International Standards and Guidelines Review

Findings Report

Ontario College Quality Assurance Service (OCQAS)

INQAAHE ISG Review 2026

This report presents the findings of the INQAAHE ISG Review of the Ontario College Quality Assurance Service (OCQAS) undertaken in 2026

International Network for Quality Assurance Agencies in Higher Education (INQAAHE)

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Background

The International Standards and Guidelines Review of Quality Assurance Agencies (ISG Review) enables quality assurance agencies worldwide to benchmark their practices against international standards. This process supports continuous improvement, enhances the credibility of their activities, and provides assurance to the global community that they meet international expectations in conducting external quality assurance of higher education providers.

Continuous improvement and reassurance are achieved through a rigorous, independent peer-review of a quality assurance agency's policies and practices for assuring the quality of higher education against the INQAAHE's International Standards and Guidelines for the Quality Assurance of Higher Education (ISG). Developed in consultation with the global higher education quality assurance community, the ISG reflect the diversity of higher education provision and quality assurance approaches worldwide.

This report presents the findings of the ISG Review of the Ontario College Quality Assurance Service (OCQAS). The review was conducted by an independent panel of experts appointed and trained by INQAAHE. It was informed by an analysis of OCQAS's Self-Evaluation Document and supporting evidence, publicly available information, and interviews with a range of stakeholders conducted during the review visit. The review visit was held virtually from **4 to 6 May 2026**.

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Glossary of Acronyms

- **AI:** Artificial Intelligence
- **CAATs:** Colleges of Applied Arts and Technology
- **CDAG:** Curriculum Developers Affinity Group
- **CHEA:** Council for Higher Education Accreditation
- **CQAAP:** College Quality Assurance Audit Process
- **CVS:** Credential Validation Service
- **EES:** Essential Employability Skills
- **EQA:** External Quality Assurance
- **FTE:** Full-Time Equivalent
- **HQM:** Heads of Quality Management
- **INQAAHE:** International Network for Quality Assurance Agencies in Higher Education
- **ISG:** International Standards and Guidelines for Quality Assurance in Higher Education
- **MCU / MTCU:** Ministry of Colleges and Universities / Ministry of Training, Colleges and Universities
- **OCQARE:** Ontario College Quality Assurance Review and Evaluation
- **OCQAS:** Ontario College Quality Assurance Service
- **PQAPA:** Program Quality Assurance Process Audit
- **SED:** Self-Evaluation Document
- **SPIEQAA:** Standards of Practice for International Education Quality Assurance Audit
- **VLO:** Vocational Learning Outcomes
- **VPA:** Vice-President Academic

Introduction

1. The Ontario College Quality Assurance Service (OCQAS) requested that the International Network for Quality Assurance Agencies in Higher Education (INQAAHE) conduct an external review of its work, policies, and procedures against the October 2025 version of the International Standards and Guidelines for Quality Assurance in Higher Education (ISG). The review was undertaken by an independent panel of international experts appointed by INQAAHE and accepted by OCQAS. The Review Panel comprised Vernice Francis (Chair), Phil Cardew (Secretary), and Perliter Walters-Gilliam (Expert).
2. In line with the review protocol, OCQAS submitted a comprehensive Self-Evaluation Document (SED) with supporting evidence. The Panel commended the clarity, structure, and accessibility of the submission and supporting materials. Following a detailed desk-based review, the Panel conducted virtual stakeholder meetings via Zoom from May 4–6, 2026. These meetings included representatives from the OCQAS Management Board, the Executive Director, the Quality Assurance Manager, consultants, secondees, Ministry representatives, students, and Quality Managers from colleges that participate in OCQAS quality assurance processes. The purpose was to triangulate evidence and address key lines of inquiry regarding alignment with the ISG.
3. Following the meetings, the Panel prepared a draft report, which was reviewed by the Recognition Committee and then returned to OCQAS for factual accuracy checking. The final report was subsequently submitted to the INQAAHE Board of Directors for consideration and final decision.

History, Status, and Mission of the OCQAS

4. OCQAS was established in 2005 following provincial policy changes that granted Ontario's Colleges of Applied Arts and Technology (CAATs) authority to develop and approve their own programs, provided effective quality assurance mechanisms were in place. OCQAS was created to support this autonomy while ensuring system-wide consistency and quality across Ontario's public college sector.
5. OCQAS functions as a system-level quality assurance agency operated and funded by Ontario's 24 public colleges. Although established through provincial direction, it operates independently of government ministries, enabling it to provide objective, arms-length quality assurance services to the sector.
6. The agency's mission is to guide and support Ontario's public colleges in building a culture of world-class quality assurance that promotes educational excellence

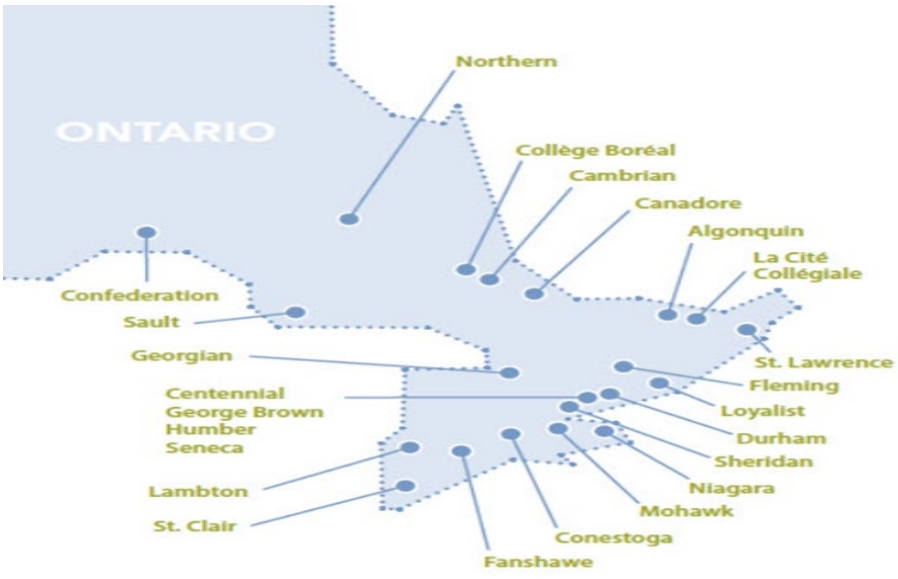
recognized by students, graduates, employers, government, and communities. Through its activities, OCQAS seeks to strengthen confidence in the quality and consistency of Ontario college credentials while encouraging continuous improvement in institutional quality assurance systems.

7. The organization is governed by a Management Board comprising representatives from the college system and external experts. Strategic oversight is provided by the Board, while the Executive Director manages daily operations and implementation of quality assurance activities.

Higher Education Context

8. OCQAS operates within Ontario's publicly funded college sector in Canada. Ontario's Colleges of Applied Arts and Technology (CAATs) were established in the late 1960s to provide career-focused education that responds to labour market demands and community needs. Today, the sector comprises 24 public colleges serving more than 200 communities across urban, suburban, rural, and northern regions of the province.

Figure 1



Northern Region:	Central Region:	Western Region:	Eastern Region:
Collège Boréal	Centennial	Conestoga	Algonquin
Cambrian	George Brown	Fanshawe	Durham
Canadore	Georgian	Lambton	Fleming
Confederation	Humber	Mohawk	La Cité Collégiale
Northern	Seneca	Niagara	Loyalist
Sault	Sheridan	St. Clair	St. Lawrence

9. The colleges offer a broad range of programs in areas including business, technology, health sciences, community services, creative industries, and skilled trades. Collectively, the colleges enroll approximately 188,000 full-time-equivalent (FTE) students annually, in addition to significant numbers of part-time learners, apprentices, and continuing education students.
10. Ontario's public colleges serve a diverse student population that includes both domestic and international learners. International students continue to contribute significantly to campus diversity, intercultural learning, and global engagement within the sector.
11. Responsibility for maintaining program quality is shared between individual colleges and the OCQAS. Colleges manage internal quality assurance processes, while the OCQAS provides external oversight and system-level coordination to support consistency, accountability, and continuous improvement across Ontario's public college system.

