



Ontario College Quality Assurance Service

Service de l'assurance de la qualité des
collèges de l'Ontario

COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP)

GUIDELINES AND FRAMEWORK

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Table of Contents

1. Introduction to the College Quality Assurance Audit Process (CQAAP) for Ontario's Colleges.....	3
2. Quality Assurance Framework.....	4
i. Guiding Principles	4
ii. Defining Quality	4
iii. Outcomes-based Evaluation Approach.....	5
3. Overview of the Quality Assurance Process.....	6
i. The Quality Assurance Mechanisms.....	6
ii. The Quality Assurance System Submitted to an Audit.....	6
iii. Evaluation Criteria.....	6
iv. The College Self-Evaluation Process	11
v. The College Quality Assurance Audit Process (CQAAP).....	11
vi. Auditor Training	12
4. Stages of the Audit Process	16
i. Notification of the Audit	16
ii. Audit Schedule Adjustment Guideline.....	16
iii. Selection of College Programs (Program Selection Process)	17
iv. Completing the Self-Study Package/ Informal Review	18
v. Submission of the Self-Study Package.....	19
vi. Confirmation of the Site Visit Dates and Audit Panel Members	19
vii. Review of the Self-Study Package and Follow-up Questions	19
viii. Preparation for the Site Visit	20
ix. Site Visit	24
x. Preparation and Submission of the Preliminary Audit Report	25
xi. Review of the Preliminary Audit Report.....	27
xii. Submission of the Final Audit Report.....	27
xiii. Formal Board Approval.....	28
xiv. Appeal Process	28
xv. Release of the Final Report and Publication of the Audit Decision and Stipulations	28
xvi. Follow-up Reporting.....	29



1. INTRODUCTION TO THE COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP) FOR ONTARIO'S COLLEGES

In order to grant greater autonomy to Ontario's colleges of applied arts and technology (CAATs), and with the introduction of *The Colleges of Applied Arts and Technology Act, 2002*, colleges were mandated by government to implement a process to assure quality. Two elements of this expectation were outlined: quality assurance at the individual college level; and, a self-regulating process at the system level.

In the development of an approach to self-regulation, a decision was made to focus on *quality assurance*: the mechanism or procedures used to measure the level or existence of quality. To that end, the Ontario College Quality Assurance Service (OCQAS), a policy-driven, arms-length independent oversight and governance body, established in 2005, and operating independently of any individual academic institution and of the provincial government focuses on:

- ensuring that programs leading to an Ontario College credential conform to the Ministry of Training, Colleges and Universities' (MTCU) Credential Framework which functions through the Credentials Validation Service (CVS); and
- leading the audit process and evaluating the effectiveness of quality assurance systems within the colleges which operates through the College Quality Assurance Audit Process (CQAAP).

In this capacity, OCQAS contributes to and enhances the continuous quality improvement efforts of the public college education in Ontario.

The audit model that operated between 2005 and 2015, titled the *Program Quality Assurance Process Audit (PQAPA)*, was developed through a joint government-college sector working group comprised of the Coordinating Committee of Vice-Presidents, Academic (CCVPA) and the Colleges Branch of the Ministry of Training, Colleges and Universities (MTCU) Working Group¹ between 2003 and 2005. Prior to the full implementation of the PQAPA, a pilot project was conducted in five of the colleges of applied arts and technology. In the fall of 2006, Dr. William Massy evaluated the pilot project. His evaluation affirmed that the PQAPA reflected global best practices and was well suited to the needs of the Ontario college system at the time.

The Ontario public colleges, through the work of OCQAS, have developed a strong, well-received, and effective quality assurance system since 2005. This was affirmed by an

¹ CCVPA/MTCU Working Group on Charter Program Policy Issues had membership from the Coordinating Committee of Vice-Presidents, Academic (CCVPA) and the Colleges Branch of the Ministry of Training, Colleges and Universities (MTCU). This group was co-chaired by the Director of the Colleges Branch and a Vice-President, Academic.



external review and evaluation of the PQAPA model by Dr. John Randall in 2010 using international validated criteria.

2. QUALITY ASSURANCE FRAMEWORK

i. Guiding Principles

A set of *Guiding Principles* were developed and approved by the Committee of Presidents (COP) and the OCQAS Management Board in 2003. These guiding principles ensure that any quality assurance and improvement model developed for Ontario's colleges must:

- be consistent with international best practices;
- be effective, efficient, and cyclical;
- give appropriate notice to colleges prior to review;
- be described and operate as an audit which provides a review of each college's educational quality assurance processes and policies to ensure that minimum standards are met;
- use an external, competent, mutually-agreeable, objective peer review panel;
- follow a mandatory and clear process that identifies strengths and weaknesses, recommends improvements, and facilitates positive change;
- distribute a preliminary report to the college for its response and include the college response in the final report;
- provide for categories of approval;
- provide a method and system for appeals against its decisions and reports;
- provide for consistency of panel decisions; and,
- be sustainable and affordable for the system as a whole and for the individual colleges in the system.

ii. Defining Quality

The OCQAS defines quality as the alignment and consistency of the learning environment with the institution's vision, mission, and goals (*fit for purpose*) demonstrated by the development of a culture of quality, in other words, the ability of an institution to reach its stated objectives and fulfill them.

- Quality as a *process* which can be defined in terms of:
 - *Internal quality assurance*, which refers to ongoing activities implemented by an institution to ensure it is indeed reaching its stated objectives.
 - An internal quality assurance system begins with the institution's identity and enters a quality cycle of planning, implementation, review, and enhancement. The *plan-do-check-act* cycle is applied to the institution's capacity to:



- translate vision, mission, and goals into desired learning outcomes;
- establish quality assurance mechanisms and structures;
- review against predetermined defined standards and their accompanying requirements; and,
- enhance mechanisms and systems.

