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

FLEMING COLLEGE

DATE OF SITE VISIT: April 9-10, 2018

PREPARATION DATE: May 8, 2018

SUBMISSION DATE: June 19, 2018

PREPARED BY: Richard Rush

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APPROVAL OF THE AUDIT REPORT

This report represents the findings of the College Quality Assurance Audit Process for *Fleming 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
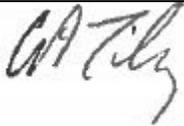
Signature:	Date: June 26th, 2018

CHAIR- OCQAS MANAGEMENT BOARD

Signature:	Date: June 19th, 2018

AUDIT PANEL MEMBERS

Richard Rush Signature:	Date: June 8th, 2018
Jeannine Cooksson Signature:	Date: June 8th, 2018
Tracy Gedies Signature:	Date: June 8th, 2018

EXECUTIVE SUMMARY

1. **Conclusions**
   General comments and summary of the findings of the audit panel.

Fleming College has established quality assurance policies, processes, and practices. The college has committed significant effort and resources to achieve its current level of quality assurance. Reasons for the college's success include:

Recent improvements to policies and frameworks such as:
- The development and implementation of Quality Assurance Policy #2-220
- The development of the Quality Assurance Mechanism Framework
- Terms of Reference for College Committee for Quality Assurance

New websites and communication methods such as:
- The Program and Curriculum Review Website with centralized access to necessary data and tools for equitable review of programs
- Academic Quality Planning and Partnerships web site
- New Program Development web site to ensure MAESD compliance and alignment with organizational Strategic Goals

Collaboration and work from various supporting groups and tools which include:
- The effective work undertaken by the Learning Design and Support (LDS) team
- Integrated Planning tool
- Program Advisory Committees

The college submitted a comprehensive Self-Study Report which included a vast array of supporting documentation to accompany the self-study document.

The site visit was organized and provided the audit panel with excellent opportunities to validate the information provided in the self-study. The panel found that the site visit provided confirmation of the self-study information as well as additional information beyond what was in the self-study. Overall, the information presented during the site visit supported/ was consistent with the information provided in the self-study.

During the site visit the audit panel met with a broad cross-college representation of stakeholders: students, graduates, Board of Governors, faculty, executive, deans and directors, chairs and academic managers, various service staff, Program Advisory Committee members, etc. There was a high level of engagement with these different groups and the participants were forthcoming and helpful in providing information.

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2. **Results**
    a. **Audit Results**

Standard	Result		
1	☐ Met	☒ Partially Met	☐ Not Met
2	☐ Met	☒ Partially Met	☐ Not Met
3	☒ Met	☐ Partially Met	☐ Not Met
4	☒ Met	☐ Partially Met	☐ Not Met
5	☒ Met	☐ Partially Met	☐ Not Met
6	☐ Met	☒ Partially Met	☐ Not Met

Audit Decision: *(select one)*

☐ Mature Effort
☒ Organized Effort
☐ Formal Effort

On February 10th, 2020 the OCQAS Management Board changed Fleming College's Audit Decision from 'Organized Effort' to 'Mature Effort', after a thorough review of the work done by the college in the last two years to address the panel's recommendations.

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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.

    First, we commend the college on the weekly faculty meetings in various programs that ensure consistency and awareness of issues needing to be addressed. We also commend the college on the collaboration between faculty members.

    Second, the LDS team has made a substantial and positive impact on faculty and staff. The use of resources provided by the LDS team was referred to on a regular basis and they provide excellent support for the college's quality assurance initiatives.

    Third, the student and graduate groups that we met with at the site visit reflected on their extremely positive perception of faculty and program staff and program quality. Their engagement in the process was excellent and they demonstrated to us that the implementation of many of the quality assurance processes is having the desired effects on student success.

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.

    The areas of improvement that were presented by Fleming College in its self-study (described in each section) are summarized below in italics as they were presented in the self-study and their inclusion here expresses the audit panel's affirmation for each of them.

    Note that the relatively large number of self-identified areas of improvement are considered as evidence of the college's commitment to addressing opportunities for improvement. They are presented in order of requirement.

    Requirement 1.2: *Fleming College has a history of active, effective program quality assurance policy review with corresponding creation of detailed operating procedures. Program quality review processes are continuously reviewed for effectiveness and consistency of application. The addition of an audit framework will support the continued improvement and consistency of the program quality processes.*

    Requirement 1.4: *The Program and Curriculum Review (PCR) and the Integrated Program Planning (IP) processes create strong indicators of program performance. The processes are*

clearly defined, use valid qualitative and quantitative data and regularly assess the strengths and deficiencies of programs. Although PCR processes have a strong history at the College, the IP processes are quite new and are continuing to be refined. The integration of IP with the PCR processes is in its early days and will require on-going support and evaluation to monitor its success at measuring program quality.

Requirement 1.5: The fall 2017 review of the revised Program and Curriculum Review Process found pockets within the College that successfully followed PCR processes including documentation of the implemented recommendations. In contrast, the review also found instances of inconsistent completion and documentation of annual reviews and limited tracking of recommendations. The implementation of the Curriculum Change Operating Procedure in January 2018, will formalize the PCR and IP process as the evidence-based driver of curricular change and demonstrate the accountability of Chairs/Deans in curricular change decisions. There is currently no formalized process to document Vice President Academic approval of IP mitigation and PCR program improvement plans. An audit framework linked to academic performance would strengthen accountability for quality assurance processes throughout the Academic Division.

Requirement 1.6: Fleming College has current systems in place that document the PCR, IP and the resulting curricular changes. However, the processes are not linked and there are challenges following the recommendations from Improvement Plan to implementation. The fall 2017 review of the new PCR processes found a lack of consistent use of the PCR site and that the 'Actions Taken' column did not provide adequate information to document the processes or outcomes of the recommendations. The development of an audit framework that will annually track PCR and IP recommendations implementation and outcomes, as well as, centralize the approval documentation of Dean and Vice President Academic level will be developed to support ongoing quality assurance processes.

