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: May 1, 2, 5, 2023

PREPARATION DATE: May 5 to June 6, 2023

SUBMISSION DATE: June 6, 2023

PREPARED BY: Alan Davis, Kelly Fox and Deidre Bannerman

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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.
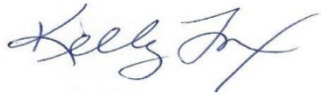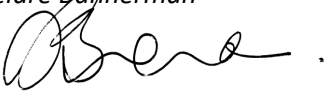
COLLEGE PRESIDENT

Signature:	Date: October 3, 2023

CHAIR- OCQAS MANAGEMENT BOARD

Charles Pankratz	
Signature:	Date: October 3, 2023

AUDIT PANEL MEMBERS

Chair - Alan Davis	
Signature:	Date: July 4, 2023
Panelist - Kelly Fox	
Signature:	Date: July 4, 2023
Panelist – Deidre Bannerman	
Signature:	Date: July 4, 2023

EXECUTIVE SUMMARY

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

> The 2018 quality audit review at Fleming included many important recommendations and affirmations. Despite coping with the pandemic of 2020-2022 and a large turnover of key staff, the 2023 QA self-study shows that the College has grown, improved and expanded its QA framework.
>
> It is clear that Fleming deeply cares about the quality of the programs and services it offers, and there is plenty of informal engagement beyond the formal QA Framework. Ensuring consistency of formal QA across all schools and divisions without stifling this culture is important, and is ongoing.
>
> The self-study was an honest and complete appraisal of the work undertaken since 2018 and of the work still required as QA evolves.
>
> Fleming can be considered a leader in Ontario and beyond in some key areas. Its Indigenous Perspectives Designation is a model to be widely copied, and its introduction of processes such as the Major Program Modification triage, Program Efficacy Review etc. are commendable.
>
> Overall, the people at Fleming just make things work, and with quality: the leadership, the front-line faculty and staff, those in corporate and academic services, the highly engaged students, and the community as represented by the Board and the Program Advisory Committees.
>
> The assignment of a "Mature effort" is based on the track record Fleming has with this process and the considerable work that has occurred in 2018, with 4 out of 6 standards met and, in the team's judgment, every confidence that the other 2 standards can be met in the near future.

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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

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STIPULATIONS

1. **Commendations**

> **Standard 1**.
> - The team commends Fleming in offering the Indigenous Perspectives Designation (IPD) as an option to students within approved programs. The IPD incorporated into QA processes for those programs, and curriculum development takes place across the entirety of the program's curriculum. See Standard 2 commendations also.
> - The Major Program Modification Process is an excellent response to the matter of approving and documenting changes in between review cycles.
> - The audit team is impressed with the Program Efficacy Review (PER) process and its tiered approach to determining whether program cancellation or suspension proposals should be brought forward to the Senior Management Team (SMT) and the Board of Governors.
> - The team also commends the concept of the Program Implementation Committee which uses information from internal stakeholders to assess the College's capacity to deliver a new program.
> - Program Improvement Plans enable both faculty and academic leadership to track progress on approved items. Deans can enter all approved items from the PIP's on their School Improvement Plans, and provide updates to the Associate Vice President, Academic Experience on their implementation. This is a strength noted by the audit team.
> - The audit team was impressed with the comprehensive repository of all documents relevant to program review and program improvement is housed on the AQ website.
> - The annual Quality Report to be completed at the end of every program review cycle for each program within the school is also noted as an easily accessible snapshot of program compliance with Quality Assurance requirements.
>
> **Standard 2**
> - The team commends Fleming on the mapping and review process for the Indigenous Perspectives Designation (IPD) as well as the designation of eligible programs which have been mapped to the Indigenous Learning Outcomes.
> - The team was impressed by the work of the Learning Design and Support team as exemplified for instance in the Program-Level Curriculum Development Handbook and its many training workshops and presentations.
> - The Curriculum Reports produced by the Business Intelligence Analyst in Academic Operations are exemplary.
>
> **Standard 3**
> - Fleming has implemented a pre-audit of all Ministry requirements.

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Standard 4
- Faculty are provided with safe opportunities to practice "micro-lesson" teaching experimentation and opportunities to obtain peer feedback

Standard 5
- For policy and procedure updates, Student Service departments work in consultation, with a panel of students with disabilities.

Standard 6
- PT faculty are permitted to audit courses to get exposure to a new delivery. Each is given time on the SWF for auditing/class time.

2. **Affirmations**

Affirmation 1: (Requirements 1.2 and 1.6) Fleming has made substantial progress in developing its more consistent approach to QA but it recognises (and the audit team supports) that some internal organizational processes need to be improved to better align QA, including the use of the new Major Change form and in the relevant aspects of the curriculum change processes.