The cycle continues as the institutions develop into mature institutions.

- *External quality assurance*, which refers to activities implemented by an external body to evaluate, based on agreed-upon and predetermined quality standards, the ability of an institution's quality assurance processes to ensure it is meeting its objectives.
- Quality as a *system* which consists of a structured yet dynamic organization of different quality assurance mechanisms.
- Quality as *improvement* which refers to the ability of the established quality assurance system to be effective by demonstrating and ensuring continuous growth.

iii. Outcomes-based Evaluation Approach

The OCQAS adopts an outcomes-based evaluation of the institution's objectives through an audit process. The audit is based on agreed-upon and predetermined standards and their accompanying requirements to determine whether the institution's quality systems are sufficiently robust and effective to ensure that all programs and support services are well designed and achieve the expected outcomes.

Such an audit does not make specific judgments on academic programs, however, it does examine program-level evidence to the extent necessary to be able to establish that institutional systems are functioning properly.

This approach respects an institution's culture, values, principles and evaluation methods that allow each institution to demonstrate its ability to meet the established standards, and thus takes into consideration the vision, mission, and goals of the institution.

The audit process itself is both systemic and cyclical, and implemented according to a predetermined calendar. Thus every five years, each institution is required to submit a self-study and receives a prearranged on-site visit from OCQAS. Following the audit site visit, each institution is required to report on its quality assurance activities on an 18-month schedule following the site visit.



3. OVERVIEW OF THE QUALITY ASSURANCE PROCESS

i. The Quality Assurance Mechanisms

In a college, the quality assurance mechanisms can take many shapes and cover different requirements of the standards. For OCQAS, a quality assurance mechanism is both mandatory and guiding from an institutional perspective, and has been documented and implemented to ensure quality and continuous improvement. Mechanisms most often take the form of (but are not limited to) structures, policies, practices, processes, programs, guides, plans, committees, forums, regulations, legislation, by-laws, and various tools.

ii. The Quality Assurance System Submitted to an Audit

Ontario's public colleges have over the years implemented a diverse range of mechanisms that assure and measure the existence and level of quality within their institutions. The institutional quality assurance system includes an institutional management system designed to collect the evidence required to demonstrate the implementation of these mechanisms and their effectiveness.

The primary purpose of the audit is to examine the effectiveness of those mechanisms in ensuring quality.

iii. Evaluation Criteria

The standards and their accompanying requirements provide the framework for Ontario's colleges to assess the extent to which their quality assurance mechanisms are meeting the established standards.

The six quality assurance standards to be met are:

- Program Quality Management System;
- Vocational Learning Outcomes as the Centre for Program Development (throughout the program lifecycle);
- Conformity with Government Requirements;
- Program Delivery and Student Assessment;
- Existence, Monitoring and Communication of Policies and Practices that Influence and impact Academic Quality;
- Availability and Allocation of College-Wide Resources.

It is expected that determination of the effectiveness of a college's quality assurance system, in other words, its ability to ensure continuous improvement in quality in reaching its stated objectives, will be based on the following:

- implementation of quality assurance mechanisms;



- effectiveness of these mechanisms, that is, their ability to ensure a continuous improvement in quality by:
 - conducting a critical assessment of achievement of the mechanisms' stated objectives;
 - identifying areas of strength and areas for improvement to ensure these objectives are met;
 - implementing corrective measures for improvement, namely through an action plan, in a context of continuous quality improvement;
- review and updating of quality assurance mechanisms to ensure their effectiveness.

The following provides details of the standards and their accompanying requirements for each component of the quality assurance system.

STANDARD 1

PROGRAM QUALITY MANAGEMENT SYSTEM

Effective quality assurance mechanisms ensure the quality of a program management system.

REQUIREMENTS

A college-wide program quality management system:

1.1 Has established mechanisms that operationalize the Board of Governors' (BOG) responsibility to ensure quality assurance is embedded in the strategic direction of the organization.
1.2 Ensures that there are established mechanisms for: <ul style="list-style-type: none"> • new program development; • program review; • program revision; • program renewal; • program suspension and cancellation that support program quality and are applied consistently across all programs.
1.3 Has mechanisms for gathering, collating and analyzing data and information from various sources and stakeholders that are related to program quality.
1.4 Uses data and information collected from various sources and stakeholders to assess program performance and inform recommendations.
1.5 Has mechanisms for ensuring that recommendations and action plans arising from program QA processes have been implemented.
1.6 Has mechanisms for managing and communicating changes to programs and/or courses to keep them current and relevant with industry, provincial standards and professional body requirements.
1.7 Manages program maintenance records arising from program lifecycle QA processes.



STANDARD 2

VOCATIONAL LEARNING OUTCOMES AS THE CENTRE OF PROGRAM DEVELOPMENT (THROUGHOUT THE PROGRAM LIFECYCLE)

Effective quality assurance mechanisms ensure vocational learning outcomes are at the centre of the program's lifecycle activities.

REQUIREMENTS

A college-wide use of vocational learning outcomes at the centre of the program lifecycle:

2.1 Ensures the existence, relevance and dissemination of Program Vocational Learning Outcomes (PVLOs) as the starting point for any program lifecycle activity regardless of the program location or delivery method.
2.2 Ensures that program course structure, course sequence, and course learning outcomes are derived from, and flow coherently from, the Program Vocational Learning Outcomes (VLOs) and Essential Employability Skills and are disseminated.
2.3 Ensures that course learning activities, assessments, and Prior Learning Assessment Recognition (PLAR) mechanisms are consistent with and appropriate to the course learning outcomes, PVLOs and EESs, and support meaningful acquisition of the required skills and knowledge.

STANDARD 3

CONFORMITY WITH GOVERNMENT REQUIREMENTS

Effective quality assurance mechanisms ensure the conformity of programs of study with relevant government requirements.

