COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP)

AUDIT REPORT

ALGONQUIN COLLEGE

DATE OF SITE VISIT: June 2\textsuperscript{nd} – 4\textsuperscript{th}, 2021

PREPARATION DATE: June 18, 2021

SUBMISSION DATE: July 16, 2021

PREPARED BY: Geoffrey Cudmore, Marjorie McColm, Sandra Sukhan
# Table of Contents

APPROVAL OF THE AUDIT REPORT................................................................................... 3  
EXECUTIVE SUMMARY................................................................................................. 4  
  1. Conclusions........................................................................................................... 4  
  2. Results.................................................................................................................. 4  
STIPULATIONS ................................................................................................................. 6  
  1. Commendations ................................................................................................... 6  
  2. Affirmations .......................................................................................................... 6  
  3. Recommendations ................................................................................................ 7
# APPROVAL OF THE AUDIT REPORT

This report represents the findings of the College Quality Assurance Audit Process for **Algonquin College**

This report has been prepared, reviewed, and accepted by all parties to the Audit, including the college President, members of the audit panel, and the Chair of the OCQAS Management Board. The signatures of the representative parties demonstrate their acceptance of the content of this report.

## COLLEGE PRESIDENT

<table>
<thead>
<tr>
<th>Signature: [Signature Image]</th>
<th>Date: September 24, 2021</th>
</tr>
</thead>
</table>

## CHAIR- OCQAS MANAGEMENT BOARD

<table>
<thead>
<tr>
<th>Signature: [Signature Image]</th>
<th>Date: September 21, 2021</th>
</tr>
</thead>
</table>

## AUDIT PANEL MEMBERS

<table>
<thead>
<tr>
<th><strong>Chair</strong>: Geoffrey Cudmore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: [Signature Image]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Panelist</strong>: Marjorie McCollm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: [Signature Image]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Panelist</strong>: Sandra Sukhan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: [Signature Image]</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

1. Conclusions

   General comments and summary of the findings of the audit panel.

   It is the finding of the audit panel that Algonquin College has an excellent and
   comprehensive suite of quality assurance policies, processes, and practices. Since the
   last audit in 2016, the College has committed significant resources to enhance existing
   policies, processes, and tools, and has developed others to support their culture of
   continual quality improvement. This commitment to continual quality improvement is
   imbedded in the culture of the institution as it was evident throughout the Self-Study
   and confirmed continually, across groups seen during the site visit. The panel does
   have to note however that work is still ongoing to satisfy two of the recommendations
   from the last audit.

   Algonquin College submitted a comprehensive and thorough Self-Study Report.

   Additional evidence was requested and received from the College. The virtual site
   visit afforded the opportunity for the audit team to verify the information
   presented in the Self-Study and additional materials. The panel found that the site
   visit was instrumental to confirming that actual practice lived up to the cumulative
   evidence provided.

   There was a high level of engagement with the various constituency groups with
   whom the audit panel met. The participants in the virtual site visit were
   forthcoming and helpful in providing information. The agenda was organized to
   permit specific meetings with representatives from: Senior Leadership; Board of
   Governors; Program Advisory Committees; students; recent graduates/imminent
   graduates; faculty/program coordinators; program/curriculum
   development/review staff & quality lead teams; student support service providers;
   deans, associate deans, program or department chairs or heads of academic
   departments; directors or heads of services departments.

2. Results

   a. Audit Results

<table>
<thead>
<tr>
<th>Standard</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☒ Met</td>
</tr>
<tr>
<td>2</td>
<td>☒ Met</td>
</tr>
<tr>
<td>3</td>
<td>☒ Met</td>
</tr>
<tr>
<td>4</td>
<td>☒ Met</td>
</tr>
<tr>
<td>5</td>
<td>☒ Met</td>
</tr>
<tr>
<td>6</td>
<td>☒ Met</td>
</tr>
</tbody>
</table>
Audit Decision: *(select one)*

- [x] Mature Effort
- [ ] Organized Effort
- [ ] Formal Effort
STIPULATIONS

1. Commendations
   Provide clear statements that articulate areas where the college has shown exemplary or leadership in the field of quality assurance and improvement. These are mechanisms that are especially good and may be worthy of emulation by other colleges in the system.