OCQAS' Quality Assurance Activities

12. OCQAS supports quality assurance within Ontario's public college system through two key activities: the Credential Validation Service (CVS) and the College Quality Assurance Audit Process (CQAAP).
13. The CVS reviews new programs to ensure alignment with the Ontario Qualifications Framework and compliance with provincial credential standards, thereby supporting consistency and integrity across the college system. At the institutional level, the CQAAP conducts cyclical audits of each college's internal quality assurance processes to evaluate the effectiveness of policies, procedures, and continuous improvement practices. Together, these services strengthen accountability, maintain program quality, and support confidence in Ontario public college credentials.

Approach to the Development of the Self-Evaluation Document

14. The preparation of the SED for OCQAS was collaboratively led by the Executive Director and the Quality Assurance Manager. The process began with a review of previous self-assessment submissions and publicly available documents outlining the agency's mandate, governance, policies, and quality assurance activities. Publicly accessible materials from the OCQAS website served as primary reference sources for the initial drafting process.
15. To support report development, OCQAS utilized a customized artificial intelligence (AI) tool designed to assist with drafting narrative sections aligned with the International Standards and Guidelines for Quality Assurance in Higher

Education (ISG). The tool drew on publicly available information and generated clarifying questions to ensure the narrative accurately reflected current operations and identified supporting evidence.

16. A structured gap analysis was conducted against the ISG standards and minimum requirements to identify areas requiring additional explanation or evidence. Following the initial draft, the Executive Director and Quality Assurance Manager completed a detailed review and incorporated additional contextual and operational information. The draft was subsequently reviewed by an external consultant and an independent reviewer before final revisions were completed. This process strengthened the submission's accuracy, transparency, and evidence-based nature while supporting OCQAS' commitment to continuous improvement.

Legitimacy, Mission, and Governance

ISG 1: Legal basis and recognition

The quality assurance agency is legally established and is recognized by relevant stakeholders.

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Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

17. OCQAS is a legally established and formally recognized body whose purpose, authority, and functions are explicitly established within Ontario's public college legal and regulatory framework. As documented in the system's foundational charter materials, the agency operates under the statutory authority of the Ontario Colleges of Applied Arts and Technology Act (2002), with its specific quality assurance mandate explicitly established through the Minister's Binding Policy Directive – Framework for Programs of Instruction. This governance structure responds to provincial policy reforms that delegate program approval responsibilities to individual colleges, balanced by a mandated, system-wide external quality assurance mechanism.
18. The operational framework of OCQAS is endorsed by the Committee of Presidents and is formally recognized by the Ministry responsible for colleges, as detailed in Section 1 of the Self-Evaluation Document (SED). This structure ensures robust institutional and governmental support for its role across the sector. This system-wide consensus is actively triangulated and confirmed during the panel interview sessions with Ministry representatives and college Executive Heads. Furthermore, the agency's formal standing and ongoing legitimacy are reinforced by external evaluations, including the 2010 J. Randall Report and the 2021 INQAAHE Evaluation Report (submitted as Appendix B), both of which confirm its continuous alignment with international quality assurance standards.
19. While OCQAS does not possess a separate, standalone legal personality, it functions effectively as an arm's-length, system-level entity within the Ontario public college sector under the administrative umbrella of Colleges Ontario. As verified through a direct review of the agency's internal bylaws and explicitly confirmed during interviews with the Management Board, this operational structure fully secures its independence. The dedicated Management Board

maintains sole accountability for ensuring the agency's overarching institutional independence, entirely insulating CQAAP audit outcomes and CVS operational services from external institutional or political interference.

20. To demonstrate its formal recognition and fulfil strict transparency requirements, OCQAS publicly discloses its mandate, governance arrangements, and key policy frameworks, alongside major external review reports, on its official website. Concrete evidence of its formal authority is also established within the Minister's Binding Policy Directive, which explicitly mandates the Credential Validation Service (CVS) as a strict requirement for provincial program approval and funding eligibility. Finally, the agency's active status within the INQAAHE Registry of Recognized Agencies, cross-referenced by the panel via the live INQAAHE platform, further affirms its formal standing and credibility within the international quality assurance community.

ISG 2: Mission

The quality assurance agency has a defined and publicized mission that explicitly states its role in external quality assurance of higher education, outlining the purpose and scope of its activities.

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Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

21. OCQAS has a clearly defined, publicly available mission that explicitly outlines its role in external quality assurance within the Ontario public college system. As stated on pages 2 and 10 of the SED and published transparently on the official OCQAS website, the mission is: "To guide and support Ontario's public college system in building a culture of world-class quality assurance, leading to education excellence recognized by students, graduates, employers, government, and the communities they serve." This public positioning establishes a clear baseline for all system-level quality activities.
22. This mission directly reflects the agency's dual mandate, covering both program-level quality assurance through the CVS and institutional-level oversight through the College Quality Assurance Audit Process (CQAAP). The mission **is** consistently embedded within the OCQAS Strategic Plan 2025–2030 and is actively communicated to stakeholders, ensuring a shared, transparent understanding of its purpose and scope. Interviews with both College Quality Assurance Leads and Ministry representatives confirm that this mission serves as the active, practical benchmark for all operational decision-making across the sector.
23. The development and ongoing validation of the mission follow a structured stakeholder consultation process that aligns directly with the formulation of the Strategic Plan 2025–2030. Documentary evidence within the Management Board Minutes (submitted as Appendix C) demonstrates that the agency regularly gathers input from its governance body. Because the Management Board includes dedicated student and industry representation, this participatory framework directly refines the mission to ensure it maintains an explicit focus on student recognition and educational excellence.

24. In addition, as detailed in the OCQAS Strategic Plan 2025–2030 Development Process documentation and cross-referenced on page 28 of the SED, sector-wide consultation is conducted with the Committee of Presidents and Vice-Presidents Academic to guarantee complete alignment with the priorities of Ontario's 24 public colleges. These same core sources, strongly triangulated during panel interview sessions with student representative groups, confirm that student and advocacy groups, including the College Student Alliance and Ontario Student Voices, are actively engaged to ensure that the agency's mission appropriately reflects learner perspectives and broader stakeholder expectations.

ISG 3: Governance

The quality assurance agency has a clear governance model, ensuring its independence and accountability to key stakeholders.

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Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

25. The Review Panel confirms that the OCQAS governance structure is clearly defined and publicly documented, which actively supports both institutional independence and organizational accountability. As outlined in Section 1 of the SED, supported by foundational policy documents, and directly confirmed during interview sessions with the Management Board, governance is exercised by a Management Board responsible for strategic oversight, organizational integrity, and the agency's overall reputation. Operational leadership is provided by the Executive Director, with ongoing administrative support from the Secretariat, ensuring a clear, permanent separation between strategic governance and day-to-day administration. The Management Board also directly oversees policy development and implementation, including rigorous financial oversight, thereby strengthening accountability and effective system governance.
26. The agency maintains established procedures for appointing and rotating governing body members, which are explicitly set out in Policy No. OCQAS 04 (Structure and Membership) and verified during panel interviews with College Leadership. These procedures are designed to ensure complete transparency, balance, and consistency in Board composition. Current membership includes an External Chair appointed by the Committee of Presidents, as well as representatives from college leadership, academic roles, quality assurance professionals, students or recent graduates, and external quality assurance experts. Members serve fixed three-year terms, which are renewable once, to systematically ensure regular rotation and continuity in governance.
27. OCQAS maintains a formal conflict-of-interest policy under Policy No. OCQAS 07, which requires all Board members and relevant personnel to act with integrity and avoid actual, potential, or perceived conflicts of interest. The policy strictly limits participation in decisions involving conflicts of interest and authorizes the Executive Director to manage such cases through mandatory recusal or other

explicit mitigation measures. Documentary evidence, including a review of completed personnel files, shows that contracted personnel are required to complete signed declarations of conflict of interest, directly supporting the policy's active implementation in daily practice.

