



Ontario College Quality Assurance Service

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

COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP)

CURRENT STATE OF QUALITY ASSURANCE ACTIVITIES— FOLLOW-UP (18 MONTH) REPORT

[CLICK TO ENTER COLLEGE NAME](#)

DATE SINCE LAST UPDATE TO OCQAS: [June 4, 2021](#)

DATE OF PREPARATION OF REPORT: [February 10, 2023](#)

REPORT PREPARED BY: [Academic Development](#)



This report aims to provide updated information regarding the quality assurance activities that the college is implementing to address the identified gaps (affirmations, recommendations and other) since the college's last submitted report to the OCQAS.

The OCQAS Management Board is looking for the following:

1. **Completeness:** Adequate information about implementation progress for each of the recommendations and affirmations from the Audit Report is provided in the follow up report. This includes statements of the specific deliverables/tasks that the college is undertaking to implement each recommendation and affirmation. The current status should be stated in terms of percent of implementation completion for the specific deliverables/tasks. Where a specific deliverable/task is not complete, the expected completion date should be stated. If there has been slow progress in implementing specific deliverables/tasks, an explanation for why that is the case should be provided
2. **Appropriateness** of the college's chosen deliverables/tasks for achieving the intent of the Audit Report recommendation.
3. **Sufficient Progress:** The college should have made overall substantial progress on all Audit Report recommendations with implementation of some of specific deliverables/tasks already completed.

Note: When using acronyms, please include their unabbreviated form.

1. Provide the continuous improvement plan (action/ implementation plan) and results to date.

* *The college must provide (at the very least) the affirmations made by the college and the recommendations made by the audit panel at the time of the last audit. These stipulations (affirmations and recommendations) should be listed, verbatim as they appear in the audit report.*

Affirmation #1

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
The audit panel affirms the college's remedial efforts to ensure that	Continue on-going efforts to improve the Program Quality Review	PQR Process: 1. Complete an environmental scan of	Dean, Academic Development	March 2022	1. 100% completed and on-going. Meetings held with six other colleges +



<p>Program Quality Reviews (PQRs) are completed in a timely manner as per college policy.</p>	<p>process as well as tracking/visibility into progress for Deans and Chairs.</p>	<p>College system - PQR processes and support models - March 2022 2. Based on stakeholder feedback, complete document and process improvements for 2021-22 PQRs - completed; new manual, process, and timeline implemented 3. Develop procedures and training materials to improve PQR process for multi-campus programs - completed; new procedure and documentation implemented 4. Develop business case for steady-state PQR support model - completed; business case presented to ACET and approved in November 2021 PQR Tracking / Visibility: 5. Expanded PQR tracking sheet: progress</p>	<p>Chair, Program Quality and Renewal</p>		<p>joined OCQAS CQAAP Working Group 2. 100% completed. Process improvements implemented for 2021-22 include: updated instructional materials, revised timeline and SWF allocation, reformatted enrolment and progression data. 3. 100% completed. New procedures and materials developed. 4. 100% completed. Resourcing model approved by Algonquin College Executive Team in November 2021. 5. 100% completed. New spreadsheet on Joint Deans and Chairs Teams site created in Q1 and revised in Q2 and Q3. New PQR tracking cover sheet developed and implemented in Q3. Each PQR report has a one-page summary of</p>
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		<p>against milestones for 2021-22 PQRs - completed; more detailed tracking template implemented</p> <p>6. Expanded PQR tracking sheet: summary charts by School - March 2022</p>			<p>all tasks required to be completed by the Chair and PQR Team Lead, organized by term.</p> <p>6. 100% completed. Summary charts by school not feasible with current excel tracking model. To increase visibility, Program Dean, Program Chair, and Dean, Academic Development now receive monthly updates on the status of each PQR.</p>
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Affirmation #2

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
Establish mechanism ensuring that faculty have a better understanding of the connection between	Coordinated and fulsome communications, including visual aids, that supports planning	<ol style="list-style-type: none"> 1. Update PQR manual identifying the process and connection to ACR. 2. Communication of broader PQR/ACR 	Dean, Academic Development Chair, Program Quality and Renewal	April 2022	1. 100% completed – new manual explicitly connects these two activities with a visual