   • The audit panel commends the College on the quality of engagement demonstrated by the Board of Governors (BOG), the work of the BOG committees and the quality processes that the BOG employs to monitor their own work. Example: The audit panel commends the College on the process of having new programs report to the Academic Affairs Committee of the BOG at the two-year mark, to assess all metrics to date.

   • The audit panel commends the College on the quality of the curriculum documentation developed by the College, COMMS, Course Outlines, Course Section Information (CSI), and the consistency of application across locations and modes of delivery.

   • The audit panel commends the college on the quality of enhanced services provided to students at regional campuses and online with the use of the Net Promotion Score (NPS) data in evaluating all student support services.

   • The audit panel commends the college on the development and implementation of the Program Lifecycle Management System (PLMS).

2. Affirmations
   Provide clear statements that articulate areas where the college itself has found a weakness, identified the weakness, and intends to correct it (a plan of action has already been articulated). In effect, this is affirming the college’s judgment and findings of its own self-study.

   • Affirmation 1: (R1.2) The audit panel affirms the college’s remedial efforts to ensure that Program Quality Reviews are completed in a timely manner as per college policy.

   • Affirmation 2: (R1.2) The audit panel affirms the college’s commitment to establishing mechanisms ensure that faculty have a better understanding of the
connection between Annual Curriculum Review and Program Quality Review processes.

- **Affirmation 3: (R1.4)** The audit panel affirms the college’s commitment to establishing mechanisms to improve access to accurate and timely data to inform the Program Quality Reviews, including data related to other than full-time (OTFT) activity, data from other campuses/modes of delivery, and the processes and systems needed to gather this information.

- **Affirmation 4: (R1.7)** The audit panel affirms the college’s initiatives to centralize program maintenance records to ensure a more holistic view and integration of QA processes.

- **Affirmation 5: (R5.1)** The audit panel affirms the college’s commitment to providing additional clarity regarding communications of changes to college policies.

- **Affirmation 6: (R5.2)** The audit panel affirms the college’s initiative to explore and implement a technical solution to better support the management of policies.

- **Affirmation 7: (R5.8)** The audit panel affirms the college’s ongoing development of additional policies regarding articulation agreements.

- **Affirmation 8: (R6.6)** The audit panel affirms the pending implementation of the college’s Learner Driven Plan (LDP).

3. **Recommendations**

Provide clear statements that articulate areas as needing improvement. Recommendations may also be made in relation to areas of concern identified by the college in its self-study, and for which no plan of action has been articulated by the college.

- **Recommendation 1: (R3.3)** The audit panel recommends that the college institutes processes and checks to ensure that college policies and procedures regarding the membership and meeting requirements of Program Advisory Committees are followed.

- **Recommendation 2: (R4.3)** The audit panel recommends that the college continues to review policy AA13 to set clearer expectations around the timing of feedback to learners and then takes further steps to ensure compliance with policy.
• Recommendation 3: (R5.2) The audit panel recommends that the college complete the review of existing department and program specific procedures and the further updating of Policy AD01 to meet the previous recommendation.

• Recommendation 4: (R5.2) The audit panel recommends that the college takes all steps necessary to ensure that all policies are reviewed in accordance with the requirements of college policy AD01.

• Recommendation 5: (R6.1) The audit panel recommends that the college takes all necessary measures to ensure that there are policies, procedures, and resources in place to enable the appropriate and timely evaluation of fulltime and other than fulltime faculty to be done on a regular basis.

• Recommendation 6: (R 6.4) The audit panel recommends that the college puts mechanisms in place to ensure that all support services staff are appropriately evaluated through regular and consistent performance appraisals.