28. The agency maintains robust, multi-layered safeguards to protect the independence of its governing body from undue external influence, including government or political interference. These protections are operationalized through three primary mechanisms: explicit conflict-of-interest policies that mandate the recusal of Board members from decisions involving their own institutions; a Board composition structure designed to ensure a balance of expertise while preventing capture by any single stakeholder interest; and a clear segregation of duties between the agency's strategic quality decision-making arm and the administrative services managed by Colleges Ontario. Furthermore, the agency's mandate establishes its operational autonomy, ensuring it functions independently of the Ministry of Colleges' regulatory role. This institutional independence is further reinforced by Policy No. OCQAS 08 (Appeals), which serves as a critical procedural safeguard, ensuring that all final decisions on quality assurance matters remain evidence-based and are insulated from external lobbying or pressure.
29. The agency's governance structure is designed to promote diversity and inclusivity through a selection process intended to ensure a balanced range of perspectives in strategic decision-making. However, documentary evidence regarding the formal selection process for student or graduate representatives on the Management Board remains limited. During interview sessions with student stakeholder groups, an operational disconnect becomes apparent: these groups are entirely unaware that student representation even exists on the Management Board, and the selection mechanism for these roles appears ad hoc rather than systematic. While a current student/graduate representative on the Board serves as the Inaugural Chair of Ontario Student Voices, a provincial advocacy organization that provides a collective student perspective, it remains unclear how the diverse demographics of the student population, such as the distinct Francophone student experience, are structurally represented.
30. This operational disconnect is further compounded by differing stakeholder expectations regarding the optimal profile for this specific governance role. Interviews with the Vice Presidents Academic (VPA) cohort indicate that a current student voice on the Board is an asset. Conversely, interviews with the Heads of Quality Management (HQM) cohort argued that graduates are better suited, as alumni can more effectively articulate their educational journey

through the lens of post-program career outcomes and the complete fulfilment of Vocational Learning Outcomes (VLOs). Furthermore, stakeholders emphasize the critical need for credential diversity within graduate representation, noting that the lived experience of a one-year certificate graduate differs fundamentally from that of a three-year advanced diploma graduate.

31. The urgency for clear, formalized student representation at the governance level is heightened by the significant regulatory and financial pressures impacting Ontario's college sector, specifically the federal caps on international student study permits and subsequent institutional budget constraints. This systemic vulnerability is underscored by OCQAS staff clarifying during interviews that nominations for student and graduate positions are currently driven entirely by individual colleges on an ad hoc basis, rather than through a structured, system-wide process.

Commendations:

- The Review Panel commends OCQAS for its structural initiative to maintain and support the process enhancement enabling the audit team chair to present reports and recommendations directly to the Management Board. This practice is a critical governance innovation that significantly strengthens the independence and objectivity of the audit process by eliminating staff filtering, ensuring that the governing Board receives direct, unedited peer evidence from the field and completely neutralizing the potential for selective administrative bias or narrative smoothing. Furthermore, this direct presentation pathway validates the credibility of the peer-review team by honouring their firsthand, on-site evaluative findings and ensuring their professional observations carry definitive, unaltered weight in final quality determinations. Finally, this process explicitly delineates the OCQAS staff support role from the decision-making function by establishing a rigorous structural firewall; it positions the core Secretariat staff strictly as administrative facilitators while keeping evaluative authority and final quality judgments transparently and exclusively in the hands of the peer-review experts and the governing Board.

Recommendations:

- The Review Panel recommends formalizing and publishing clear guidelines for student and graduate appointments to ensure transparency, fairness, and systemic representation across various program levels and language profiles (Cross-reference: Standard 16).

Organizational Capacity and Strategic Planning

ISG 4: Organizational structure

The quality assurance agency's organizational structure supports the effective, efficient, and transparent execution of its mission and objectives.

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Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

32. The Review Panel confirms that the OCQAS organizational structure is clearly defined and designed to ensure the effective, efficient, and transparent delivery of its mandate. As outlined in Policy 04 (Management Board Structure and Membership) and 06 (Roles and Responsibilities), operational responsibilities are systematically distributed among the Credential Validation Service (CVS), the College Quality Assurance Audit Process (CQAAP), and central administrative functions. This clear distribution ensures full alignment with the agency's dual mandate at both the program and institutional levels.
33. As detailed on pages 14–16 of the SED, the agency maintains a robust three-tier structure comprising the Management Board, the Secretariat led by the Executive Director, and the two core operational arms (CVS and CQAAP). The Management Board provides strategic oversight and ensures the agency's mission and objectives are met, while the Secretariat manages day-to-day operations. The CVS and CQAAP teams are responsible for program validation and institutional auditing, respectively. This structure is further strengthened by clearly defined, documented roles for key positions, including the Executive Director and Quality Assurance Manager. Interviews with OCQAS staff confirm that structural improvements introduced after the 2021 INQAAHE Review have enhanced operational capacity and effectiveness across the organization. Additionally, the Committee of Presidents provides vital sector-level recognition that supports the overall system's legitimacy.
34. Decision-making authority within the organization is clearly defined to ensure transparency and accountability. As set out in Policy 04 and Policy 18, and verified during panel interviews with the Management Board, a rigorous distinction is maintained between operational recommendations produced by

staff or peer-audit panels and final approval decisions made by governing structures. Audit reports are ultimately approved by the Management Board, while staff and panels are responsible for conducting objective assessments and preparing findings. For program validation, routine decisions are delegated entirely to CVS staff, as the validation criteria themselves are under the jurisdiction of the Ministry; the Management Board has no role in amending these provincial criteria. In contrast, any modifications or formal amendments to the institutional audit criteria, including the CQAAP Standards and underlying requirements, must be escalated to the Management Board for final approval. The Management Board also retains sole authority over policy development and formal amendments, while Policy 08 ensures that final dispute resolution is handled by an independent Appeals Committee, entirely separate from the original decision-making process.

ISG 5: Resources and capacity

The quality assurance agency has adequate physical, financial, technological, and human resources to fulfil its mission and objectives.

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Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

35. The Review Panel confirms that the agency has adequate physical, financial, technological, and human resources to support the effective delivery of its mission and objectives, operating under a lean yet highly scalable model. As detailed on pages 18–20 of the SED, OCQAS systematically uses the physical infrastructure and technological systems of Colleges Ontario, including centralized office space, secure servers, and specialized CRM platforms. This shared-services arrangement directly promotes operational efficiency and enables the agency to focus its resources on core system-level quality-assurance functions, a setup explicitly verified during panel interviews with Colleges Ontario administrative leadership.
36. In terms of human resources, the agency maintains a small, highly specialized core Secretariat. This team consists of a full-time Executive Director, a dedicated full-time Quality Assurance Manager who provides specialized Francophone expertise, and part-time Quality Assurance Associates intentionally seconded from the college sector to ensure current field expertise. The core staff is further supported by two project-specific members responsible for social media management and video production, respectively. To effectively scale its operational capacity beyond this core team of five, the agency utilizes an external model, supplementing its functions through a trained pool of more than 40 external assessors who actively support the College Quality Assurance Audit Process (CQAAP). Resource adequacy is systematically reviewed annually through the Management Board's budget planning cycle, ensuring a deliberate, ongoing alignment between physical, financial, technological, and human resources and the organization's long-term strategic priorities.
37. OCQAS provides a structured induction program for both internal staff and external contributors to ensure a consistent, unified understanding of its mandate, policies, and procedures. As outlined in the Human Resources Policy Manual, all new staff receive comprehensive orientation on the agency's core

mandate and key operational processes. Furthermore, external audit panel members must complete mandatory induction and training before participating in any site visits. This strict requirement ensures the consistent application of evaluation standards and safeguards the structural integrity of the entire audit process, as explicitly confirmed during interviews with the CQAAP Audit Team Chairs.