Annual Curriculum Review and Program Quality Review processes.	for, during and after Program Quality Review (PQR) as it relates to Annual Curriculum Review (ACR)	ecosystem and when changes from PQR are allowable. 3. Develop and offer professional development related to Curriculum Development and Renewal to program coordinators 4. Annual planning document for Deans/Chairs; planning for, during and after PQR - April 2022 5. Annual list of ACR-excluded programs (those undergoing a PQR that academic year) - March 2022 6. New mechanism established to support tracking of PQR action items, including ACR changes (sortable by department), made available to all stakeholders - May 2022	Curriculum Administrator		2. 100% completed - reflected in updates to PQR manual and ACR guidelines document. 3. 100% completed – Curriculum Development and Renewal Series program launched in 2021. 4. 100% completed- new visual incorporated in revised PQR manual + new PQR planning document for Deans and Chairs created in September 2022 5. 100% completed- presentation and follow-up spreadsheet sent to Chairs in June 2022 6. 90% completed - On-track to complete by March 31. New functionality developed in Program Lifecycle Management System (PLMS) which allows PQR actions to be easily entered,
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					<p>tracked/updated, and reported on. Functionality was pushed to production in Q3 and a PQR Actions Summary report was created. An enhancement has been requested to allow PQR actions to be categorized. All PQR actions will then be entered into PLMS in Q4 in 2022-23.</p>
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Affirmation #3

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
Improve access to accurate and timely data to inform the PQR, including data related to Other-than-Full-Time (OTFT) activity, data from the other	Operational plan initiative for 2022-23 to strike a cross-functional working group, document requirements, and	<ol style="list-style-type: none"> 1. Draft project plan, goals, and working group membership - April 2022 2. Strike working group - May 2022 	Dean, Academic Development (project sponsor) Chair, Program Quality and Renewal (project owner)	March 2023	<ol style="list-style-type: none"> 1. 100% completed 2. 100% completed - kick-off June 13 3. and 4. 75% completed - Working group is taking an agile approach to developing



<p>campuses/modes of delivery, and the processes and systems needed to gather this information.</p>	<p>redevelop program quality data sets.</p>	<p>3. Gather and document business requirements - December 2022 4. Develop and test new reports - February 2023 5. Launch new reports - March 2023</p>	<p>ITS Business Intelligence Team Representatives from the Registrars Office, Academic Operations and Planning and International Education Centre</p>		<p>the reports. Basic requirements were gathered in Q3 and five report prototypes were created. In January 2023 provided feedback on the draft reports and the last two report prototypes will be created (scope has expanded from 4 to 9 reports/report variations).</p> <ul style="list-style-type: none"> - Program Enrolment Trend - Program Enrolment Trend (Dom/Intl) - Program Enrolment Trend (Level 1) - Program Attrition (Level 1) - Program Fill Rate (Level 1) - Program Level 2 Retention (Fall to Winter) - Program Level 2 Retention (Custom) - Program Retention (Custom)
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					- Program Withdrawals 5. 90% completed - On-track to complete by March 31, 2023. UAT is planned for February 2023 and demo/testing with stakeholders is planned for March 2023.
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Affirmation #4

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Centralize program maintenance records to ensure more holistic view and integration of QA processes.	Implement the Program Lifecycle Management System (PLMS) with the processes associated with: 1. New Program Development (completed November 2020) 2. New Program Deliveries	The Program Lifecycle Management System (PLMS) is a multi-year project designed with a common infrastructure that identifies a 'home' for all programs offered by the College. The workflows associated with the key academic processes that change program 'home'	Dean, Academic Development (project sponsor) Chair, Academic Development (project business lead) Chair, Program Quality and Renewal (project business lead) Curriculum Administrator (project business lead)	December 2023	1. 100% completed – new program development launched in November 2020 2. 33% completed -In-progress - requirements gathered 3. 33% completed - In-progress - requirements gathered 4. 100% completed – Program Quality Review