REQUIREMENTS

A college-wide conformity with government requirements:

3.1 Ensures that program titles are consistent with established CVS Titling Protocols.
3.2 Ensures that programs of instruction meet or exceed the provincial credential validation framework (CVF).
3.3 Ensures that programs of instruction have appropriate Program Advisory Committees (PAC) and that mechanisms exist for the PAC to provide meaningful input into program relevance and quality.
3.4 Ensures that changes to provincial program standards are communicated to all relevant stakeholders and implemented in a timely manner to assure that all programs are current.



STANDARD 4

PROGRAM DELIVERY AND STUDENT ASSESSMENT

Effective quality assurance mechanisms ensure the quality of program delivery and student assessment.

REQUIREMENTS

A college-wide program delivery and assessment of students:

4.1 Ensures that instructional activities and assessments are consistent with and appropriate to the course learning outcomes, and well suited to all locations and delivery methods.
4.2 Engages faculty in regular experimentation, sharing and evaluation of new strategies, methods and tools for teaching and learning that are consistent with best practices and support ongoing development across all programs of instruction.
4.3 Ensures fair and equitable evaluation of student achievement through valid assessment methods, accompanied by prompt and constructive feedback on student performance.
4.4 Provides holistic, integrated activities for imminent program graduates to demonstrate their capabilities with regard to the PVLOs.

STANDARD 5

EXISTENCE, MONITORING AND COMMUNICATION OF POLICIES AND PRACTICES THAT INFLUENCE AND IMPACT ACADEMIC QUALITY

Effective quality assurance mechanisms ensure the communication and monitoring of established academic policies and practices related to academic issues.

REQUIREMENTS

A college-wide monitoring and communication system of existing academic policies and practices:

5.1 Ensures that all applicable college, department, and program academic policies and procedures are published and communicated to all relevant stakeholders and applied consistently.
5.2 Ensures that established academic policies and procedures are reviewed and monitored regularly and consistently.
5.3 Ensures that academic policies and procedures regarding admission are established and applied for all programs offered by the college.
5.4 Ensures that academic policies and procedures regarding student progression are established and applied for all programs offered by the college.
5.5 Ensures that academic policies and procedures regarding prior learning and transfer credit (recognition) are established and applied for all programs offered by the college.
5.6 Ensures that academic policies and procedures regarding accommodation and assessment are established and applied for all programs offered by the college.
5.7 Ensures that academic policies and procedures regarding awarding of credentials (certification) are established and applied for all programs offered by the college.
5.8 Ensures that appropriate academic policies and procedures exist regarding the establishment of informal and formal arrangements with external educational bodies (e.g., partner institutions) with regard to program admission, progression, laddering, awarding of additional credentials, certifications, and QA.



STANDARD 6

AVAILABILITY AND ALLOCATION OF COLLEGE-WIDE RESOURCES

Effective quality assurance mechanisms ensure the existence, availability and allocation of resources (human, physical, financial) and technological infrastructure to support student achievement of PVLOs.

REQUIREMENTS

A college-wide monitoring and communication system of existing academic policies and practices:

<p>6.1 Ensures that faculty involved in the program:</p> <ul style="list-style-type: none">• possess the combination of experience and qualifications appropriate to, and required by, the program credential, the field of study, and the curriculum they are hired to teach;• undergo appropriate selection and hiring processes;• receive appropriate academic guidance and onboarding;• are provided with developmental feedback and are appropriately evaluated (performance appraisal).
<p>6.2 Ensures that faculty execute their professional responsibilities by establishing and communicating appropriate expectations, using mechanisms to indicate whether expectations are being met, and are engaging in ongoing professional development activities.</p>
<p>6.3 Ensures that there are established regular mechanisms for all academic support and advising services to determine the quality and adequacy of those services and to implement changes where required.</p>
<p>6.4 Ensures that support learning services staff providing student support services:</p> <ul style="list-style-type: none">• possess the combination of experience and qualifications appropriate to their roles;• undergo appropriate selection and hiring processes;• receive appropriate orientation, guidance and onboarding;• are provided with continuous support in their professional development;• are provided with developmental feedback and are appropriately evaluated (performance appraisal).
<p>6.5 Ensures that support learning services staff execute their professional responsibilities by participating in continuing professional development or education.</p>
<p>6.6 Ensures that there are effective processes for identifying, reviewing and addressing needs related to:</p> <ul style="list-style-type: none">• adequacy of faculty and support learning services staff;• adequacy and quality of learning resources;• adequacy of informational technology resources that relate to program delivery and student use;• adequacy and quality of equipment and facilities needed for instruction.



iv. The College Self-Evaluation Process

Each college is required to conduct a comprehensive assessment of the effectiveness of its quality assurance system, according to the standards and their accompanying requirements.

To do so, OCQAS assumes that the college will first establish a self-assessment plan to steer its operation. This plan should define the main issues, the distribution of duties and responsibilities, data collection and analysis procedures, methods of consultation, as well as a time frame for completing the self-assessment process.

The college should collect data documenting the implementation of its quality assurance mechanisms as well as any corrective measures undertaken to improve quality. The analysis of this data allows the college to track and review the effectiveness of its mechanisms. This analysis must be based on valid and sufficient data to provide an effective critical assessment and demonstration of strengths and areas for improvement in the effectiveness of its quality assurance mechanisms. Based on the results of this exercise, the college can then draw conclusions for each component of its quality assurance system, and the system as a whole.

The college's conclusions are presented in a self-study report, which will include the necessary supporting evidence/documents. The college will then draw up an action plan to ensure follow-up on the corrective measures identified to address any deficiencies observed in its quality assurance processes.

