b>2.8</b>	<i>Changes to courses and program outcomes are introduced on a timely basis and are designed to maintain the relevance of the program.</i>	<i>(list documentation reviewed / information received from the college)</i>

**Criterion 3. To what extent does your college’s quality assurance process ensure methods of program delivery and student evaluation are consistent with the program learning outcomes?**

<i><b>Finding of panel against requirements: Met / Partially met/ Not met</b></i>	<i><b>Requirement</b></i>	<i><b>Documentation Reviewed and Information Received to support rating given in first column.</b></i>
3.1	<i>Program delivery, including that which takes place off-site, is consistent with the nature of the program, the learning outcomes, and the needs of the students.</i>	<i>(list documentation reviewed / information received from the college)</i>
3.2	<i>Academic policies and practices provide for assessments and appeals, and ensure that:</i> <ul style="list-style-type: none"> <li>• <i>evaluation methods are aligned with course outcomes, are valid , and are reliable;</i></li> <li>• <i>the required standards for evaluation are clearly specified for each component of the course and the program;</i></li> <li>• <i>learners are provided with fair and regular feedback on progress and fair reporting of final achievement; and,</i></li> <li>• <i>resubmissions, supplementals, and appeals are appropriate, fair, valid, and consistent.</i></li> </ul>	<i>(list documentation reviewed / information received from the college)</i>
3.3	<i>Academic policies and practices that provide for the development and continuous improvement of teaching and learning methods are valued, documented, and supported. This would include:</i> <ul style="list-style-type: none"> <li>• <i>regular experimentation with new teaching methods; and,</i></li> <li>• <i>systematic measuring of the results of these new methods to support currency and relevancy of teaching and learning.</i></li> </ul>	<i>(list documentation reviewed / information received from the college)</i>

<b><i>Finding of panel against requirements: Met / Partially met/ Not met</i></b>	<b><i>Requirement</i></b>	<b><i>Documentation Reviewed and Information Received to support rating given in first column.</i></b>
<b>3.4</b>	<i>Graduate capabilities, including knowledge, skills, and attitudes are consistent with program outcomes.</i>	<i>(list documentation reviewed / information received from the college)</i>

**Criterion 4. To what extent does your college’s quality assurance process ensure human, physical, financial, and support resources to support student achievement of program learning outcomes are available and accessible?**

<i><b>Finding of panel against requirements: Met / Partially met/ Not met</b></i>	<i><b>Requirement</b></i>	<i><b>Documentation Reviewed and Information Received to support rating given in first column.</b></i>
4.1	<p><i>Teaching staff involved in the program:</i></p> <ul style="list-style-type: none"> <li>• <i>meet the needs of the students and facilitate the achievement of the program learning outcomes;</i></li> <li>• <i>posses the combination of experience and credentials appropriate to, and required by, the program of study;</i></li> <li>• <i>have the level of expertise and ability to provide the advertised learning experiences; and,</i></li> <li>• <i>are oriented, coordinated, and evaluated.</i></li> </ul>	<i>(list documentation reviewed / information received from the college)</i>
4.2	<i>Learning facilities (including learning Resource Centres) and equipment support the promised modes of delivery and the learning process.</i>	<i>(list documentation reviewed / information received from the college)</i>
4.3	<i>Academic support and advising services meet the needs of the students and facilitate the achievement of the program learning outcomes.</i>	<i>(list documentation reviewed / information received from the college)</i>
4.4	<p><i>Leadership, organization, and management of programs, include:</i></p> <ul style="list-style-type: none"> <li>• <i>optimization of human resources, learning resources, and facilities;</i></li> <li>• <i>measurements of efficiency in the use of resources are considered in the design of teaching methods; and,</i></li> <li>• <i>consistent opportunities for students to meet the program learning outcomes are available across all learning locations and</i></li> </ul>	<i>(list documentation reviewed / information received from the college)</i>

	<i>differing modes of delivery.</i>	
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**Criterion 5. To what extent does your college’s quality assurance process ensure regular program quality assessment that involves a variety of stakeholders, including faculty, students, industry representatives, and others as appropriate for the purpose of continual quality improvement?**

<i><b>Finding of panel against requirements: Met / Partially met/ Not met)</b></i>	<i><b>Requirement</b></i>	<i><b>Documentation Reviewed and Information Received to support rating given in first column.</b></i>
<b>5.1</b>	<p><i>The college has implemented a program quality management system that identifies and rectifies weaknesses, and facilitates the evolution of the program to maintain its relevance. This includes:</i></p> <ul style="list-style-type: none"> <li>• <i>a process</i> <ul style="list-style-type: none"> <li>○ <i>to review programs, courses, and academic standards,</i></li> <li>○ <i>to monitor improvement following review, and</i></li> <li>○ <i>to determine continuation or suspension of courses or programs;</i></li> </ul> </li> <li>• <i>provision for the systematic measurement of indicators that program outcomes have been met;</i></li> <li>• <i>assurance that the views of learners, employers, professional and trade bodies, and academic communities are taken into account;</i></li> <li>• <i>changes to programs and courses are managed to keep them current with provincial standards and relevant professional body requirements; and,</i></li> <li>• <i>processes to ensure that recommendations arising from previous reviews have been considered and addressed.</i></li> </ul>	<i>(list documentation reviewed / information received from the college)</i>
<b>5.2</b>	<i>Documentation and other evidence arising from program quality</i>	<i>(list documentation reviewed / information</i>