38. The agency offers regular opportunities for professional development and actively supports staff in identifying and communicating their development needs. As outlined on page 21 of the SED and corroborated by a review of the budgeted expenses for 2025-2026 and 2026-2027, annual professional development allocations are continuously provided, and development needs are formally captured through the regular performance appraisal process. In addition, OCQAS supports participation in regional and international quality assurance networks, including INQAAHE and CHEA, as well as international conferences such as the INQAAHE Forum, ensuring ongoing engagement with global best practices.
39. The agency maintains a sustainable funding model that supports its long-term viability and operational independence. As explicitly outlined in Policy 11 (Fiscal Responsibility) and verified via institutional financial records, funding is derived entirely from a fee-for-service model contributed directly by Ontario's 24 public colleges. Financial resilience and long-term viability are further strengthened by a Deferred Revenue Account, which systematically maintains a minimum balance equal to 50% of the annual budget, providing a robust safety net against unforeseen sector disruptions.

ISG 6: Strategic planning

The quality assurance agency is guided by robust strategic planning, ensuring that its quality assurance activities align with its mission and support tracking progress and impact towards goals.

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Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

40. The Review Panel confirms that the agency is guided by a comprehensive Strategic Plan (2025–2030) that serves as its core roadmap, systematically directing all external quality assurance activities toward explicit, long-term objectives. Developed through a highly collaborative, consultative process involving the Management Board and key sector stakeholders, the plan is organized around four foundational pillars: Training, Service, Branding, and Marketing. These pillars translate into targeted strategic directions, including building institutional capacity, driving service excellence through clearer communication, enhancing the market recognition of the OCQAS quality mark, and positioning Ontario's quality assurance framework on national and international stages to foster a system-wide, world-class culture of quality.
41. As illustrated on page 28 of the SED and corroborated by a direct panel review of current operational planning records, the agency bridges the gap between high-level strategy and daily execution by translating its five-year goals into detailed, actionable annual organizational objectives. This operational planning framework systematically breaks down broader strategic priorities into explicit tactics, assigned staff responsibilities, and clear execution timelines, while establishing measurable performance indicators—such as tracking the volume of resource guides produced and surveying stakeholder satisfaction with communication clarity. Triangulated evidence from panel interviews with the Management Board confirms that organizational accountability is firmly embedded within this operational lifecycle through mandatory biannual progress reviews, enabling leadership to dynamically monitor operational outputs against established benchmarks and ensure ongoing alignment with the overarching strategic mission.

42. Financial sustainability and institutional integrity are maintained through a detailed annual budget strictly governed by Policy 11 (Fiscal Responsibility), ensuring that all operational and developmental activities remain adequately and continuously resourced. Approved directly by the Management Board, the budget fully funds baseline activities, staff compensation, and forward-looking developmental projects, such as artificial intelligence integration and sector outreach. Strong internal financial controls are enforced through mid-year and year-end financial reporting, ensuring complete operational transparency. Finally, a strict risk-mitigation policy that requires Board Chair or full Board approval for any reserve fund withdrawals exceeding 10% reinforces prudent fiscal governance and safeguards the agency's long-term operational autonomy.

Quality Assurance Framework

ISG 7: Quality assurance procedures

The quality assurance agency conducts its external quality assurance activities based on transparent, clear, and comprehensive procedures.

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Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

43. The Review Panel confirms that the agency systematically publishes comprehensive procedures for both the CQAAP and the CVS on the official OCQAS website, ensuring absolute operational transparency across the provincial system. For institutional navigation, the CQAAP Guidelines and Framework 2025/2026 document details every core phase of the audit process, actively educating and informing colleges of all evaluation requirements and protocols. Similarly, CVS resources are highly comprehensive and publicly accessible, providing institutions with explicit templates, instructional guides, and diagnostic tools. Furthermore, a dedicated YouTube channel is utilized as a modern communication vehicle, which panel interviews with College Quality Assurance Leads confirm serves as a vital tool for delivering clear, on-demand visual guidance to institutional teams.
44. The CQAAP Guidelines and Framework comprehensively outlines every sequential step of the quality assurance cycle, running seamlessly from the initial formal notice of audit through to the final notice of approval and the subsequent independent appeals process. While interviews with some institutional stakeholders reveal a desire for enhanced clarity regarding the post-audit tracking timeline leading up to the Management Board's final approval, the panel notes that this specific procedural information is already fully transparent and publicly accessible on pages 35–36 of the current Guidelines and Framework. This minor operational disconnect points directly to a need for enhanced user navigation on the web portal rather than representing any systemic lack of openness. Triangulated feedback across all diverse stakeholder cohorts consistently affirms the agency's overarching commitment to transparency and fairness, noting that its process-driven approach successfully fosters a robust

provincial culture of shared improvement. Supporting this framework, the Credential Validation Guidelines 2025–2026 effectively serves as a clear, standalone resource that keeps institutions fully informed of validation mechanics, new program approvals, and program modifications.

45. In addition to digital publications, OCQAS staff meet directly with college academic leads at the beginning of each academic year to systematically review the upcoming audit schedule and collaboratively discuss process expectations, documentation requirements, evaluation methodologies, and reporting procedures. A direct panel review of the 2025/2026 audit presentation materials confirms that all key evaluative components are explicitly communicated, and a review of ongoing communications demonstrates that the agency maintains consistent, clear contact with institutions at each progressive stage of the evaluation process. The provided templates, best practices, training modules, and advisory materials are comprehensive, accessible, and up to date.
46. Stakeholders across multiple college cohorts report that the weekly, informal drop-in Q&A sessions hosted by the agency are critical to their institutional learning, professional development, and preparation for the audit process and broader quality management. During panel interviews, OCQAS staff note that these weekly sessions actively evolve into a vibrant community of shared practice, where college leaders regularly seek real-time guidance, exchange successful peer benchmarks, and support one another through complex processes. This flexible advisory forum provides essential, high-impact support to institutions facing severe resource constraints, including colleges experiencing a temporary loss of institutional knowledge and quality expertise due to recent staffing reductions.
47. The high transparency of evaluation standards is firmly confirmed not only through published texts but also through the continuous accessibility and responsiveness of the core Secretariat. Institutional stakeholders speak exceptionally highly of the staff's promptness in answering technical questions, delivering tailored guidance, and exploring collaborative solutions to fulfill their quality missions. It is particularly noteworthy that although only two public colleges in the entire Ontario system are officially Francophone, the agency remains committed to maintaining dedicated French-speaking capability within its core two-person full-time staff, which is further supported by a part-time consultant and specialized contract resources as required. This structural capacity ensures fair, unhindered access to bilingual resources for all colleges and provides fluent interpretation across colleges, communities, and diverse regional stakeholders.