The OCQAS staff will assist the college in preparing for its audit by reviewing various documents (i.e. current state of quality assurance activities report, self-study report) and providing the required support and feedback. This process is not mandatory, however, it is highly recommended.

v. The College Quality Assurance Audit Process (CQAAP)

Colleges are required to undergo a quality assurance audit every five (5) years. The audit year is determined by the college's previous audit year. An audit year spans from September to August.

The audit process is comprised of several stages: a self-study carried out by the college, a site visit, an audit report written by the audit panel, a review of the report and approval by the OCQAS Management Board and an 18-month follow-up report submitted by the college.

At the end of an audit, the OCQAS Management Board renders a decision on each of the standards assessed, sets forth recommendations for improvement, where applicable, and



provides a decision on the overall effectiveness of the quality assurance system. The OCQAS publishes audit decisions and any accompanying stipulations at the end of the audit cycle.

vi. Auditor Training

The OCQAS has an ongoing application process for qualified applicants who are interested in conducting audits. The OCQAS uses a roster, i.e. a pool of candidates who have already been vetted as viable candidates through the application process and who are ready for immediate selection. If a candidate has been informed of his/her inclusion in the roster, he/she can potentially be selected for an upcoming audit without having to once again undergo the entire application process.

Once a candidate is included in the roster, he/she will regularly receive e-mail communications to confirm continued interest in upcoming job openings. The candidate may also opt to temporarily be put on hold or permanently be withdrawn from the roster. Candidates are encouraged to regularly provide OCQAS with updated contact information to ensure that information regarding audit opportunities may be received in a timely fashion. Upon being notified of selection for an upcoming audit, the candidate will be asked to provide OCQAS with an updated resume.

The OCQAS will advise the group of potential audit panel members of the college's agreed-upon site visit dates. Once the potential audit panel members have conveyed their availability according to the submitted site visit dates, OCQAS will submit to each college a slate of approximately twelve (12) potential audit panel members from which the college may select a minimum of six (6) names.

Once the groups of potential audit panel members for each college have been confirmed, auditor training will take place. The training of the potential audit panel members consists of two (2) compulsory training sessions:

i. Auditor Training

The group of potential audit panel members are trained on the following:

- Understanding of the Standards and the Requirements;
- Expected code of conduct (confidentiality, impartiality, respect);
- Roles and responsibilities;
- Accessing and using the required resources and documentation.

ii. Assessment of a Self-Study

Following the auditor training, potential audit panel members will be required to complete an assessment of a college self-study package.



Prior to participating in this session, the potential audit panel members will be asked to sign a mandatory confidentiality agreement in order to prevent the unauthorized disclosure of proprietary and confidential information, as will be defined by the agreement.

The process is as follows:

- The group of potential audit panel members will review a self-study package from the college to be audited;
- Once the initial review is completed, the group of potential audit panel members will be asked to submit their initial review results to OCQAS;
- OCQAS will evaluate the results of the initial review in order to assess inter-reliability using the following statistical measure:
 - Fleiss's kappa: a statistical measure for assessing the reliability of agreement between a fixed numbers of raters when assigning categorical ratings to a number of items or classifying items. The measure calculates the degree of agreement in classification over that which would be expected by chance;
- The groups of potential audit panel members will receive specific training from OCQAS in order to address the inconsistencies highlighted by the inter-reliability measure;
- The groups of potential audit panel members will be asked to submit a second review of the same self-study for re-evaluation by OCQAS according to the same statistical measure.

Based on results of the re-evaluation, a final selection of three (3) audit panel members will be made by OCQAS and submitted to each of the colleges as their final audit panel.

This approach to training ensures consistency in the assessment of the standards and their accompanying requirements, and provides increased levels of preparation and team building for the audit panel members prior to the site visit.

Audit Panel Composition

The OCQAS recruits experts with diverse backgrounds within the post-secondary education network and elsewhere. These experts may include: academic deans, assistant academic deans, directors of continuing education, human resources directors, faculty members, college professionals and external members of college boards of governors. Experts may also be recruited from diverse socioeconomic groups or universities offering degrees in education-related fields.

The panel members are selected both for their knowledge of the post-secondary education network and their experience in evaluation and quality assurance.



Audit panel members must have the following qualifications:

- Demonstrated recent experience in the post-secondary education sector as a senior administrator or a position that collaborated with units and areas across the institution;
- Knowledge and understanding of policies, procedures and practices in the post-secondary education sector;
- Ability to collect and verify audit evidence;
- Ability to compose findings and conclusions (information analysis and synthesis);
- Strong report writing skills;
- Ability to form and develop interpersonal and professional relationships;
- Ability to work independently and as a member of a team (collaborative work);
- Strong problem-solving and critical thinking skills;
- Strong organizational and project management skills;
- Ability to be objective and impartial.

Further, panel members must not have an employment, advising, or contract relationship with the college under review, or any other connection that could create a conflict of interest, whether perceived or real.

The panel composition generally follows the structure outlined below; however, extenuating circumstances and the need for external confidence may require changes to be approved by the OCQAS Management Board after consultation with the college being audited.

- One (1) qualified and trained audit panel chair who is external² to the CAAT system and has demonstrated audit experience, preferably direct experience with at least one (1) audit in an Ontario College, either as a panelist or an observer to the process; and
- Two (2) qualified and trained panelists from within, or external to, the CAAT system, and external to the college being reviewed.

The members of the audit panel are accompanied by one (1) OCQAS staff member who participates strictly as an observer which means without interference in any aspect of the audit (this individual may not inject, provide opinions, argue a finding, speak for or against a finding). The OCQAS staff member may however offer redirection at times, as required, to ensure standards and their accompanying requirements are being accurately interpreted.

² *External* is defined as follows: residing outside of the province and having worked outside of the CAAT system for a minimum of five (5) years.