<b><i>Finding of panel against requirements: Met / Partially met/ Not met)</i></b>	<b><i>Requirement</i></b>	<b><i>Documentation Reviewed and Information Received to support rating given in first column.</i></b>
	<i>management processes is maintained and used in on-going quality management.</i>	<i>received from the college)</i>
<b>5.3</b>	<i>Graduates, employers, students, and other stakeholders indicate satisfaction with the program.</i>	<i>(list documentation reviewed / information received from the college)</i>

## PART V: FINDINGS

### A. Overall Impressions:

*With reference to the **Criteria for Exemplary Quality Assurance Processes**, comment on how the review procedures and practices used by the College conform to the College's own policies.*

*With reference to the **Criteria for Exemplary Quality Assurance Processes**, comment on how well the methods actually employed by the College meet the standards and criteria established for program quality assurance process in the PQAPA.*

*With reference to the **Carnegie-Melon University capability-maturity theory** (from page 21 of the Orientation Manual), comment on where you see the college's quality assurance and improvement processes and policies fitting from **minimal effort** to **mature effort**.*

### B. Conclusions:

*Generally summarize the findings of the PQAPA and provide summary comments for the college. Provide comments that are optimistic and developmental for the college, and provide support and celebration where this is appropriate and in keeping with the findings of the Panel.*

### C. Commendations:

*Identify and comment on specific areas or practices where the college has shown exemplary practice and / or leadership in the field of quality assurance and improvement. These may be practices, policies, procedures that the Panel believes to be especially good and worthy of emulation by other colleges in the system.*

### D. Affirmations:

*Identify any areas in the current policies and practices used by the College requiring further development that the college itself has identified. This would include the areas where the Panel is in agreement with the documented weakness or problem area. Be sure to commend the college for its insight and honesty in identifying such areas and encourage them to develop specific plans to redress the issues in the near future.*

### E. Recommendations:

*List straightforward and feasible recommendations for the college to implement that are specifically proposed to correct any shortfalls related to the criteria and requirements of the PQAPA. It is understood these recommendations will be neither prescriptive nor exhaustive in nature or content.*

**APPENDIX C**

**QUALITY CRITERIA FORM**

<b>CRITERIA</b>	<b>REQUIREMENTS</b>	<b>DATA / EVIDENCE</b>
<p><b><u>CRITERION 1.</u></b></p> <p>Admission, credit for prior learning, promotion, graduation, and related academic policies support program development and student achievement of program learning outcomes.</p>	<p><b>1.1</b> Applicant and student requirements and obligations are clearly stated, communicated, and accessible, including:</p> <ul style="list-style-type: none"> <li>○ requirements for admission to the program and to courses in the program;</li> <li>○ provisions for awarding credit towards a credential or exemptions from specific course requirements as a result of cross-crediting, exemptions, transfer credits, and/or recognition for prior learning;</li> <li>○ advancement in programs, and maximum periods for completion;</li> <li>○ provisions for dealing with instances of impaired performance (e.g., aegrotat passes, special accommodations, etc.);</li> <li>○ assessment, including provisions for re-assessment and appeals;</li> <li>○ requirements for awarding the credential;</li> <li>○ rules and criteria governing any awarding of merit, distinction, and other grades; and,</li> <li>○ assurances that the title of any qualifications awarded for a program or series of courses is consistent with the Credentials Framework for the college system, and with any relevant professional standards and/or nomenclature.</li> </ul>	

CRITERIA	REQUIREMENTS	DATA / EVIDENCE
	<p><b>1.2</b> Clear statements of learning outcomes exist for all programs offered by the college.</p> <p><b>1.3</b> Program learning outcomes are operationally meaningful in that they are:</p> <ul style="list-style-type: none"> <li>○ used to provide guidance for curriculum development and student learning assessment; and,</li> <li>○ internalized and used in the day-to-day work of program faculty.</li> </ul> <p><b>1.4</b> Student requirements and obligations stated for each program are derived from, and flow coherently from, the program's stated learning outcomes.</p>	
<p><b><u>CRITERION 2.</u></b></p> <p>Programs conform to the <i>Framework for Programs of Instruction</i> and the Credentials Framework, are consistent with accepted college system nomenclature / titling principles, and maintain relevance.</p>	<p><b>2.1</b> The structure of the program is consistent with the program learning outcomes.</p> <p><b>2.2</b> The length of the program is appropriate to the level of the program outcomes.</p> <p><b>2.3</b> Appropriate credits are allocated for each component of the program, and transfer and laddering options are stated.</p> <p><b>2.4</b> Academic practices and policies govern program structure, including any specific pre- and co-requisites, mandatory and optional/elective components, practical/work-based components, alternative entry and exit points, and are</p>	

