



COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP)

AUDIT REPORT

FANSHAWE COLLEGE

DATE OF SITE VISIT: May 10 & 11, 2018

PREPARATION DATE: May 15 to 30, 2018

SUBMISSION DATE: May 30, 2018

PREPARED BY: Geoffrey Cudmore, Janice Mawhiney Priest,
Don Duclos



Table of Contents

APPROVAL OF THE AUDIT REPORT	3
EXECUTIVE SUMMARY	4
1. Conclusions	4
2. Results	5
STIPULATIONS	6
1. Commendations	6
2. Affirmations	6
3. Recommendations	7



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.

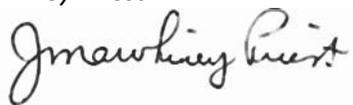
COLLEGE PRESIDENT

Signature: 	Date: Nov 9, 2018
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CHAIR- OCQAS MANAGEMENT BOARD

Signature: 	Date: October 30, 2018
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AUDIT PANEL MEMBERS

<i>Geoffrey Cudmore</i> Signature: 	Date: June 25, 2018
<i>Janice Mawhiney Priest</i> Signature: 	Date: June 25, 2018
<i>Don Duclos</i> Signature: 	Date: June 25, 2018



EXECUTIVE SUMMARY

1. Conclusions

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

It is the unanimous opinion of the audit panel that Fanshawe College has an excellent and comprehensive suite of quality assurance policies, processes, and practices. Since the last audit in 2013, the College has committed significant resources to roughly triple the staffing complement of the Centre for Academic Excellence (CAE), and has enhanced and developed many “best-practice” policies and processes, as well as numerous handbooks, templates and tools to support their overarching culture of continual quality improvement. This commitment to continual quality improvement is imbedded in the culture of the institution as it was evident throughout the Self-Study and confirmed continually, across groups seen during the site visit.

The ongoing commitment and support of the Board of Governors and the Senior Leadership Team has created and nurtured an environment where a culture of quality can flourish. This culture is operationalized through the Program Excellence Model, and supported by a comprehensive suite of handbooks and guides. Practices like the requirements for Student Focus Groups and external chairs for the External Focus Groups in the Program Review Process demonstrate the College’s commitment to openness and transparency.

The site visit was orchestrated very well. The panel found that there was a very strong level of engagement with and among these various members of the College community, and the participants were very forthcoming and helpful in providing information. Several themes emerged from the sessions that were notable. The panel heard over and over, from multiple sources, that “we measure everything” and that priority setting and decision making is strongly evidence driven, across the institution. The panel also observed that nothing was just “good enough”, as it seemed that every aspect of the colleges quality assurance system was constantly being collegially reviewed, evaluated for fitness, and updated on an ongoing basis as needed.



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. **R1.1** The panel commends the Board of Governors and the Senior Leadership Team for creating and supporting the College's overall culture of quality. This emphasis on quality is demonstrated by undertakings like the Board Monitoring Reports.
2. **R1.2** The panel commends the College and CAE for their leadership in and commitment to Quality and Program Excellence as demonstrated by the development and implementation of the Program Excellence Model (Policy A126) and the development of excellent Handbooks and guides (New Program Development Handbook, The Code Book for Course Development, the Formal Program Review Process Handbook).
3. **R1.3** The requirement for Student Focus Groups to be included in Program Review is a commendable development since the last audit.
4. **R1.3** The panel commends the College on the development and implementation of the additional Employer Satisfaction Survey to enhance the data provided by the KPI Employer Survey which has traditionally has a statistically low return rate.
5. **R1.3** The panel commends the College on the use of external chairs for the External Focus Group consultation in the Program Review Process.
6. **R4.1** The panel commends the Child and Youth Care program team and Centre for Academic Excellence on the development of and support for the Cross Campus Coordination Initiative. It is also commendable that the Cross Campus Coordination Initiative process is being carried forward to other multi-campus programs with facilitation by CAE and the CYC program coordinator.

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.

1. **R1.2** It is noted and affirmed that the Annual Program Quality Assurance Self-Assessment needs refinement to ensure consistency in the implementation of the process.



2. **R1.4** It is noted and affirmed that the College is engaged in ongoing revision of the Balance Score Card that will focus on the strategic goals of an exceptional student experience, enrolment management, and optimizing resources, and the development of the “Program Health Tool” to provide evidence based matrix for program suspension or cancellation.
3. **R1.6** The panel also affirms that the FIRST repository needs to be more comprehensive in the amount of information that it archives for members of the Fanshawe community within the three categories of APQASAs, PAC minutes, and Program Review Reports and One-Year Program Review Reports.
4. **R2.3** The panel affirms the ongoing development of College awareness of, and support for PLAR. In particular the workshops by Red River College PLAR practitioners in the fall, and the pilot project by 30 professors who will include a PLAR statement in their video introduction to their courses.
5. **R4.3** The panel affirms the College’s plans to revise Policy A131 to add clear requirements for prompt and constructive feedback on student performance, to make the necessary revisions to Section 3.3., as well as the additional planned revisions to the Evaluations policy to better align it with the recently-revised Policy A113: Programs and Courses and the changes that have been made to the course outline and course plan as a result of the adoption of the Course Outline Mapping and Management System (COMMS).
6. **R6.4** The panel affirms the College’s development of a comprehensive Indigenous Strategy which will provide guidance in Indigenous education, research, student experiences, employment outcomes, and community engagement.

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.

1. **R1.6** Through site visit discussions the panel learned that some program documents reside with program, chair or school files, while others reside with CAE and others with FIRST. The panel recommends that the College explore the consolidation of all program documents in one place, perhaps through an expansion of your FIRST depository.
2. **R3.3** The panel recommends that the College develop and implement a PAC Orientation process (Manual?).
3. **R5.7** The panel recommends that the schedule for the formal review of Academic policies be reviewed to ensure that it addresses all outdated policies and is current.



4. **R6.1** From discussions during the site visit the panel heard that the ratio of faculty to be evaluated per chair and/or program manager seemed to vary from school to school or location, which may have an impact on some school's ability to conduct evaluations in accordance with policy. The panel questioned if there are adequate resources in place in certain schools, and recommends that the College reviews its ability to do the evaluations as per the policy.

5. **R6.5** The panel recommends that steps be taken to ensure that annual performance reviews, with the setting of goals and the identification of professional development be conducted for all Student Support Services staff and that the equity of access to professional development activities between the Student Support Services group and faculty (or the perceptions of same) is examined.