For each audit, panel members are selected to analyze the self-study package submitted by the college, visit the college, and make evaluation decisions and recommendations for improvement. The panel members are tasked with:

- Analyzing, prior to the visit, the self-study report and all accompanying evidence submitted by the college;
- Identifying items requiring further verification and clarification prior to the site visit;
- Participating in all aspects of the site visit;
- Verifying the effectiveness of the college's quality assurance mechanisms based on the information acquired prior to, and during the site visit;
- Preparing the audit report which specifies, where applicable, recommendations to the college for continuous improvement based on the audit findings.

Panel members are expected to conduct themselves in a professional manner throughout the entire audit process. The following are the guidelines that panel members are expected to follow:

- Perform work with integrity (honesty, diligence, responsibility);
- Perform work in an impartial manner;
- Ensure fair presentation (report truthfully and accurately using evidence-based audit findings);
- Exercise due diligence and professional care;
- Exercise discretion, confidentiality and proper handling of information acquired during the course of the audit process;
- Act in a manner that is free from bias and conflict of interest;
- Communicate in a diplomatic and objective manner;
- Maintain open communication channels.

All panel members are made aware of the expected professional conduct practices through their training with OCQAS.

Supporting resource document: [Job Opportunity: Positions Open for Auditors.](#)



4. STAGES OF THE AUDIT PROCESS

All documents can be found on the OCQAS website: www.ocqas.org.

i. Notification of the Audit

The OCQAS communicates with the vice-presidents, academic (VPAs) and designated college representative(s) from the colleges to be audited at the beginning of the academic year preceding their audit year. At that time, the OCQAS outlines, in general terms, the information and documentation that the college is required to submit in advance of the audit, and the available audit dates based on an established audit calendar. Based on the available dates in the audit calendar, the OCQAS negotiates a date for the site visit with the college and officially communicates to the VPA and designated college representative(s) the timeframe for its audit process.

Timeframe: Beginning of the academic year preceding the college's audit year.

ii. Audit Schedule Adjustment Guideline

Ontario colleges go through the audit process in five-year cycles and are divided in cohorts. It is important to maintain the audit schedule to ensure review of college's quality assurance mechanisms against established standards provides the colleges with the feedback necessary to offer high quality programs and services. Another reason to follow the schedule is to ensure fair and consistent services to all colleges without creating uneven workload for the OCQAS.

There may be factors outside of a college's control that would necessitate adjustments to audit schedule because of the implications on regular college operations. Some examples include labour unrest (strikes), pandemics, natural disasters, or other unforeseen events.

Types of Audit Schedule Adjustments Requests

Modifications to audit schedule can take two different forms as outlined below:

1. **Delays** = The audit process occurs within the same academic year as originally planned, however, the due dates for the phases of the process (i.e. self-study, site visit) are modified from the original approved timelines.
2. **Deferral** = The audit process is postponed one academic year from the original date of the self-study submission.

Process for requesting schedule adjustments

The request for either Delay or Deferral must be submitted in writing. The college is expected to provide a rationale and any supporting evidence for the request.



Requests for Delays and Deferrals are initiated by the college representative and submitted to the Executive Director of OCQAS. Request for Deferrals will be brought to the Management Board for information.

It is expected that even when a deferral request is granted the College will complete the next audit with their original cohort. This may mean that the next audit will start earlier than the five-year cycle. Diagram below provides an example.



iii. Selection of College Programs (Program Selection Process)

The purpose of the program selection process is to ensure a diverse program representation.

- All programs will be randomly selected (range between five (5) and nine (9) by OCQAS and the mix will be representative of the college's program combination (credential levels, fields of study, origin of the Program Vocational Learning Outcomes (PVLOs), funding source, and alternative modes of delivery);
- Colleges will submit a College Program List Form to OCQAS; and
- Colleges will be given opportunity to replace programs that are not representative and a list of condition/criteria to select/justify the nature of the request.

Once the program selection is complete, OCQAS will advise the designated college representative.

*Document to be completed by the college and submitted to OCQAS: **College Program List Form.***

Timeframe: No later than the beginning of the college's audit year.

The program representation requirements are as follows:

- Credential levels as indicated in the Minister's Binding Policy Directive - Framework for Programs of Instruction:



- Certificate, Certificate of Apprenticeship, Ontario College Certificate (OCC), Ontario College Diploma (OCD), Ontario College Advanced Diploma (OCAD), Ontario College Graduate Certificate (OCGC).
 - Certificates of Apprenticeship will be included only if they lead to an Ontario College Credential.
 - College programs that require an external accreditation will be used in the college's self-study report.
- Fields of study:
 - Applied Arts, Business, Health Sciences, Human Services, Hospitality and Tourism, Technology, Trades, Other.
 - Colleges may have a different organizational structure regarding programs that doesn't reflect the fields of study as stated above (e.g. Business and Hospitality and Tourism might be clustered into one School). The aim is to ensure that the College includes a diverse representation of programs, notwithstanding its internal program structure.
- Origin of the Program Vocational Learning Outcomes (PVLOs):
 - Programs that use a provincial program standard published by the MCU.
 - Programs that align to provincial program descriptions.
- Funding Source:
 - Funded by the Ministry (i.e. APS 01####).
 - Full cost recovery (i.e. APS 04####).
- Alternate modes of delivery:
 - In-class delivery (e.g. face to face);
 - Off-site delivery (e.g. third-party delivery, a campus/site other than the main one);
 - Partial classroom-based delivery (e.g. online, blended, self-directed study).

iv. Completing the Self-Study Package/ Informal Review

As part of its internal evaluation process, the college is required to carry out a critical assessment of the effectiveness of its quality assurance mechanisms and demonstrate this in a self-study report. This report must be concise, supported by relevant evidence, and accompanied by a continuous improvement action plan.

The college must provide the list of the four (4) to eight (8) programs that have been selected and are being submitted to review in the self-study report. A minimum of two (2) programs from the selected program list must be subject to review throughout the entire self-study report as evidence for all standards and their accompanying requirements.