CRITERIA	REQUIREMENTS	DATA / EVIDENCE
	<p>consistent with program learning outcomes.</p> <p><b>2.5</b> Program learning outcomes are consistent with the credential granted, the title of the credential awarded, the provincial program standards (where these apply), and the minimum essential expectations of the workplace. They:</p> <ul style="list-style-type: none"> <li>○ are reflected in the course outlines; and,</li> <li>○ are used in prior learning assessments.</li> </ul> <p><b>2.6</b> Program learning outcomes are consistent with MTCU Provincial Program Standards where they exist.</p> <p><b>2.7</b> Program title is consistent with college system nomenclature / titling principles.</p> <p><b>2.8</b> Changes to courses and program outcomes are introduced on a timely basis and are designed to maintain the relevance of the program.</p>	
<p><b><u>CRITERION 3.</u></b></p> <p>Methods of program delivery and student evaluation are consistent with the program learning outcomes.</p>	<p><b>3.1</b> Program delivery, including that which takes place off-site, is consistent with the nature of the program, the learning outcomes, and the needs of the students.</p> <p><b>3.2</b> Academic policies and practices provide for assessments and appeals, and ensure that:</p> <ul style="list-style-type: none"> <li>○ evaluation methods are aligned with course outcomes, are valid, and are reliable;</li> <li>○ the required standards for evaluation are clearly</li> </ul>	

CRITERIA	REQUIREMENTS	DATA / EVIDENCE
	<p>specified for each component of the course and the program;</p> <ul style="list-style-type: none"> <li>○ learners are provided with fair and regular feedback on progress and fair reporting of final achievement; and,</li> <li>○ complaints, resubmissions, supplementals, and appeals are appropriate, fair, valid, and consistent.</li> </ul> <p><b>3.3</b> Academic policies and practices that provide for the development and continuous improvement of teaching and learning methods are valued, documented, and supported. This would include:</p> <ul style="list-style-type: none"> <li>○ regular experimentation with new teaching methods; and,</li> <li>○ systematic measuring of the results of these new methods to support currency and relevancy of teaching and learning.</li> </ul> <p><b>3.4</b> Graduate capabilities, including knowledge, skills, and attitudes are consistent with program outcomes.</p>	
<p><b><u>CRITERION 4.</u></b></p> <p>Human, physical, financial, and support resources to support student achievement of program learning outcomes are available and accessible.</p>	<p><b>4.1</b> Teaching staff involved in the program:</p> <ul style="list-style-type: none"> <li>○ meet the needs of the students and facilitate the achievement of the program learning outcomes;</li> <li>○ possess the combination of experience and credentials appropriate to, and required by, the program of study;</li> <li>○ have the level of expertise and ability to provide the advertised learning experiences; and,</li> <li>○ are oriented, coordinated, and evaluated.</li> </ul>	

CRITERIA	REQUIREMENTS	DATA / EVIDENCE
	<p><b>4.2</b> Learning facilities (including learning Resource Centres) and equipment support the promised modes of delivery and the learning process.</p> <p><b>4.3</b> Academic support and advising services meet the needs of the students and facilitate the achievement of the program learning outcomes.</p> <p><b>4.4</b> Leadership, organization, and management of programs, include:</p> <ul style="list-style-type: none"> <li>○ optimization of human resources, learning resources, and facilities;</li> <li>○ measurement of efficiency in the use of resources are considered in the design of teaching methods; and,</li> <li>○ consistent opportunities for students to meet the program learning outcomes are available across all learning locations and differing modes of delivery.</li> </ul>	
<p><b><u>CRITERION 5.</u></b></p> <p>Regular program quality assessment that involves faculty, students, industry representatives, and others as appropriate for the purpose of continual improvement is in place and happens.</p>	<p><b>5.1</b> The college has implemented a program quality management system that identifies and rectifies weaknesses, and facilitates the evolution of the program to maintain its relevance. This includes:</p> <ul style="list-style-type: none"> <li>○ a process <ul style="list-style-type: none"> <li>○ to review programs, courses, and academic standards,</li> <li>○ to monitor improvement following review, and</li> <li>○ to determine continuation or suspension of</li> </ul> </li> </ul>	

CRITERIA	REQUIREMENTS	DATA / EVIDENCE
	<p>courses or programs;</p> <ul style="list-style-type: none"> <li>○ provision for the systematic measurement of indicators that program outcomes have been met;</li> <li>○ assurance that the views of learners, employers, professional and trade bodies, and academic communities are taken into account;</li> <li>○ changes to programs and courses are managed to keep them current with provincial standards and relevant professional body requirements; and,</li> <li>○ processes to ensure that recommendations arising from previous reviews have been considered and addressed.</li> </ul> <p><b>5.2</b> Documentation and other evidence arising from program quality management processes is maintained and used in on-going quality management.</p> <p><b>5.3</b> Graduates, employers, students, and other stakeholders indicate satisfaction with the program.</p>	