Commendations:

- The Review Panel commends OCQAS for maintaining and supporting the establishment of weekly drop-in Q&A sessions, which stakeholders across the public college system identify as critically important to their learning, development, and preparation for external quality assurance processes. These sessions have organically evolved into an invaluable community of shared practice where college leaders seek real-time guidance, exchange peer benchmarks, and support one another through institutional resource constraints or significant staffing changes.
- The Review Panel commends OCQAS for maintaining and supporting its deliberate, proactive commitment to linguistic equity by providing a dedicated French-speaking staff member, which ensures that all public colleges, regional communities, and Francophone stakeholders have completely fair, equal, and unhindered access to quality assurance guidance, official resources, and ongoing institutional support well beyond basic statutory compliance requirements.

ISG 8: Quality assurance standards

The quality assurance agency conducts its external quality assurance activities based on publicly available, clear, and actionable standards.

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Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

48. The Review Panel confirms that the agency conducts its external quality assurance activities based on publicly available, transparent, and actionable standards that provide clear expectations for Ontario's 24 public colleges. These standards form the firm, operational foundation of the agency's two principal external quality assurance functions. Through the systematic publication of explicit standards, guidelines, frameworks, procedures, evaluative tools, and supporting resources, the agency ensures that institutions thoroughly understand both the quality expectations against which they will be evaluated and the precise evidence required to demonstrate compliance.
49. At the institutional level, the CQAAP Standards and Requirements establish a comprehensive framework for assessing the effectiveness of a college's internal quality assurance system. These standards are publicly available on the official website and are supported by highly detailed guidance documents that explicitly explain the intent of each standard, the associated requirements, expected quality assurance mechanisms, and concrete examples of evidence that may be used to demonstrate compliance. This structured approach moves deliberately beyond broad, goal-oriented statements and provides colleges with specific, measurable, and actionable expectations. The standards are further operationalized through the CQAAP Guidelines and Framework, which clearly explain the audit methodology, maturity assessment model, evaluation criteria, and reporting processes. Collectively, these documents provide a coherent and transparent quality assurance framework that enables institutions to understand what is expected, how compliance will be assessed, and how final judgments will be reached.
50. The clarity and accessibility of the CQAAP standards are reinforced through extensive supporting resources and active engagement activities. As confirmed through various panel interviews with College Quality Managers, colleges

receive comprehensive training, orientation sessions, guidance materials, templates, examples of good practice, and ongoing opportunities to seek clarification throughout the entire audit cycle. Annual meetings with institutional quality assurance leaders, targeted audit preparation sessions, weekly online drop-in opportunities, and direct access to OCQAS staff further support the consistent interpretation of standards. This comprehensive support structure successfully ensures that the standards are not only publicly available but also deeply understood and easily implementable by the colleges.

51. While the agency does not set minimum requirements for CVS, it actively provides explicit guides, tools, and templates on its website to help colleges interpret and understand the verification process. The agency plays a critical role in translating provincial requirements into practical and operational guidance for colleges. Through the publicly available Credential Validation Guidelines, standardized templates, diagnostic tools, training resources, explanatory materials, and hands-on consultation support, the agency ensures that institutions clearly understand program validation expectations and the exact evidence required to demonstrate compliance. The agency therefore serves as both a steward and interpreter of the provincial quality framework, successfully facilitating consistent application across the college sector.
52. Documentary evidence reviewed by the panel demonstrates that the agency not only publishes its standards and requirements but also takes deliberate measures to ensure that institutions understand how those standards are applied in practice. Specifically, OCQAS staff regularly attend, participate in, and present at the meetings of the HQM cohort, the Committee of Presidents, and the VPA cohort, ensuring continuous alignment and face-to-face policy clarification.
53. A further strength of the agency's approach is the integration of continuous review and refinement of its standards and supporting documentation. Evidence from annual and cyclical reviews demonstrates that feedback from audit outcomes, institutional experiences, and sector consultations is systematically used to clarify requirements, improve the consistency of interpretation, and strengthen the overall effectiveness of quality-assurance expectations. This commitment to ongoing enhancement helps ensure that standards remain completely relevant, understandable, and responsive to the evolving higher education environment.

ISG 9: Fitness for purpose and institutional autonomy

The quality assurance agency ensures that its quality assurance procedures and standards are and remain fit-for-purpose for the different and evolving types of higher education providers and provision within its remit, acknowledging institutional autonomy and diversity.

☒	☐	☐	☐
Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

54. The Review Panel confirms that the agency's external quality assurance procedures include both program- and institutional-level services to systematically support the 24 public colleges within its scope. The CQAAP provides rigorous institutional-level review, while the CVS ensures program-level quality by directly verifying alignment with the established Ontario Qualifications Framework.
55. A clear quality improvement system is deeply embedded in the agency's standards review cycle. Conducted both annually and quinquennially, this comprehensive process enables ongoing assessment of the agency's process quality. The "Analysis of Recommendations" from recent audits provides a comprehensive review of audit observations and subsequent actions taken, ensuring absolute clarity for consistent interpretation by colleges. This review process is thoroughly documented in the CQAAP Review Recommendations of March 2023 and in the Review Committee agenda, and it is fully triangulated with the formal analysis report for the 24 colleges. Further, ongoing engagement with stakeholder groups—such as monthly meetings with the HQM cohort, weekly Q&A walk-in sessions, VPA meetings, and strategic presentations to the Committee of Presidents—ensures that the agency receives real-time feedback on its processes.
56. Because the agency represents the 24 public colleges of Ontario, the development and review of external quality assurance procedures are directly influenced by the higher education institutions within its remit. The agency works closely and regularly with the HQMs and internal QA staff at the colleges, engaging in various forms of consultation. External peer auditors also confirm in interviews that their feedback is actively solicited on new processes or procedures, such as

the recently launched Quality Assurance Workbooks (QA Books). Evidence confirms that the agency maintains structured, recurring engagement with a diverse range of stakeholders, including higher education providers, internal auditors, students, external experts, and international peers. These established consultation channels ensure that feedback from both institutional and broader external stakeholder groups is transparently integrated into the agency's ongoing quality assurance processes. However, while peer auditor feedback on tools like the QA Books is regularly sought, the mechanism for collecting these specific technical recommendations remains largely ad-hoc rather than systematically captured through a centralized tracking method.

57. The agency's external quality assurance processes systematically include preliminary engagement, self-evaluation and evidence submission, on-site review visits, reporting, and formal follow-up activities, including clear, independent appeals as appropriate for the CQAAP process. These are fully detailed in section 7.1 of the SED and published in the official Guidelines and Framework. To minimize administrative burdens on institutions, the agency sets an explicit objective (Objective 2:3) in its current Strategic Plan to explore how to provide streamlined services using Artificial Intelligence (AI). This forward-looking strategy includes piloting an AI-powered chatbot/virtual assistant to answer common queries from interested parties and providing institutional personnel with hands-on training to build skills in using AI technologies. Another core objective (Objective 1:1) aims to support institutional Internal Quality Assurance (IQA) capabilities by developing and providing resources that support continuous system enhancement.
58. In the CVS process, the agency's strategy to reduce administrative burdens focuses on improving digital tools, templates, and reference resources to support colleges in the submission process. Specifically, the agency has integrated program hours, CIP codes, and contextual guidance into the CVS submission tool to help colleges prepare accurate program validations more efficiently.

Commendations:

- The Review Panel commends OCQAS for maintaining and advancing its innovative, forward-looking engagement with artificial intelligence. The agency's structured training program on the ethical use of AI, attended by over 90% of its external auditors, and its active exploration of AI tools for competency analysis, program development support, and audit processes demonstrate an exemplary orientation toward emerging technologies. Furthermore, sharing high-utility tools such as the VLO Geek Bot with public colleges and actively presenting this pioneering work at international INQAAHE conferences position

the agency as a global leader in responsible AI integration within the external quality assurance sector.