The OCQAS staff will assist the college by reviewing self-study report and providing the required support and feedback. This stage is not mandatory, however, it is highly recommended.

*Supporting resource document: **Guide to Completing a Self-Study Report.***

*Timeframe: At least **10 weeks** prior to submitting the Self-Study package.*

v. Submission of the Self-Study Package

In addition to the completed self-study report, the college must submit the following accompanying documents to OCQAS:

- *Evidence Mapping Template;*
- A current organizational chart for the college, including names and responsibilities of all senior college employees; and,
- Previous Audit Report
- Previous 18-month Audit Follow-up Report

The documents must be submitted electronically using a system/tool of the college's choosing, (i.e. database system, file storage and synchronization system, etc.). Regardless of the system, colleges must ensure that the system is user-friendly and secure, it provides appropriate technical support, and documents are easily accessible, searchable and clearly identified.

Documents to be completed/provided by the college and submitted to OCQAS:

- ***Self-Study Report Template***
- ***Evidence Mapping Template***
- *a current and complete college organizational chart, and*
- *the Previous 18-month Audit Follow-up Report.*

*Timeframe: **10 weeks** prior to the college's scheduled site visit date.*

vi. Confirmation of the Site Visit Dates and Audit Panel Members

Following the auditor training, an official electronic confirmation of the previously agreed-upon site visit dates and final audit panel members is sent by OCQAS to the designated college representative responsible for liaison with the audit panel chair.

*Timeframe: **8 weeks** prior to the college's scheduled site visit date.*

vii. Review of the Self-Study Package and Follow-up Questions



The college’s self-study report along with all other documentation received is further analyzed and reviewed for completeness by the audit panel. Following the audit panel’s reception and final review of the self-study package, the audit panel chair promptly submits to the designated college representative any request for additional documentation/evidence and questions related to the college’s self-study package that require further clarification and investigation. The college must respond in a timely fashion, providing the audit panel chair with the requested information and documentation.

Document to be completed by the audit panel and submitted to the college:
Audit Panel Review Questions and Areas Requiring Further Investigation

Timeframe:

- **Submission of request to the college representative:** at least **4 weeks** prior to the college’s scheduled site visit date.
- **Submission of college response to the audit panel chair:** at least **2 weeks** prior to the college’s scheduled site visit date.

viii. Preparation for the Site Visit

The designated college representative develops a draft schedule for the site visit of the audit panel and submits a copy to the audit panel chair for review and consideration. The audit panel chair forwards any comments or proposed modifications relating to the schedule to the designated college representative in order to help achieve a final version of the site visit schedule.

The draft schedule will be drafted according to the following site visit requirements:

Representative Group	Representation Requirements	Duration
Senior Leadership	Locally determined	Beginning of day 1 (30 min.) for opening remarks. End of day 2 (60 min.) for closing remarks.
Board of Governors	Locally determined	30 min.
Students	General requirements: In order to provide the audit panel with a complete overview of the college’s quality activities, we ask that the college include at minimum students from the programs selected. Group Meeting	40 min./group



	<ul style="list-style-type: none"> The audit panel will meet with two (2) groups of students separately; Each group must have two (2) to three (3) students from three (3) of the identified programs. Each group will have between six (6) to nine (9) students. 	
Recent Graduates / Imminent Graduates	<p>This representative group includes the following:</p> <ol style="list-style-type: none"> Recent Graduates: Individuals who have met all the requirements and have been granted a college credential within the last 18 months; Imminent Graduates: Students who have completed a minimum of 80% (time and/or requirements) of the program, and are expected to complete the program of instruction during or at the end of the semester in progress. <p>In order to provide the audit panel with a complete overview of the college's quality activities, we ask that the college include at minimum both recent and imminent graduates from the programs selected.</p> <p>Group Meeting</p> <ul style="list-style-type: none"> The audit panel will meet with two (2) groups of recent and imminent graduates separately; Each group must have two (2) to three (3) recent and imminent graduates from three (3) of the identified programs. Each group will have between six (6) to nine (9) recent and imminent graduates. 	40 min./group
Program Advisory Committees (PACs)	<p>General requirements: In order to provide the audit panel with a complete overview of the college's quality activities, we ask that the college include at minimum PAC members from the programs selected.</p> <p>Group Meeting</p> <ul style="list-style-type: none"> The audit panel will meet with two (2) groups of PAC members separately; Each group must have two (2) to three (3) PAC members from three (3) of the identified programs. Each group will have between six (6) to nine (9) PAC members. 	30 min./group
Faculty/Program Coordinators	<p>General requirements: In order to provide the audit panel with a complete overview of the college's quality activities, we ask that the college include at minimum Faculty/Program Coordinators from the programs selected.</p>	30 min./group



	<p>Group Meeting</p> <ul style="list-style-type: none"> • The audit panel will meet with two (2) groups of faculty separately; • Each group must have two (2) to three (3) faculty members from three (3) of the identified program clusters/fields of study (all program clusters must be represented); • Each group will have between six (6) to nine (9) faculty members. 	
Program/Curriculum Development/Review Staff & Quality Lead Teams	Locally determined	60 min.
Student Support Service Providers	<p>In order to provide the audit panel with a complete overview of the college's quality activities, we ask that the college include representatives from the all student support services (not limited to):</p> <ul style="list-style-type: none"> • Admissions; • Financial Aid, • Student Services (e.g. mental health and wellness, tutoring, academic advising, student association, aboriginal, international, first generation, disabilities, etc.); • Library. <p>Group Meeting(s):</p> <ul style="list-style-type: none"> • The actual group composition may be determined by the college, however it chooses or deems appropriate. 	60 min. OR 2 groups (30 min. each)
Deans, Associate deans, Program or Department Chairs, or Heads of Academic Department	<p>In order to provide the audit panel with a complete overview of the college's quality activities, we ask that that the college ensure that <u>all</u> deans, associate deans and program/department chairs be included among the representatives from all program clusters/fields of study.</p> <p>Group Meeting(s):</p> <ul style="list-style-type: none"> • The actual group composition may be determined by the college, however it chooses or deems appropriate. 	90 min. OR 2 groups (45 min. each)
Directors/ or Heads of Service Departments	<p>In order to provide the audit panel with a complete overview of the college's quality activities, we ask that the college include representatives from all services (including, but not limited to):</p> <ul style="list-style-type: none"> • Registrar; • Student Services; • Library; • Finance; 	90 min. OR 2 groups @ 45 min. each



