COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP)

AUDIT REPORT

HUMBER COLLEGE

DATE OF SITE VISIT: May 30, 31 & June 1, 2022

PREPARATION DATE: June 15, 2022

SUBMISSION DATE: June 20, 2022

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Kelly Fox



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APPROVAL OF THE AUDIT REPORT

This report represents the findings of the College Quality Assurance Audit Process for **Humber 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: Ann Marie Vanghan Date: October 8, 2022

CHAIR- OCQAS MANAGEMENT BOARD

Signature: Date: September 23, 2022

AUDIT PANEL MEMBERS

Signature:

Date: July 25, 2022

Panelist Sandra Sukhan

Signature: Date: July 25, 2022

Panelist Kelly Fox

Date: July 25, 2022

Date: July 25, 2022

EXECUTIVE SUMMARY



1. Conclusions

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

It is the finding of the audit panel that Humber College has an excellent and comprehensive suite of quality assurance policies, processes, and practices. Since the last audit in 2017, the College has made substantial structural changes that are innovative and effective, developed and implemented new quality tools and processes, and enhanced existing policies, processes, and tools, all to support their renewed commitment to a culture of continual quality improvement. This commitment was evident throughout the Self-Study and was confirmed continually across groups seen during the site visit.

Humber College submitted an excellent Self-Study Report. The writing was clear, the evidence was thorough and comprehensive, and all of the links worked. The panel was also very impressed with the process that the College employed in the development of the Self-Study. The College made it a priority to develop processes to ensure the entire college community was involved in providing input to inform the Self-Study.

Additional evidence was requested and received from the College. The virtual site visit afforded the opportunity for the audit team to verify the information presented in the Self-Study and additional materials. The panel found that the virtual site visit was instrumental in confirming that actual practice was honestly reflected in the cumulative evidence provided.

There was a high level of engagement with the various constituency groups with whom the audit panel met. The participants in the virtual site visit were forthcoming and helpful in providing information.

The audit panel found a number of areas of the College's quality assurance mechanisms and processes worthy of commendation. The overriding theme that runs through them all is how positively the College responded to the difficult 2017 audit, and how the College mobilized the creative energy and intellectual capital of the entire institution to create and support; new departments, roles, structures, relationships, processes, and systems, to build an impressive, comprehensive, and therefore "mature" quality assurance model.

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)

- \square 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.

- Commendation 1 (all Standards and Requirements) The audit panel commends the College on way that Humber had developed a model of interdisciplinary horizontal and vertical integration & collaboration that ensures that nothing happens in silos, and everything connects. Described in the Self-Study as the "liaison model" each of the 6 Academic Faculties is assigned a Program Consultant from Program Planning and Renewal (PPDR), who provides support for the various program lifecycle and quality processes, a Curriculum Coordinator from the Office of the Registrar who, support the implementation and communication of curriculum and program changes and a member of the Teaching Excellence Team from the Centre for Innovative Learning, who supports faculty in the development and renewal of course outlines. During the virtual site-visit, the audit panel was witness to the full scope of this integration model as it learned that consultants, librarians, counsellors, and advisors, from all of the Student Support areas are also assigned to Faculties to provide their services and support.
- Commendation 2 (R1.2) The audit panel commends the College on the strength of the Comprehensive Program Review model, in particular the development of a program Self-Study and the role of the two external reviewers. As well how the Action Plans arising from the reviews were made so central to the Faculties, supported by Program Planning Development and Renewal and the Centre for Innovative Learning.
- Commendation 3 (R1.3) The audit panel commends the College on the development and use of the Tableau Dashboard and its role in the collegewide culture of evidence-based decision making.
- Commendation 4 (Standard 2) The audit panel commends the College on the development and implementation of COSSID and the completion of the mapping process for all programs. The panel also commended College leadership for creating the space, positions, and departments that enabled this process to occur.



 Commendation 5 (R6.4 and others) The audit panel commends the College on the focus on an institutional culture that promotes and celebrates, equity, diversity and inclusion.

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 1 (R1.5) Humber has implemented a strong Annual Program Quality
 Assessment (APQA) process; however, we recognize the need for a mechanism that
 integrates the data collected to identify cross-institutional trends and gaps to support
 continuous improvement and strategic decision-making. PPDR will work to create a
 mechanism for increased data integration and reporting on these trends and gaps
 cross-institutionally for closing the loop purposes.
- Affirmation 2 (R2.1) Humber has consistent mapping tools and processes that enable faculty to identify Program Vocational Learning Outcomes throughout the program lifecycle. However, these mapping processes exist as excel spreadsheets and are not integrated into the COSSID software. Humber commits to integrating program maps into COSSID for increased efficiency and effectiveness.
- Affirmation 3 (R2.3) Although we have significantly improved our PLAR processes, we
 recognize the need to construct a training process for the central service departments
 and Academic Faculties to support the implementation of cross-institutional PLAR
 processes. Humber commits to constructing this training process.
- Affirmation 4 (R6.2) Humber will review the Student Feedback Questionnaire (SFQ) process to reflect an Equity, Diversity, and Inclusion lens.
- Affirmation 5 (R5.5) Humber recently developed a Recognition of Prior Learning Guide. However, there is a need for a communication plan and training resources to support the implementation of the Guide. Humber will develop the plan and training resources.
- Affirmation 6 (R6.1 & R6.4) Humber has developed a competency framework for all employee groups. Humber commits to building further awareness of this competency framework and constructing the competencies specific to the faculty Group.



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 (R5.6) It is noted that work on the development of a formal academic accessibility policy to enhance the College community's understanding and consistent application of policies and procedures related to accommodation is ongoing. The audit panel recommends that the College complete the development and implement the formal academic policy and procedures regarding accommodation in a timely manner.
- Recommendation 2 (R6.1) The audit panel recommends that the College takes all
 necessary steps to ensure that the College's Faculty Evaluation Policy and Faculty
 Evaluation Procedure and the evaluation modules of the HRMS that is projected to be
 implemented in 2023 are in alignment to ensure that all faculty are appropriately
 evaluated.
- Recommendation 3 (R1.3 & R6.2) While the panel acknowledges the College's
 affirmation to review the SFQ process to reflect an Equity, Diversity and Inclusion
 lens, the audit panel recommends that this review also includes an examination of
 how this and other strategies can effectively increase the level of SFQ completion by
 students.