Suggestions:

- The Review Panel suggests that the agency establish a structured digital method (such as a standardized post-audit survey or a dedicated digital form) for auditors to submit practical suggestions. This will create a clear feedback loop to capture peer recommendations for updating future evaluation standards and QA Books.

Evaluation and Outcomes

ISG 10: Evaluation and decision making

The quality assurance agency's evaluation procedures ensure its quality assurance findings are evidence-based, consistent, fair, and impartial.

☒	☐	☐	☐
Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

59. Transparency of Evaluative Frameworks and Supporting Resources: The Review Panel confirms that the agency supports comprehensive stakeholder understanding of its evaluation and decision-making processes through a robust suite of publicly available policies, procedures, guidelines, frameworks, and supporting resources. In both the CQAAP and the CVS, public institutions receive clear, unhindered information on evaluation requirements, assessment methodologies, decision-making criteria, and expected outcomes. The agency systematically supplements these core resources through ongoing engagement activities, including targeted training sessions, weekly question-and-answer forums, specialized online tools, and instructional videos, successfully ensuring that institutions understand the objective basis for quality-assurance decisions and can effectively navigate the external quality-assurance lifecycle. The panel verifies that all mandatory requirements ensuring the consistency, fairness, and impartiality of agency findings for its two core operations are explicitly codified within the following foundational documents and processes:
    - CQAAP: Standards, Guidelines and Framework, Audit Evaluation Framework Policy, Quality Assurance Audit Procedures, published Review Reports, Audit Information Sessions, Conflict of Interest Policy, and the formal CQAAP Appeals Policy.
    - CVS: Credential Validation Guidelines, Minister's Binding Policy Directives, Ontario Qualifications Framework, Framework for Validation of Programs Policy, and the CVS Manual and Guidelines for Staff and Secondees.

60. Public Accessibility and Procedural Transparency: The panel's review of digital infrastructure confirms that these foundational regulatory documents are appropriately, prominently, and clearly published on the official website. When institutions require a formal review of program applications, evaluative reports, or operational procedures, these published instruments demonstrate absolute transparency and systemic consistency in their daily execution.
61. Internal Moderation, Assessor Calibration, and Appellate Protections: In institutional evaluation reviews, the agency rigidly maintains consistency through a rigorous internal moderation process, in which draft peer audit findings are systematically cross-checked against the standardized Audit Evaluation Framework to ensure impartial, evidence-based maturity ratings. To further guarantee consistency and fairness across all provincial evaluations, the agency mandates formal, continuous training for its entire pool of external peer assessors, grounding them in the uniform application of established audit criteria. The integrity of these findings is protected by a clear, two-tiered resolution framework governed by Policy No. OCQAS 08 (Appeals), which provides institutions with an immediate, accessible path toward informal resolution, followed by a highly structured formal appeal heard by an independent, untainted Appeals Committee. This entire quality assurance lifecycle is rendered completely transparent through comprehensive online resources and tools, including a dedicated YouTube channel, weekly interactive Q&A sessions, and ongoing institutional training, ensuring that all key stakeholders thoroughly understand the exact criteria, mechanics, and modalities that guide final quality-assurance decisions.

ISG 11: Peer-reviewers

The quality assurance agency has policies for the recruitment, training, and appointment of a suitable pool of peer-reviewers, ensuring that they have the necessary expertise and preparation to conduct its different external quality assurance activities effectively, impartially, consistently, and professionally.

☐	☒	☐	☐
Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

62. The Review Panel confirms that policies governing the recruitment, training, and appointment of peer reviewers for the CQAAP are clearly outlined in the Audit Policy, Audit Procedures, and the CQAAP Framework documents. While the principal CQAAP Guidelines and Framework indicate that the agency uses a roster system comprising a pool of pre-vetted candidates ready for immediate selection, the documents do not explicitly detail the internal vetting process. However, this operational detail is fully addressed on the publicly accessible "Apply to be an Auditor" webpage. This portal clearly sets eligibility thresholds, including mandatory academic backgrounds, language proficiencies, and specific professional experience, along with a detailed public job description. Reviewers interested in serving on active panels receive preliminary information sessions and may observe active audits as part of their ongoing professional development.
63. To promote rigorous calibration and consistency across panel selections, the agency employs a sophisticated, data-driven pre-selection methodology. All roster auditors who express interest and availability for an upcoming audit cycle must first conduct an independent desk review of the target institution's Self-Study Report and supporting evidence. The agency then enters these preliminary assessments into Excel to calculate Fleiss' Kappa, a statistical measure that assesses inter-rater agreement and identifies anomalies in reviewers' judgments. The output of this analysis directly informs the selection of the final three-member audit panel. Supporting this process, panel appointments are finalized in close consultation with the institution to ensure appropriate field expertise and to verify the complete absence of potential

conflicts of interest prior to the commencement of training. The panel notes that this pre-audit calibration exercise serves as both an effective reviewer development tool and a highly objective mechanism for strengthening the reliability and integrity of final audit outcomes.

64. Operational evidence and discussions with auditors confirm that training is conducted systematically before each audit deployment. Appointed peer reviewers maintain their currency by reviewing updated regulatory materials after being selected for a team, using a collaborative, mentor-based approach to onboard newer assessors smoothly. Follow-up interviews with agency staff confirm that dedicated training sessions are routinely held to communicate procedural updates, most notably a recent session on the ethical integration of Artificial Intelligence (AI) in quality assurance. This session achieved over 90% attendance, with the remaining auditors receiving mandatory one-on-one make-up briefings. Reviewers explicitly confirm that this targeted training is highly effective, respectful of their professional schedules, and provides clear baseline guidance.
65. This rigorous preparation is reinforced by strict conflict-of-interest protocols. The agency's published policy requires reviewers to proactively disclose to the Executive Director any past or current connections to the institution under review or its private-sector partners before accepting an assignment. A review of sample reviewer forms from a recent audit cycle confirms that reviewers systematically identify any overlapping institutional conflicts. Furthermore, upon panel confirmation, all auditors sign formal confidentiality agreements to protect sensitive institutional documentation.
66. After completing an audit site visit, the agency administers a comprehensive survey to gather feedback from both the host colleges and the participating auditors on the review team's overall conduct, performance, and administrative clarity. Core agency staff are also present during site visits to observe and document panel performance. The combined results of these surveys inform broad, sector-wide process improvements across the agency.
67. However, a noticeable operational gap exists in ongoing, individualized post-audit quality control. No formal performance evaluation reports are generated to document staff observations, limiting the agency's ability to systematically trigger targeted interventions or performance improvement plans for specific peer reviewers. Triangulated evidence from interviews with both reviewers and agency staff confirms that performance tracking remains entirely informal. It relies primarily on real-time verbal feedback to auditors during

active site visits, as well as informal end-of-day debriefings and self-reflection, rather than on an objective, documented post-audit evaluation framework.

68. Furthermore, the mechanism for structurally integrating quantitative feedback from post-audit institutional surveys into reviewer development remains uncodified. Additionally, during the interview session, the leadership indicated that although a formal evaluation instrument had been used, it was ultimately abandoned because it proved ineffective in diagnosing underlying performance issues. While the panel recognizes the administrative burden of ineffective tracking tools, relying solely on informal self-reflection poses a long-term risk to systemic consistency. The recommendation is to develop and implement an objective instrument.

Recommendations:

- The Review Panel recommends that OCQAS implement a straightforward, objective process to evaluate the performance of its audit reviewers. This mechanism should combine the feedback received from institutional surveys with brief staff observations during site visits to ensure reviewers maintain high standards of professionalism and consistency.