	<ul style="list-style-type: none">• Information Technology;• Student Residence;• Fitness/Sports Centre;• Human Resources;• Physical Resources (Facilities);• Alumni Foundation;• Applied Research;• Employment Services;• Institutional Research.	
Audit Panel	Audit Panel members	End of day 2 before closing remarks (60 min.) for deliberations.

It is expected that the college will provide a broad range of individuals, as identified by the representation requirements, who represent programs that are identified in the college's self-study report as well as some who represent other programs. The site visit schedule must include the name, role/position and sector for each of the members of the representative groups. Also, colleges are expected to provide identification (i.e. name tags, tent cards, etc.) for all members of the representative groups during the meetings (interviews) indicating their name, role/position and sector.

Colleges also may suggest activities outside of the site visit requirements, such as campus tours or meet and greet receptions, however, it is understood that these activities must not impede on the established site visit requirements and must be consistent with the purpose of the site visit. If for any reason the audit panel deems the proposed activities as not being consistent with the site visit purpose, it can request to have them removed from the proposed schedule. No meetings are to be held during the lunch period. OCQAS expects that colleges provide the audit panel with a lunch, including refreshments throughout the day. Colleges may submit receipts to OCQAS for reimbursement.

Prior to the audit panel arriving onsite, it is expected that interview questions be prepared for each of the respective representative groups. The questions should be clearly linked to key elements of the standards and their accompanying requirements and serve to clarify areas of the college's self-study report that require further verification based on the audit panel's assessment of the college's self-study package and all other supplemental information and documentation received prior to the site visit.

If a significant possible QA issue for a particular college has been raised either through OCQAS's dealings with the college or seemingly credible concerns brought forward to OCQAS from any party, OCQAS may determine that the CQAAP requirements relevant to that issue will be given closer attention in the review of the self-study and/or during the site visit. Both the college and the audit panel will be informed of this in advance.



Colleges are strongly encouraged to inform the members of representative groups of their role and responsibility in the college's audit process, including the purpose and scope of the CQAAP, prior to the audit panel arriving onsite to conduct the audit.

OCQAS requires that colleges inform their security department of the presence of each of the audit panel members onsite for the purpose of the audit, including the duration of their visit. If necessary, colleges are expected to provide the audit panel members with parking passes for the duration of the visit.

*Document to be submitted by the college to the audit panel chair: **Draft Site Visit Schedule.***

*Timeframe: at least **1 week** prior to the college's scheduled site visit date.*

ix. Site Visit

The main purpose of the site visit is to verify and supplement the information contained in the college's self-study report and provide a better understanding of the college's conclusions. In addition to supplementing the self-study package, the visit enables consideration (where applicable) of any subsequent corrective measures implemented by the college between the time of adoption of the self-study report and that of the visit.

The duration of a site visit is two (2) days which includes meetings (interviews) with various representative groups involved in the implementation and follow-up of quality assurance mechanisms, the assessment of the effectiveness of those mechanisms, and the self-evaluation process. It is expected that the visit will take place at the college's main campus location. If appropriate or necessary, the use of web or teleconference is encouraged to facilitate the participation of individuals from other campuses involved in the site visit target groups, programs and discussions. In the event that web or teleconference is used, colleges must provide adequate technical support.

Audio or video recordings of the meetings (interviews) with the representative groups are not permitted.

Throughout the site visit, the audit panel meets to summarize and record its observations. The panel members also assess the results of the evaluation for each requirement against its objectives, identify key areas of strength and key areas of improvement deficiency in order to render key messages to present to the college.

The audit panel's observations are strictly evidence-based and supported by the observations provided in the college's self-study report, the views expressed by the college stakeholders during the site visit, and any other documents examined while on site.



It is expected that a room will be designated for the audit panel to use and allow for closed-door deliberations and review of any confidential documentation throughout the site visit.

The site visit concludes with a meeting with the college governance (senior leadership), including other administrative staff the college deems should be present. The sole purpose of the meeting is for the audit panel chair to present the panel's conclusions; this is not an opportunity to discuss audit findings. This serves as a way of preparing the college for the possible contents of the preliminary audit report, and recommendations to be included within it.

It is expected that all evidence will have been submitted prior to the completion of the site visit.

Duration: 2-3 days.

x. Preparation and Submission of the Preliminary Audit Report

Following the audit, which includes a thorough review of all documentation received from the college and the completion of the site visit, the audit panel drafts a preliminary version of the audit report.

Evaluation Framework

An audit decision can only be arrived at after the fair, unbiased implementation of the evaluation process and the assessment of the college's self-study package and evidence presented during the site visit in relation to the standards and their accompanying requirements as defined by OCQAS.

The evaluation decisions are as follows:

Requirement Results:

- MET: A Requirement is **met** if the college meets or exceeds the expectations embodied in the Requirement.
- PARTIALLY MET: A Requirement is **partially met** if the college meets in part the expectations embodied in the Requirement, or performance in relation to some aspects of the Requirement must be improved.
- NOT MET: A Requirement is **not met** if the college fails to meet the expectations embodied in the Requirement, or performance in relation to one or more aspects of the Requirement is deficient.