	<p>3. Program Modifications 4. Program Quality Reviews 5. Program Suspensions and Cancellations 6. Program Standard Attestations and Validations</p>	<p>information, and the associated artefacts, are broken out into phases of development managed by the Project Manager, and supported by a Business Analyst, Salesforce Developers and business Subject Matter Experts. Expectations are that each phase of development encompasses several sprints, depending on the functionality required. Each phase includes sprints that augment or introduce new functionality.</p>	<p>As a project, there is also an assigned Project Manager, Business Analyst, and Salesforce team, including a Developer, Architect and Administrator</p>		<p>status and outcomes managed in PLMS. 5. 0% completed. 6. 0% completed. Program Home went live in November 2022, and all data to be live in February 2023. Next steps in Q4, and in Q1 of 2023-24 include populating the system with relevant data specific to program home, including program approval documents, program modification documents, program standard information, program standard validations, and external requirements and relationships. While the workflows supporting some of these activities has not been implemented in the system, the availability of this information in one</p>
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					central system greatly increases transparency.
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Affirmation #5

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
Provide additional clarity regarding communications of changes to college policies.	<p>Policy AD01 clearly states that as step 1.10 of the Procedures section, the Responsible Authority is to Inform the College Community of the new policy:</p> <p><i>Status updates are to be provided to the appropriate departmental EA and the Comms EA for the tracking spreadsheet. The Comms office will follow-up to ensure a posting for the College's intranet has been included.</i></p>	<p>Once an updated policy is published, the Responsible Authority is required to communicate to the college community through a template via MyAC (Algonquin College's intranet):</p> <ul style="list-style-type: none"> • An outline of changes to the policy • Links to the policy • Contact information for the Responsible Authority 	Director, President's Office and Communications	October 2021; reviewed weekly through Algonquin College Executive Team huddles	100% completed – increased oversight provided by the President's Office, including weekly review of the status of all College policies, and support for posting policy updates through the College's internal communications system



	<p>In order to provide broader oversight and accountability towards reaching the True North goal of zero Policies Past Mandatory Review Date, weekly Corporate Policy Report and tracking spreadsheet are communicated to both the Executive Team and the Leadership Team. Additionally, the Executive Team has a huddle every week where overdue policies are highlighted and discussed to determine what is on-track, what is overdue and mitigations to keep all in check.</p>	<p>Currently, the Communications department tracks the progress of revised and approved policies, and will follow up with the office of the Responsible Authority to ensure communication of changes to college policies has taken place.</p>			
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Affirmation #6

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
<p>Explore and implement a technical solution to better support the management of policies</p>	<p>Corporate Policy Management is in the process of being integrated as part of Data Governance into "Collibra", the College Data Governance Platform. This project is being implemented through a phased approach, and is expected to be fully integrated over a period of two years, starting in 2021.</p> <p>The key benefits from the Corporate Policy Management standpoint are:</p> <ol style="list-style-type: none"> 1. Moving from a manual to an 	<p>Phase 1: Data Entry into Collibra Phase 2: Mapping the Policy Approval Process Phase 3: Testing and Refinement Phase 4: Full Implementation and Cut-off Dates</p>	<p>Director, President's Office and Communications</p>	<p>Phase 1: Dec 31, 2021 Phase 2: Mar 31, 2022 Phase 3: Nov 04, 2022 Phase 4: Soft launch Nov 21, 2022 and full implementation by March 31, 2023.</p>	<p>Phase 1: 100% completed Phase 2: 100% completed ahead of schedule Phase 3: 75% completed - in progress - requesting endorsement from Algonquin College Leadership Team on Feb 22, 2023 and approval from Algonquin College Executive Team on March 08, 2023 Phase 4: 50% completed – pending approvals noted above in March 2023, policies that are past the mandatory review date will be asked to transition to Collibra.</p>



	<p>automated tracking process</p> <ol style="list-style-type: none">2. Enabling clearly laid out milestones and approval processes3. Identifying and addressing “bottle necks” in the processes4. Ability to track editing, and ownership5. Ensuring AODA and College Standards Compliance6. Increasing overall efficiency towards reaching the True North goal of 0% Policies past mandatory review.7. Incorporating a list of acronyms and business terms that will be updated and kept current.				
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Affirmation #7



* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
Additional policy development regarding articulation agreements.	Development and approval of a College-wide policy specific to the approval, maintenance and review of articulation agreements.	<ol style="list-style-type: none"> 1. Draft policy created for review by stakeholders, including various departments and committees. 2. Policy approved by the Algonquin College Executive Team. 3. Following the AD01 Administration of College Policies policy, complete a review of the effective functioning of the policy. 	Dean, Academic Development Academic Manager, Learning and Teaching Services	March 31, 2021 for policy approval March 31, 2023 for policy efficacy review	<ol style="list-style-type: none"> 1. 100% completed – policy AA45 Articulation Agreements drafted and reviewed by relevant stakeholders and committees. 2. 100% completed – policy approved March 10, 2021. 3. 33% completed – in progress with various stakeholders, and initiated in Collibra.

Affirmation #8

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)



<p>Implementation of the college's Learner Driven Plan.</p>	<p>Framework of the Learner Driven Plan Implementation Strategy is fully incorporated into the Academic Strategic Plan currently under development.</p>	<p>1. Strategic Planning consultants include the Learner Driven Plan Implementation Strategy in their conversations with College constituents. 2. Status of implementation initiatives related to Universal Design for Learning, Student schedules and timetables and micro-credentials are reviewed and updated 3. Academic Strategic Plan contains all of the outcomes of the Learner Driven Plan</p>	<p>Senior Vice-President, Academic</p>	<p>June 2023</p>	<p>1. 100% completed. 2. 100% completed – status of implementation initiatives updated with leads. These initiatives will inform the Academic Plan. 3. 50% completed - Academic Plan to be presented to the Board of Governors at June 2023 meeting.</p>
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Recommendation #1

<p>* What has been identified as needing to be done? (stipulation)</p>	<p>What deliverables are associated with addressing the stipulation?</p>	<p>What tasks are associated with addressing the deliverable?</p>	<p>Who is responsible for the specific deliverable/ task?</p>	<p>When is the completion deadline of the specific deliverable/ task?</p>	<p>What is the current status of each specific deliverable/ task? (include a completion percentage)</p>
<p>The audit panel recommends that the</p>	<p>Each Dean held accountable for</p>	<p>Each Dean shall have language included in</p>	<p>Senior Vice-President, Academic</p>	<p>June 30th annually</p>	<p>100% completed - Each Dean has language</p>



<p>college institutes processes and checks to ensure that college policies and procedures regarding the membership and meeting requirements of Program Advisory Committees are followed.</p>	<p>adherence to AA01 for each Program Advisory Committee (PAC) in their portfolio. That accountability appears as a portion of their annual performance review.</p>	<p>their annual performance contract regarding PAC expectations. That language will be:</p> <p>All Program Advisory Committees in your portfolio shall be constituted and meet in accordance with AA01, including:</p> <ol style="list-style-type: none"> 1. 100% of PACs will meet at least twice a year; 2. 100% of PAC meetings use templates provided in AA01 and the PAC Procedural Guide; 3. 100% of PAC reports clearly outline actionable items and those items are reviewed at the next Committee meeting 	<p>Deans and Chairs</p>		<p>included in their annual performance contract regarding PAC expectations.</p> <p>PAC Annual Reports are due to the Office of the Senior Vice-President, Academic by June 30th annually.</p>
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		4. 100% of PAC annual reports submitted on time			
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Recommendation #2

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
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.	Revision and approval of AA13 Evaluation of Student Learning to include specific language regarding timing of feedback to learners. Policy implementation to include awareness through training.	<ol style="list-style-type: none"> 1. Consult with students, faculty and Chairs regarding proposed revisions to AA13. 2. Secure input and approval through various committees. 3. Implement policy changes in relevant training, including the Faculty Learning Program (new faculty training for Full-Time faculty), Introduction to Teaching at Algonquin College (new faculty training for part time faculty), and other 	Dean, Academic Development Chair, Learning and Teaching Services	March 31, 2022 for policy approval August 31, 2023 for policy efficacy review	<ol style="list-style-type: none"> 1. 100% completed – the consultations were extensive needing additional time beyond expectations. 2. 100% completed – policy was approved in June 2022, and further updated regarding clarifying language in December 2022. 3. 100% completed – training was provided throughout Summer and Fall 2022, and included in regular new faculty orientation programs.



