



Ontario College Quality Assurance Service

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

COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP)

AUDIT REPORT

Confederation College

DATE OF SITE VISIT: May 17 to 19th, 2022

PREPARATION DATE: May 20, 2022

SUBMISSION DATE: June 27, 2022

PREPARED BY: Dr Raynie Wood



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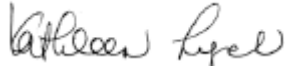


APPROVAL OF THE AUDIT REPORT


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

Signature: 	Date: October 13, 2022
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CHAIR- OCQAS MANAGEMENT BOARD

Signature: 	Date: September 23, 2022
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AUDIT PANEL MEMBERS

<i>Chair</i> Signature: 	Date: June 27, 2022
<i>Panelist David Veres</i> Signature: 	Date: June 27, 2022
<i>Panelist Erin Gray</i> Signature: 	Date: June 27, 2022



EXECUTIVE SUMMARY

1. Conclusions

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

Upon completion of the site visit, the audit panel confirmed that Confederation College has a mature quality assurance system, with aligning policies, processes, and practices. As evidenced through the Self-Study (and supporting evidence) and site visit, Confederation College clearly demonstrates a commitment to quality assurance. Success was demonstrated in the following ways:

A commitment to the Program Quality Assurance process for programs including:

- A continuous improvement mindset as demonstrated in the College's affirmations
- A focus on students, highlighted by the 'student is a student' approach and evidenced through an integrated strategy as noted in the commendations.
- Collaboration across all college departments and stakeholders, as well as with other provincial post-secondary institutions.
- Consistent application of quality assurance measures across multiple campuses.

The college submitted a comprehensive Self-study report, including supporting evidence/documentation in alignment with the six CQAAP Standards and associated Requirements. The Self-study report outlined the evolution of the quality processes that clearly demonstrated a continuous improvement approach and mindset.

The virtual site visit was comprehensive and well organized. The site visit schedule met audit requirements. The audit panel noted poor representation by students from the five programs identified in the self-study. However, the panel found the site visit provided sufficient opportunity for clarification and verification of alignment between evidence and standards through conversations with the recent/imminent graduates group.

During the site visit, the audit panel met with a broad group of college stakeholders: Senior Leaders, Governors, Quality Lead team members, students and recent/imminent graduates, Program Coordinators and faculty, faculty members from the Academic Council Program Review Subcommittee and ILO implementation support members, Program Advisory Committee members, Student Support Service providers, Deans, Associate Deans, Directors, and Director/Heads of Service departments (student and college). There was a high level of engagement with all groups, and the participants were forthcoming and very helpful in providing information.



As outlined in the following commentary, the audit panel has assessed that the college has demonstrated an 'Mature Effort' rating, with a rating of 'Met' on all of the six CQAAP standards.

2. Results

a. Audit Results

Standard	Result		
1	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met
2	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met
3	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met
4	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met
5	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met
6	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met

Audit Decision: *(select one)*

- 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.

1.2 The establishment of the Academic Council Program Review Sub-Committee is a unique and innovative way of an inclusive approach to program quality. The committee provides cross-representation from all academic areas, and has a well-defined roll in making recommendations for quality improvement. The TOR frames roles and responsibilities in a manner that creates clarity and facilitates faculty engagement. This committee is leveraging the college's strength as collaborative and inclusive institution, contributing a culture of quality. An example shared was that there was 100% completion of APRs in 2020/21.

1.4 We want to highlight a consistent theme related to the use of data. It is evident that data is embedded in QA processes, throughout the meetings it was clear that evidence-based data driven decisions are being made, and that staff understand the close linkage to Institutional Research and Strategic Planning that support the program life-cycle.

An example being the review of admission requirements for programs, and when making changes the need to implement and evaluate the outcome. Also, the Program Improvement Plans (PIPs) are another example of how the reports are data driven (developed based on the Annual Program Reviews [APR] and the Comprehensive Program Reviews [CPR]), and the use of the Program Health Checklist.

