



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**

#### **FANSHAWE COLLEGE**

**DATE OF SITE VISIT: January 17 to 19, 2023**

**PREPARATION DATE: January 20, 2023**

**SUBMISSION DATE: February 13, 2023**

**PREPARED BY: Fanshawe's Audit Panel**



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**APPROVAL OF THE AUDIT REPORT**


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


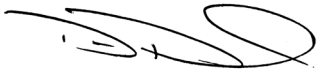
**COLLEGE PRESIDENT**

<p>Signature: </p>	<p>Date: June 27, 2023</p>
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**CHAIR- OCQAS MANAGEMENT BOARD**

<p>Charles Pankratz Signature: </p>	<p>Date: June 20, 2023</p>
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**AUDIT PANEL MEMBERS**

<p><i>Dr. Raynie Wood</i> Signature: </p>	<p>Date: April 20, 2023</p>
<p><i>Don Duclos</i> Signature: </p>	<p>Date: April 20, 2023</p>
<p><i>Lisa Francis</i> Signature: <i>Lisa Francis</i></p>	<p>Date: April 20, 2023</p>



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## EXECUTIVE SUMMARY

### 1. Conclusions

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

The College submitted a comprehensive self-study report, including supporting evidence and documentation in alignment with the six CQAAP Standards and associated Requirements. The self-study report outlined the evolution of the quality processes since the last audit. The request for additional evidence was supported. The virtual site visit was comprehensive, well organized and the agenda of interviews met audit requirements. The audit panel noted engagement for all groups were aligned with the audit requirements, and there was strong attendance from graduates.

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

- A focus on student-centred practices evidenced through an integrated strategy as highlighted in the commendations.
- Collaboration across the college in support of advancing a quality culture through well-established quality assurance processes as highlighted in the commendations
- Consistent collection and use of data to inform evidence-based quality assurance decision-making.

As outlined in the following commentary, the audit panel has assessed that the College has demonstrated a 'Mature Effort' rating, with a rating of 'Met' on all 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. (Ensure that the commendable quality assurance mechanisms are provided within their context and have sufficient detail to be clear to any reader.)

R1.2 – We heard throughout our interviews that a quality culture is based on people. Specifically, the Centre for Academic Excellence (CAE's) leadership continues to create a culture of quality across the college. They exemplify quality and ensure that assurance processes are working effectively and are applied consistently.

R1.4 – The institution's commitment to evidence-based decision making in alignment with organizational goals was evident. Throughout sessions, the use of quantitative and qualitative data and respective benchmarks are consistently operationalized throughout the Program Excellence Model.

R4.4 – The college-wide focus on student success was demonstrated throughout the audit process in all stages of the student experience, from the teaching and learning through to the work integration experiences. This was validated in our interviews with PAC representatives, faculty, Career Services, and students.

During the site visit interviews with graduates it was shared that their faculty and Fanshawe college experiences consistently exceeded their expectations related to alignment of their learning with industry needs through relevant hands-on experiences.

### 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 Standard 1.

R1.4 – PRESS Survey: this mechanism should be revised to improve the alignment between the data and information that the College gathers, collates, and analyzes throughout the lifecycle of College programming and the self-reflective and collaborative activity that this survey requires.

Affirmations Standard 2.

R2.1 - New Program Monitoring: A scheduled one-year follow-up for new programs will ensure PVLOs are the being met regardless of delivery method.



R2.1, 2.2, 2.3 – Teaching and Learning Core Competencies: The Teaching and Learning Core Competencies require increased dissemination to reinforce for faculty the role of PVLOs in constructive alignment.

Affirmation Standard 3.

R3.3 – Program Advisory Committees: Ensure a minimum of an annual meeting for every program, and leverage virtual meeting platforms to recruit PAC members from outside the geographic area as appropriate, which will inform a global outlook and allow the College to obtain a broader range of feedback on program currency and quality..

Affirmation Standard 4.

R4.2 – Teaching and Learning Hub: develop the site following consultations with key stakeholders, identification of a platform for the site, and development of processes for content creation and site maintenance in support of one consolidated site of information and resources for engagement and dissemination of content for faculty in areas such as curriculum development and professional responsibilities.

Affirmations Standard 5.

R5.1 – Dissemination of Policy Changes: the College continues to work on ways to include multiple means of communication in order to highlight the changes that are relevant to various stakeholder groups.

R5.2 - Maintenance of Policy Review Schedule in Non-Academic Policies: the College is working to update those policies and to bring them into the same policy review process as the academic policy review process for better consistency and transparency.

Affirmations Standard 6.

R6.1 - Faculty Performance Development Process: further revise and implement the process in alignment with the new ERP system.

R6.2 - Student Feedback Survey (SFS): review and revise the SFS questions and rating scales to better assess students' perceptions of their learning experiences, improve the alignment with the College's mission and goals, and examine multiple modes of delivery.

### 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.





R2.3 – The audit panel recommends that the college ensure PLAR policy is put into practice for all courses to enhance the understanding and promotion of PLAR for both faculty and students.

Recommendation 2.

R5.1 - During interviews, students, graduates, and staff demonstrated inconsistent understanding of mechanisms (applicable policies) contributing to accessibility and communication of policies and processes. The audit panel recommends the college focus on meeting their affirmation to disseminate new policies and policy changes to all stakeholder groups.

Recommendation 3.

R5.2 - There was insufficient evidence that the academic policies and procedures are consistently reviewed and updated. The audit panel recommends the college focus on meeting their affirmation to review and update policies.

Recommendation 4.

R5.8 – The audit panel was unable to substantiate the establishment or see any evidence of quality assurance processes for new or existing third-party educational partnership. The audit panel recommends that mechanisms be established for regulating program quality activities for new and existing third-party educational partnerships.

Recommendation 5.

R6.1 - It was confirmed that faculty performance appraisals beyond their first year of probation are not consistently scheduled or completed. The audit panel recommends that the college take the required steps to ensure that policies and procedures for faculty performance evaluations are consistently applied across all faculty and in particular upon completion of probation for full-time faculty.

Recommendation 6.

R6.3 – The audit panel recommends that the college develop a formal mechanism to allow for the consistent collection of feedback on academic support and advising services, to inform the quality of the services including areas of improvement.

Recommendation 7.

R6.4 - It was confirmed that staff performance appraisals are not consistently scheduled or completed. The audit panel recommends that the college take the required steps to ensure that policies and procedures for student support services staff performance evaluations are followed.