		relevant workshops, including on topics related to assessment. 4. One year following implementation of the policy, complete a review of the effectiveness of policy changes.			4. 0% completed – due to the timing with the approval of the policy, activities to review the efficacy of the policy will begin Spring 2023.
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Recommendation #3

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
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.	Revision and approval of a College-wide policy (AD01) specific to the development, approval, maintenance and review of College policies.	1. Review and revise policy with stakeholders, including Office of the Senior Vice President, Academic. 2. Policy approved by the Algonquin College Executive Team. 3. Following the AD01 Administration of College Policies policy, complete a review of the effective	Director, President's Office and Communications	1. November 1, 2022 2. March 31, 2023 3. August 31, 2024	1. 100% completed – the review was completed with relevant stakeholders. 2. 90% completed - Scheduled for approval with the Executive Team on March 08, 2023, with anticipation of final cross-college implementation by Mar 31, 2023



		functioning of the policy.			3. 0% completed – due to the timing with the approval of the policy, activities to review the efficacy of the policy will begin Spring 2024.
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Recommendation #4

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
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.	In order to provide broader oversight and accountability towards reaching the True North goal of zero Policies Past Mandatory Review Date, the weekly Corporate Policy Report and tracking spreadsheet are communicated to both the Executive Team and the Leadership Team. Additionally, the Executive Team has a	Weekly huddles with the Executive Team and discussions that highlight upcoming or overdue renewals of policies. Weekly email reminders to the Leadership Team (Deans, Directors, Vice President and President) to advise the percentage of policies that are currently overdue, as well as recently revised policies	Director, President's Office and Communications	March 31, 2023	85% completed - We anticipate that when the data governance platform is fully implemented in 2023, we will be able to achieve our true north target of 0% overdue. Current status is 9% of policies overdue (reduced from the 31% reported in February 2020). This manual process will be eliminated when the



	<p>huddle every week where overdue policies are highlighted and discussed to determine what is on-track, what is overdue and mitigations to keep all in check.</p>	<p>that have been approved (or about to be approved). And finally, weekly review of the tracking sheet to determine which policies are within six months of renewal and advising the Responsible Authority that they have a necessary review in the coming months. This manual system will change when Collibra is fully implemented. The system provides:</p> <p><u>Audit History:</u> Being able to easily identify who made a change to a policy, when the change occurred and what the change was which offers a significant increase in efficiency and a significant decrease in risk.</p>			<p>data governance platform is fully implemented. We remain on time and on target with our goal to implement by March 31, 2023.</p>
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		<p><u>Automated Workflows:</u> The approval process for policies can now be automated. This will allow people to see exactly where the approval process is stalled, and once identified, can be addressed to move things along. Individuals are sent emails and given tasks when it is their time to review the policy, make changes, and give feedback.</p> <p><u>Automatic Hyperlinking:</u> Another feature of the Data Governance Center is that it is also the College's Business Glossary. When writing policy, the page will hyperlink to any Business Terms that are authoritatively defined and have gone through their own Approval Process.</p>			
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		<p>The key benefits from the Corporate Policy Management standpoint are:</p> <ul style="list-style-type: none">●Moving from a manual to an automated tracking process●Enabling clearly laid out milestones and approval processes●Identifying and addressing “bottle necks” in the processes●Ability to track editing, and ownership●Ensuring AODA and College Standards Compliance●Increasing overall efficiency towards reaching the True North goal of 0% Policies past mandatory review.●incorporating a list of acronyms that will be updated and kept current (the current list found on our website is older and not up to date. Some acronyms			
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		are not listed; others should be removed altogether as they no longer exist.			
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Recommendation #5