6.3 The past two years has challenged the post-secondary system, and it was shared across groups how this has presented some challenges, but also some opportunities such as increased access to services for students. It was very evident that there is a student-centered approach to providing individualized attention and support. The sessions highlighted how services have been adapted, specific examples being:

- The adaptation of counselling services, to focus on virtual and remote delivery to support students. This includes access to systems for booking and crisis response that were acknowledged as being well coordinated and accessible for students – a specific example provided as to how a student in distress was able to access resources in a very timely manner,
- Intentional focus on an integrated approach to supporting students internationally as well as at the range of students on regional campuses,
- Student support in areas such as, peer tutoring, laptop rental, writing services etc.
- Implementation of myCreds in response to a direct student need, due to the inability to access campus and the want to expedite access to credential documentation.



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.

Areas of Improvement as identified by Confederation College:

1.2 Annual Program Review & Program Improvement Plan: Enhance technical solutions to create efficiencies in the Annual Program Review and Program Improvement Plan process.

1.2 Creation of a Comprehensive Program Review Handbook: There are several resources that support the CPR process. By Collating all the documents into a handbook (CPR steps, timelines, and templates) the Program Review Teams will have a reference guide to follow through the process.

2.3 Prior Learning Assessment and Recognition (PLAR) Self-Assessment Template: Create a PLAR Self-Assessment & WIL PLAR Self-assessment to support the PLAR Applicant with a way to self-assess his/her knowledge, skills and abilities to the course learning outcomes. This will help the PLAR Applicant and the Coordinator to make a decision about pursuing PLAR.

3.2 Implementation of Indigenous Learning Outcomes: Confederation College has been committed to implementing all 7 Indigenous Learning Outcomes into all academic programs. We are committed to supporting the development and resources for further implement of the Indigenous World Views.

3.3 Create a PAC Curriculum Briefing Note: the creation of a one-page Briefing Note that focuses on VLOs, curriculum, authentic assessments/evaluation and experiential learning updates specific to the program and the conversation of program relevance and currency.

5. Continue to prioritize our policy review work to align with our policy – As a result of the priority on pandemic related policy and our Human Rights and Decolonization work to develop an [Indigenous Lens](#) (to guide all policy and procedure review), there are policies that have not been reviewed as per the schedule.

6.1 Creation of an Onboarding Professional Development Plan – As turnover continues within the college, the need for a consistent process (checklist) for onboarding staff across the institution is a necessity. The Organizational Effectiveness department is leading a project within our Talent Management tool to create onboarding and ongoing professional development plans and tracking for all new employees.

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

Requirement 1.5 – The academic audit panel recommends that an automated process be established to assist with review and monitoring of quality assurance recommendations, to ensure that they are followed through and implemented consistently.

RECOMMENDATION #2

Requirement 3.2 – The academic audit panel recommends that documentation/training be developed to ensure programs can further articulate their alignment with the requirements of the provincial credential validation framework (e.g., clarity around breadth, and required versus elective courses, to meet general education requirements).

RECOMMENDATION #3

Requirement 4.4 – The academic audit panel recommends that documentation/training be developed to ensure programs can further articulate the alignment of PVLOs to the Work Integrated Learning (WIL) component(s) of the program and the means to assess these holistic, integrated, culminating activities.

RECOMMENDATION #4

Requirement 5.3 – The academic audit panel recommends that a standalone academic policy be established for admission, in alignment with the established admission processes including criteria to ensure consistent implementation in a transparent manner.

RECOMMENDATION #5

Requirement 5.4 – The academic audit panel recommends that a standalone academic policy be established for progression, in alignment with the established progression processes including the criteria to ensure consistent implementation in a transparent manner.

RECOMMENDATION #6

Requirement 6.1 – The academic audit panel recommends the college implements faculty performance appraisals beyond the probationary requirements in support continuous professional development planning.

RECOMMENDATION #7

Requirement 6.4 – The academic audit panel recommends the college implement support services performance appraisals beyond the probationary requirements to further enhance staff development and identification of professional development needs.

RECOMMENDATION #8

Requirement 6.6 – The academic audit panel recommends that in support of the college-wide budgeting process, that a method of communicating decision-making be established when requests for support/resources are made.



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