Affirmation 2: (Requirement 1.3 and 1.4) The audit team supports Fleming's affirmation to "create a plan to better align Program Review and Program Efficacy Review (PER) processes to minimize duplication of efforts and to ensure that decision-making is based on an integrated process that incorporates all available information from both processes". This seems to be an on-going issue, but Fleming has a clear understanding of the matter and where changes need to be explored, including having a single unified Program Improvement Plan for clearer reporting to SMT and the Board.

Affirmation 3: (Requirement 1.2) Fleming has made changes to the cyclical review process and the efficacy of these changes will (as the College affirms, and the audit team agrees) be assessed.

Affirmation 4: (Requirement 3.3) Fleming is committed to continuing the process of improving PAC processes to ensure that PACs become more effective mechanisms for driving program change in order to maintain program currency, relevance and alignment with the labour market.

Affirmation 5: (Standard 4.1 and 4.3) Fleming will create a course-level Quality Assurance Policy and related Procedures to formalize and improve consistency of course-level requirements across the College.
The planned suite of Operating Procedures includes the following: Course Outlines, Course and Curriculum Development and Revision, Course Resources, Evaluation and Assessment, Learning Management System, Learning Environment, Class Cancellation, and Off-Campus Activity.

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Affirmation 6: (Standard 4.2) Fleming will create a plan to promote instructional innovation in order to capitalize on lessons learned during the pandemic, and further promote and support creative and diverse pedagogies.

This will begin with a revision of the Curricular and Instructional Innovation Policy and will include exploring ways of promoting faculty engagement with innovative teaching practices more broadly across programs and developing strategies for further promoting culturally responsive pedagogies.

Affirmation 7: (Requirement 5.5) The auditors support Fleming's resolve to implement, track, and assess the efficacy of its new Policy and Procedures relating to the assessment of prior learning.

Affirmation 8: (Requirement 5.8) is fully supported. Recognizing that the partnership is new, there needs to be appropriate academic leadership connections for oversite of curriculum and course content delivery alignment. Currently, the academic leaders (Deans/Chairs) seemed disconnected from programming with their PPP. The auditors are assured Fleming will track compliance of implementation for higher/broader level QA processes (like program review and PACs). It is equally important, however, that quality of course content delivery (to support student success) is consistent with that of Fleming delivery expectations (student learning experiences should be the same or very similar regardless if they are Fleming or FCT students).

Affirmation 9: (Requirements 6.1 and 6.2) is strongly supported and related to the Recommendation below re: 6.1

Affirmation 10: (Requirement 6.3) is supported and is related to the Recommendation below re: 6.3. There is a need to collect data to measure efficacy of student support services and complete the development of the Student Success Strategy (which the team assumes will include strategies to measure efficacy of service areas).

3. **Recommendations**

Recommendation #1 (R2.3)

PLAR has waxed and waned in higher education over the decades, but there is a new urgency as adult learners especially look to colleges to re-skill and upskill. The learning they have acquired outside of the classroom must be authentically assessed, and credit fairly assigned. The team recommends that Fleming look at provide better guidance and support for faculty to identify PLAR options for the courses they teach, and communicate those to students.

Recommendation # 2 (R4.1)

While the college Curriculum Mapping Process ensures that the VLOs are assessed throughout the program it was clear that manual and electronic processes were used. It is recommended that an electronic process be utilized for consistency and accuracy.

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Recommendation #3 (R4.2)

The college is encouraged to institute a formalized monitoring/tracking process that accounts for how faculty are experimenting with different teaching and learning practices and how they are sharing the impact or results (Affirmation 6)

Recommendation #4 (R5.2 and 5.4)

While implementation of the new Policy and Privacy Officer role has been in place for 1.5 yrs., there are still inconsistencies in the practice of updating policies and procedures and subsequent communication to front-line staff who are impacted by those changes. It is recommended that if consistencies are occurring with Policy Authorities through updating/development stages that support be provided, and a communication and awareness strategies be adopted.

Additionally, it is recommended that the college continue with the working group to make recommendations to improve the progression process and subsequently update the policy and procedure accordingly.

Recommendation #5 (R6.1)

Faculty performance appraisal should occur cyclically for non-probationary faculty (beyond the requirements for probationary faculty as per the Collective Agreement). Alternatively, a scheduled roll-out and implementation of the Faculty Development/Review Process for all faculty is recommended. (Related to Affirmation 9)

Recommendation #6 (R6.3)

It was revealed that most support and advising services have informal methods to measure service levels (excluding the Library and Learning Services, which has a strong propensity for data-driven service level decision-making, as evident by ongoing work with BIRS representatives for various initiatives). It is not clear, if data and/or analysis of the data from other specific tools is used. It is recommended that Fleming adopt a mechanism to measure the effectiveness of key student services, and use the data to make decisions about level of supports.