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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 Full-Time and Other-than-Full-Time faculty to be done on a regular basis.	Algonquin College is developing a net new program to ensure the timely evaluation and feedback provision to other than Full-Time faculty. A program for Full-Time faculty currently exists, and will be reviewed and reinforced for compliance.	Other-Than-Full-Time (OTFT) Faculty Evaluation: Note: Project timeline adjusted due to impacts of COVID-19 and capacity. Project timeline and phases baselined as shown below: 1. Develop project plan, secure resources, establish project steering committee, status reporting	Director, Talent Management	Other than Full Time Faculty: Program expected to pilot in January/February, with final materials available for implementation after Fall 2022 Full-Time Faculty: Program is currently in existence. Discussions to review and reinforce to commence summer 2023	1. 100% completed – project plan with associated governance completed. 2. 100% completed – benchmarking and research completed. 3. 100% completed – Program Evaluation framework completed. 4. 100% completed – process maps, communications and systems completed. 5. 100% completed - pilot within 6 departments. This



		<p>templates, etc. (Sept. 21, 2021)</p> <p>2. Conduct benchmarking and research with multiple Chairs, Deans, and faculty members across Algonquin, as well as research into practices at other Ontario Colleges (October 31, 2021)</p> <p>3. Develop Program Evaluation framework (December 7, 2021)</p> <p>4. Develop process maps, communications, systems (January 31, 2022)</p> <p>5. Implement Pilot with 6 departments to assess effectiveness, scalability, impacts and benefits (July, 2022)</p> <p>6. Implement phase two pilots, adding an additional four departments to pilot group (October, 2022)</p>			<p>included piloting of communications, reporting capabilities, automation and systems, etc. Developed communication plan and established dedicated SharePoint Site.</p> <p>6. 100% completed - four additional pilot groups added. Program ramp-up in Fall, 2022.</p> <p>7. 100% completed – final report completed with feedback from all pilot participants.</p> <p>8. 80% completed – Readiness planning for College-wide implementation.</p> <p>With the success of the pilot activities, our attention is turning back to the Full-Time faculty appraisal process. We will review and redesign the process, informed by</p>
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		7. Produce final report with feedback from stakeholders and Other-than-Full-Time employees (January, 2023) 8. Implement solution College-wide (September, 2023)			the success of the other than Full-Time faculty evaluation process.
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Recommendation #6

* What has been identified as needing to be done? (stipulation)	What deliverables are associated with addressing the stipulation?	What tasks are associated with addressing the deliverable?	Who is responsible for the specific deliverable/ task?	When is the completion deadline of the specific deliverable/ task?	What is the current status of each specific deliverable/ task? (include a completion percentage)
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.	Algonquin College currently has a program in place to ensure annual reviews and performance appraisals are conducted for all support staff. This program will be reviewed and reinforced for compliance in 2022.	Employee Engagement Working Group re-established to provide cross college perspective on program development. Within Human Resources (Talent Management Team), the position of Talent Administrator has recently been re-written to include elements of support for	Director, Talent Management	February 2023	60% completed - Project plan and dedicated resource identified within HR to lead initiative. Engaged AC Way, the College's lean management office, on process maps to explore automation of reminders to People Leaders via Workday and Email. SharePoint lists generated for



		<p>this program, and will be materially involved in relaunch and compliance monitoring beginning in 2022. Support Staff union will be invited to input into the process by Human Resources (Talent).</p> <p>The goal is to launch a performance management compliance process for Full-Time Support in February, 2023, which will include communications, reporting and enhanced compliance levels on the performance review process.</p>			<p>employees eligible to complete performance review. New digital form created to capture evaluation status and results, along with compliance reporting. Planning for test of solution to launch in Spring 2023.</p> <p>Due to capacity, shifting launch to Q1, 2023-24.</p>
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5. Provide additional comments (if applicable).

The pandemic did have an impact on the College's ability to ensure capacity in overseeing these initiatives. There have been numerous priorities that have taken precedence, including program modality and delivery changes based on public health guidelines, employee return to campus, student and employee mental health, and staffing challenges.



Ontario College Quality Assurance Service

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

We have made significant progress on all initiatives, including many that have been fully completed, and others substantially so. Attention to CQAAP affirmations and recommendations maintain a priority presence in College planning, including CQAAP status updates presented at regular intervals to the Algonquin College Leadership Team, and several initiatives that have been prioritized and received resources as part of the annual Operating Plan process.