Requirement 2.2: As noted in Standard 1, consistent application of the PCR processes is required to ensure that program curricula continue to be based on the VLOs.

Requirement 3.3: Fleming College ensures that the programs of study are consistent with current workplace expectations through the input of its Program Advisory Committees (PAC). PAC processes and materials are regularly reviewed with evidence of recent updates. A review of the PAC minutes across the College also revealed that there is limited evidence of the creation of recommendations by the Committee, thus limiting the utility of their input. A revision of the PAC Agenda template to include the creation of recommendations will occur for spring 2018. In addition, other than reviewing the minutes stored in multiple documents, there is currently no method to collect and review the PAC recommendations as a program, school or college. A review of possible systems solutions will be undertaken to remediate this to ensure that PAC recommendations are reviewed, implemented and reported on by College, School or program over time.

Requirement 3.4: The college has procedures in place to ensure that Vocational Learning Outcomes and Essential Employability Skills are mapped to at least two courses in each

program of study. These maps are housed in a consistent location on the PCR website. However, there has been a lack of consistent completion of the mapping. The inclusion annual curriculum mapping in the audit framework would improve consistency.

Requirement 5.5: The PCR process changes and the creation of the PCR program portfolios occurred two years ago. There have been varying levels of uptake of these processes by programs. The merging of the Academic Quality and Academic Operations department to create the Academic Quality, Planning, and Operations Department has been an important first step in creating a seamless process of on-going curricular excellence. Ongoing support and education for the Schools on the PCR processes and the subsequent storage of program maintenance records will be implemented to provide continued support for program quality assurance.

Requirement 6.1: The recruitment processes are very effective in attracting quality candidates. This spring, fifteen full time positions were posted, and fourteen new faculty were hired. There are sufficient resources available including orientation and on-going support from LDS, Chairs and Deans. The faculty evaluation process has varying degrees of successful completion. There have been concerns expressed that the level of complexity and time required to complete and collect the many pieces of data, the scheduling of multiple meetings to complete the documentation, and the lack of electronic solutions to improve workflow and accountability make it a challenge to maintain. A working group has been created to review these issues relative to the full-time faculty evaluations and will deliver recommendations for approval and implementation in winter 2018. The contract faculty evaluation process will follow once the full-time process has been implemented.

Requirement 6.4: As the IP for Service is a new process, it will require on-going support to ensure continued implementation and evaluation.

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 1.1)
We recommend that the college clarify the Board's role in quality assurance and simplify its reporting to the Board about quality assurance.

RECOMMENDATION #2 (Requirement 1.2)
We recommend that the college actively follow through on the affirmation to monitor and track the consistency in the adherence to the established schedule for annual reviews of programs.

RECOMMENDATION #3 (Requirement 1.5)

We recommend that the college actively follow through on the affirmation to create the framework to strengthen accountability. Furthermore, we recommend that the college develop a formalized process to document approval and monitoring of program improvement plans.

RECOMMENDATION #4 (Requirement 2.3)
We recommend that the college actively follow through on the affirmations identified for requirements 2.2 and 3.4 as they will assist with this requirement as well. We recommend that the college identify a way to ensure that the curriculum developer is successfully ensuring measurability of the VLOs in assessments and that they are consistently mapped and used at the program level. Furthermore, we recommend the college establish a methodology to ensure program vocational learning outcomes are being used consistently in the day-to-day work by program faculty across all programs.

RECOMMENDATION #5 (Requirement 3.2)
We recommend that the college actively follow through on the affirmations identified for requirements 2.2 and 3.4 as they will assist with this requirement as well. We recommend that the Essential Employability Skills be clearly mapped within and to programs and communicated clearly to stakeholders.

RECOMMENDATION #6 (Requirement 3.5)
We recommend the college establish a process to guarantee that changes to MAESD program standards are implemented and communicated to all stakeholders. Furthermore, we recommend an effort to be more consistent in communicating to students changes to provincial program standards.

RECOMMENDATION #7 (Requirement 4.2)
We recommend that the college improve its tracking of the incorporation of new teaching methods to ascertain if the professional development opportunities are benefitting staff or students.

RECOMMENDATION #8 (Requirement 4.4)
We recommend the college identify other appropriate elements to assess the capabilities of imminent as well as recent graduates rather than using the current system which depends on the reliability of mapping (which is presently inconsistent) and the Chair / Dean oversight (which is not formalized for this role).

RECOMMENDATION #9 (Requirement 5.6)
We recommend that the college provide public access to policies and procedures to ensure findability. Furthermore, we recommend clear communication to students on where to locate the policies.

RECOMMENDATION #10 (Requirement 6.1)
We recommend that the communication be more consistent, clear and fulsome to faculty in the expectation of the faculty review process and participation in professional development

activities. We recommend a more formal training for new Program Coordinators. Furthermore, we recommend that there is increased consistency to faculty evaluations. Finally, we recommend that the onboarding for non-full-time faculty be enhanced.

RECOMMENDATION #11 (Requirement 6.4)
We recommend that each support area develop a system such that they have a clear sense of how to measure their effectiveness and if recently implemented models are working.

RECOMMENDATION #12 (Requirement 6.5)
We recommend a more formal training for academic support and advising staff be developed and undertaken. Furthermore, we recommend that the onboarding for staff be enhanced.

RECOMMENDATION #13 (Requirement 6.6)
We recommend that the college develop a systems approach that will allow more resiliency in learning facilities, equipment and technology infrastructure to manage risks such as when student enrollments increase over a short period of time.