Standard Results:



- MET: A Standard is **met** if the college meets or exceeds the expectations embodied in the Standard.
- PARTIALLY MET: A Standard is **partially met** if the college meets in part the expectations embodied in the Standard, or performance in relation to some aspects of the Requirements must be improved.
- NOT MET: A Standard is **not met** if the college fails to meet the expectations embodied in the Standard, or performance in relation to one or more aspects of the Requirements is deficient.

Maturity Results:

- MATURE EFFORT: A College receives a Mature Effort when it meets or exceeds the expectations embodied in the Quality Standards.
- ORGANIZED EFFORT: A College receives an Organized Effort when it meets in part the expectations embodied in the Quality Standards.
- FORMAL EFFORT: A College receives a Formal Effort when it fails to meet the expectations embodied in the Quality Standards.

Report Findings

The audit report is designed to describe the college's quality assurance system and its effectiveness. The report outlines the findings of the audit panel which are reached through its interpretation of the specific information it has reviewed. The report notes strengths as well as those areas that require improvement, and provides recommendations for improvement. It also attempts to address all relevant areas without excessive detail or presuming to be exhaustive. The report does not comment on individuals (positively or negatively) or on standards that bear no relevance to the quality assurance process.

The audit report does not contain statements that cannot be substantiated; evidence must be appended on which to base the statements made. Conversely, strongly held views are stated firmly and in a forthright manner, avoiding excessive subtlety.

Where a college introduces a new quality assurance mechanism to supersede a former mechanism, and due to its newness, there is insufficient evidence of the effectiveness of this new mechanism, the college should provide evidence that the former mechanism was implemented and effective. This principle should be interpreted in the spirit of 'not unduly punishing colleges for implementing new and more effective quality assurance systems' in lieu of a prior quality assurance system that was demonstrably effective.

In respect of all conclusions reached and judgments made, the audit report must contain sufficient evaluative narrative to demonstrate the reasoning which led the audit panel to its conclusions. Particularly where remediation is required, the college must be able to



understand, from the report's content, the nature of the deficiency to be addressed. Similarly, the college must be able to understand, from the report's content, reasons given for the meeting of the requirements as this is helpful insight for future audits.

Once completed, the preliminary report is then submitted to OCQAS for review to ensure clarity and consistency of the text, and for analysis and approval before it is sent to the designated college representative for review.

*Document to be submitted by the audit panel chair to OCQAS: **Audit Report Template**.*

*Timeframe: within **5 weeks** following the site visit.*

xi. Review of the Preliminary Audit Report

The OCQAS forwards the preliminary version of the audit report to the designated college representative for comments and feedback on whether the report accurately reflects the situation of the college. The college must submit its response, in writing, to OCQAS within the designated timeframe.

Once OCQAS has received the college's feedback, it forwards the document to the audit panel chair, who in turn, reviews the feedback with the panelists and makes any changes to the preliminary report that are agreed upon, at the panel's discretion.

In cases where the audit panel does not agree to incorporate the college's comments to the audit report or the corrections recommended by the college that have been deemed important, the latter can request to have them submitted to the OCQAS Management Board for review upon submission of the final audit report.

Timeframe:

- ***Submission of the college feedback to OCQAS: within 4 weeks of the receipt of the preliminary audit report.***
- ***Submission of the final report: within 3 weeks of the OCQAS receiving the response from the college.***

xii. Submission of the Final Audit Report

Once the feedback from the college and the audit panel has been incorporated and the report is final, OCQAS will submit the final report to the OCQAS Management Board for review and approval.

It falls within the Board's purview to affirm the conclusions, support the recommendations in the report, and approve the final audit report. Following its revision, the Board may ask



the audit panel to make certain amendments to the audit report in order to ensure consistency.

Timeframe: scheduled monthly OCQAS Management Board meetings.

xiii. Formal Board Approval

Following its review of the final audit report, the OCQAS Management Board will determine the college's official audit decision and approve the final audit report.

Once the final report has been approved by the OCQAS Management Board, it is released by the Executive Director of OCQAS to the President of the audited college and the audit panel members for signatures. At this point, the college may release its official results to its stakeholders.

Timeframe: scheduled monthly OCQAS Management Board meetings.

xiv. Appeal Process

Colleges undertaking an appeal must do so, in writing, to the OCQAS Management Board Chair.

*Supporting resource document: **Appeals Policy**.*

*Timeframe: within **4 weeks** of notice of the receipt of the final audit report.*

xv. Release of the Final Report and Publication of the Audit Decision and Stipulations

The OCQAS Management Board has the authority to release the audit decision and any stipulations (commendations, affirmations and recommendations) and accompanying this decision once the following conditions have been met:

- the process used by the audit panel conforms to the approved audit guidelines;
- the college has been given the opportunity to comment on the preliminary audit report and has been treated fairly and consistently as compared with other reviews in other colleges;
- the college has provided a written response to their review of the preliminary audit report;
- the deadline for undertaking an appeal has passed and no appeal has been made; or, the appeals committee has heard an appeal, ruled on any changes to be made, and those changes (if any) have been made;
- the final audit report does not contain confidential or proprietary information.



Thereafter, OCQAS will publish on its website an executive summary of the college's audit decision and any stipulations (commendations, affirmations and recommendations) accompanying this decision.

The final audit report is a public document and belongs to the OCQAS Management Board as a whole, not to the audit panel or its individual members.

xvi. Follow-up Reporting

The college must submit a follow-up report to OCQAS following the release of its final audit report, describing the quality assurance activities it has implemented to address any identified gaps since its last submitted report to OCQAS. In turn, the OCQAS Management Board reviews the follow-up report.

The follow-up report does not require the submission of evidence.

*Document to be submitted by the college to OCQAS: **Current State of Quality Assurance Activities Report.***

Timeframe: 18-months following the release of the final audit report.