ISG 12: Transparency of outcomes

The quality assurance agency publicly shares the findings of its quality assurance activity, in line with cultural, legal, and regulatory requirements, and publishes the list of those providers that have successfully met quality assurance standards.

☒	☐	☐	☐
Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

69. The Review Panel confirms that Executive Summaries of Final Audit Reports for all audited colleges in each cycle, as well as the required institutional follow-up reports, are published on the OCQAS website. The agency notes in its SED that publishing the general schedule on its dedicated resource web page (https://www.ocqas.org/resources/categories/guidelines/) alongside the separate publication of Executive Summaries of Final Audit Reports and Follow-up Reports on an independent reports page, (https://www.ocqas.org/quality-assurance/cqaap-reports/) theoretically enables the public to identify colleges that have successfully met the OCQAS' quality assurance expectations, the date of each college's most recent review, and the validity of audit outcomes.
70. Discussion sessions with the Secretariat confirm that, because the CQAAP is structured as a developmental lifecycle rather than a high-stakes accreditation model, evaluations do not issue a formal "term" of accreditation or pass/fail findings. Because every public college in Ontario is required to undergo an evaluation every five years, the agency operates under the structural assumption that explicit expiry dates or validity periods are unnecessary additions to the public record.
71. However, at the time of the evaluation, the panel identified that fragmenting the general audit schedule on one web page and the corresponding executive summaries on a separate page created navigational friction for external stakeholders. While all required information regarding review outcomes was publicly available, an ordinary member of the public without specialized knowledge of the mandatory five-year cyclical timeline could not easily cross-

reference the pages to verify the exact currency or status of a specific college's quality assurance outcomes. Following the site visit, the agency promptly addressed this layout concern by consolidating its website structure, displaying each institution's next scheduled audit date directly alongside its published evaluation reports. This successfully resolves the navigational friction and provides immediate, centralized clarity.

Suggestion:

- The Review Panel commends OCQAS for its prompt responsiveness in updating its website layout to integrate institutional review schedules directly with published evaluation outcomes. The agency should maintain this centralized format to ensure the public retains a clear, unified view of each college's ongoing quality-assurance status.

Quality Culture

ISG 13: Internal quality assurance

The quality assurance agency has transparent internal quality assurance mechanisms, that ensure its organizational structure, objectives, and activities remain fit-for-purpose and respond to the evolving nature of higher education and the changing policy environment.

☒	☐	☐	☐
Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

72. The Review Panel confirms that the agency maintains explicit internal review mechanisms directly linked to its annual and multi-year planning cycles, systematically consults stakeholders during review and revision periods, and uses formal feedback loops for staff, governing bodies, and review participants. The agency fulfils these responsibilities through annual administrative reviews, cyclical major reviews, strategic alignment exercises, structured consultation sessions with colleges and working groups, and formalized feedback pathways for its governance and review processes.
73. The agency operates a highly structured internal quality assurance system centred on annual administrative reviews of CVS and CQAAP operations, annual document reviews, and longer-cycle comprehensive reviews of standards and procedures. These mechanisms are explicitly embedded in formal policies, including Quality Assurance Audit Policy 18, Quality Assurance Audit Procedure 18-1, Quality Assurance Standards and Requirements Policy 14, and the Framework for Validation of Programs Policy 13. The SED demonstrates that the agency makes timely interim adjustments when the broader policy or sector environment changes, such as operational updates to CIP codes, NOC alignment, and experiential learning tracking.
74. The SED highlights a strong link between internal quality assurance and planning cycles, showing how internal review activity is systematically embedded in the Strategic Plan 2025-2030 and the annual Organizational Objectives documents. For example, the 2025-2026 objectives explicitly include the INQAAHE review, while earlier review cycles incorporate the CVS review and the system-wide

CQAAP review. This demonstrates that internal quality assurance work is scheduled, tracked, and governed within the same planning architecture as the rest of the agency's core functions. Progress against these objectives is reviewed and reported to the Board, closing the loop among review, implementation, and oversight.

75. The agency engages stakeholders in internal quality assurance through regular operational dialogue and formal consultations with HQMs, college quality assurance staff, specialized working groups, peer auditors, observers, and broader sector bodies. These consultations directly inform annual administrative reviews and cyclical revisions of standards, procedures, and guidance. They also demonstrate a deliberate effort to align internal quality assurance with sector priorities by using direct feedback from public colleges and sector working groups to identify recurring challenges and shape updated guidance materials. Evidence from panel interviews confirms that the agency's relationship with its stakeholder constituency is close and appreciative, and that the agency's work is highly valued across the province. Additionally, the agency maintains multiple feedback mechanisms for staff, Board members, and review participants. For governance, the Executive Director's annual performance review incorporates feedback from the Management Board, while the Board conducts annual evaluations of both its own effectiveness and the performance of the Board Chair. For review panel experts and auditors, the agency collects post-audit surveys from colleges and auditors, observes reviewer performance during active site visits, and provides confidential discussions and mentoring as needed.
76. While the panel is confident that OCQAS is fully compliant with this criterion, the Agency's work could be further strengthened by quantifying the impact of its evaluation mechanisms. Feedback is collected and used, but there is limited evidence of how often changes arise from each mechanism, or how improvements are measured over time. Even so, the overall evidence is sufficient to demonstrate a mature, well-integrated internal quality assurance system.

Suggestions:

- The Review Panel suggests that the agency explore methods to track and quantify the long-term systemic impact of its evaluation processes. Rather than just collecting satisfaction surveys from participants, the agency could benefit from aggregating high-level data over time. For example, tracking the total number of program modifications triggered by CVS validations annually, or monitoring the percentage decrease in "required actions" between a college's first audit cycle and its second. Documenting these macro-trends would provide measurable proof of

how both CQAAP and CVS drive continuous improvement across the college sector.

ISG 14: External review of agencies

The quality assurance agency undergoes regular external reviews of its operations and engages proactively and constructively with the resulting recommendations and required actions.

☒	☐	☐	☐
Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

77. The Review Panel confirms that the SED shows a clear, documented pattern of independent external review, including the William F. Massey Report (2006), the J. Randall Report (2010), and an INQAAHE external review completed in 2021. The evidence strongly indicates that the agency undergoes recurring external scrutiny of its systems, practices, and operations by credible external experts and international organizations. The SED also demonstrates that these reviews comprehensively assess governance structures, quality assurance frameworks, and operational practices and are systematically conducted over time as a sequence of evaluative exercises that are part of an ongoing accountability cycle.
78. The agency acts decisively on recommendations from these external reviews and reports progress directly to its Management Board annually, as verified by board reports from 2022, 2023, and 2024. The SED also notes that these external recommendations directly inform ongoing policy refinement, systemic governance changes, and operational improvements across both arms of the organization.
79. The panel verifies that concrete evidence of procedural follow-through is clearly visible across current agency operations. For example, the 2021 INQAAHE review directly led to critical governance and operational capacity changes, including clarifying the formal Board appointment processes and strengthening core organizational capacity by creating and onboarding a full-time, dedicated Quality Assurance Manager role.

ISG 15: Integrity and transparency

The quality assurance agency adheres to defined ethical and professional principles, supported by formal policies and procedures that ensure integrity is embedded in all aspects of its work.

☒	☐	☐	☐
Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

80. The Review Panel confirms that the SED provides a formal ethical framework that applies to staff, Management Board members, peer auditors, and other external reviewers, and verifies that these key policies and procedures are clearly published on the official website. Evidence strongly indicates that operational integrity is deeply embedded in the agency's day-to-day operations. The organization relies directly on the Colleges Ontario Human Resources Policies, including a comprehensive Employee Code of Conduct and Conflict of Interest Policy 07, which apply universally to board members, staff, auditors, and consultants. To ensure active governance-level enforcement rather than a passive policy posture, the agency systematically includes a standing conflicts declaration item on every Management Board agenda, providing continuous administrative oversight.
81. The SED explicitly outlines the standards for audit panel members to uphold uncompromised integrity, impartiality, confidentiality, and professional care. Before deployment, all appointed panel members sign legally binding confidentiality agreements and complete mandatory training in ethical conduct, demonstrating that these foundational ethical principles are rigorously applied to all relevant personnel, including external experts and temporary review panels.
82. During site visit interviews with the panel, it became clear that strong peer relationships among active auditors foster deep engagement and continuous mutual support. This collaborative environment ensures that less-experienced colleagues receive full support in the field, seamlessly integrating them into the agency's overall ethical and professional operational environment.
83. The SED indicates that the integrity framework is strictly procedural rather than merely aspirational, identifying a specific set of formal instruments that

govern daily conduct and institutional decision-making. These instruments include Conflict-of-Interest Policy 07, Management Board Roles and Responsibilities Policy 06, Quality Assurance Audit Policy 18, Quality Assurance Audit Procedure 18-1, and the core CQAAP Guidelines and Framework. Rigorous structural safeguards are in place to manage conflicts of interest; specifically, the agency strictly prohibits peer auditors from reviewing their own host college or any public institution where they have been employed within the preceding five years.

84. Clear operational evidence confirms that robust internal controls systematically support integrity across both major quality assurance functions. For CQAAP operations, the agency uses calibrated peer panels, thorough report reviews, formal Board approval steps, and codified appellate procedures. For CVS operations, the agency enforces an objective double-review process, documented validation criteria, and clear escalation routes for resolving technical concerns. Together, these structural features constitute a highly organized system explicitly designed to minimize cognitive bias and ensure that all final quality decisions are fully traceable and legally defensible.
85. The agency fully meets all public publication and information accessibility requirements. The SED demonstrates that the agency prominently publishes its operational policies and procedures on its public website, making governance policies, framework definitions, and specific evaluative guidelines for both the CVS and the CQAAP freely accessible to the public. Furthermore, the official website clearly presents the agency's foundational mandate, the Minister's Binding Policy Directives that underpin its regulatory authority, and updated profiles of the Management Board, ensuring that all institutional materials remain fully transparent.

Sector Engagement and Enhancement

ISG 16: Stakeholder engagement

The quality assurance agency is aware of its stakeholder environment and proactively and strategically engages with a diverse range of stakeholders to support the development, implementation, and continuous improvement of its quality assurance activities, while advancing its mission.

☒	☐	☐	☐
Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

86. The Review Panel confirms that the SED demonstrates a broad, structured, and recurring pattern of engagement with colleges, sector bodies, peer auditors, students, external experts, and international peers, and verifies that this comprehensive input directly informs both governance and the systematic review of quality assurance processes. During interview sessions, the panel recognizes this extensive relational network as a core operational strength of the agency, which garners considerable professional respect from its broader academic and regulatory community.
87. The agency maintains high situational awareness of the broader environment in which it coordinates, actively engaging Ontario public colleges, quality assurance professionals, peer auditors, the Management Board, operating groups, and provincial committee representatives to develop, implement, and improve its core quality assurance activities. Furthermore, the organization extends its engagement beyond provincial borders by interviewing 17 quality assurance agencies worldwide and applying those lessons to refine its internal processes. This extensive fieldwork demonstrates a highly active approach to environmental scanning and global benchmarking.
88. This multi-layered engagement extends far beyond a one-off consultation cycle. The agency sustains ongoing operational dialogue through weekly and biweekly drop-in clinics, monthly HQM discussions, annual operational meetings, targeted college visits, specialized working groups, and structured review exercises across the CVS and the CQAAP. The Secretariat systematically uses direct feedback from active audits, institutional submissions, and sector conversations to update formal

guidance, revise field procedures, and deploy modern support materials, including instructional videos, podcasts, and the QA Book format.

89. The agency directly involves key stakeholders in its governance architecture. Its Management Board deliberately includes a diverse constituency, including a public college president, vice-presidents of academic affairs and quality assurance, independent external members, and active students or recent graduates. The SED notes that this deliberate composition ensures that all high-level governance decisions are directly informed by the diverse needs, localized contexts, and everyday experiences of the college system's constituent groups.
90. The Board is not merely symbolic but plays an active, documented role in shaping the agency's overarching quality assurance framework. The organization's core mission and strategic directions are developed through intensive consultation with internal staff, the Board, the 24 public colleges, and key sector bodies, including CCVPA, HQM, CDAG, CSA, OSV, and Colleges Ontario, and are subject to final ratification by the Board. The SED reports that board members actively help refine the institutional mission statement through a dedicated task group and notes that the student governance seat was structurally strengthened during a 2024 policy review.
91. The strongest evidence of this consultative model appears in the agency's revision of standards and procedures. The SED describes how the organization continuously engages with HQM and college quality assurance staff through routine CVS and CQAAP activities, documenting feedback and incorporating it directly into annual administrative reviews. For major framework revisions, the agency implements highly structured consultation plans that involve technical working groups, audit panel members, institutional quality assurance leads, international experts, and pilot institutions.
92. This consultation framework appears both highly practical and effective. The agency escalates operational and policy issues only to the level required: routine operational questions are handled immediately by quality assurance staff, while complex policy-level questions are escalated to senior leaders or college presidents as needed. This tiered model reduces unnecessary administrative burden on public institutions while keeping sector discussions relevant, purposeful, and focused.
93. Regarding direct student engagement, the agency operates a primarily distributed model in which public colleges maintain primary responsibility for engaging students through their localized internal quality assurance systems. To strengthen student input at the macro-governance level, the agency has responded directly to feedback from the earlier review by adding a second

student seat to the Management Board. Similarly, while the agency does not centrally consult every external employer on every minor issue, it requires colleges to involve employers, industry representatives, accrediting bodies, and professional organizations in their internal quality assurance arrangements. The agency uses its external review processes to verify that institutions engage these stakeholders appropriately.

94. Overall, the agency fully meets the core expectations of this standard. It remains deeply attuned to its stakeholder environment, actively engages a balanced mix of internal and external constituents, uses robust consultation to shape its quality frameworks, and embeds stakeholder representation directly in governance. While the agency engages external bodies during major strategic reviews, there is a critical opportunity to further standardize the systematic involvement of students and graduates in the ongoing governance architecture. For detailed observations and the formal recommendation on formalizing the student/graduate nomination and appointment processes, **refer to the comprehensive review compiled under Standard 3 (Governance, Independence, and Accountability).**

Commendations:

- The Review Panel commends OCQAS for its initiative to maintain and support the exceptional quality, clarity, and analytical depth of the Self-Evaluation Document submitted for review. The submission was impeccably well-structured and evidence-based, demonstrating a high level of institutional self-awareness. The agency's thoughtful integration of an AI-assisted drafting tool, complemented by rigorous validation from external consultants and an independent peer reviewer, reflects an innovative, highly transparent approach to self-evaluation that aligns with its institutional commitment to continuous improvement.
- The Review Panel commends OCQAS for its initiative to maintain and support its exceptional, trust-based relationships with its stakeholder community. Across all fieldwork interview sessions, institutional quality managers, Heads of Quality Management cohorts, Vice-Presidents Academic, and peer auditors expressed unwavering trust, respect, and professional appreciation for the agency's staff and processes. The staff's prompt responsiveness, open accessibility, and genuine commitment to supporting public colleges are a significant institutional asset and form the baseline for the agency's quality assurance effectiveness.

ISG 17: International engagement

The quality assurance agency engages internationally to support the development, implementation, and continuous improvement of its quality assurance activities.

☒	☐	☐	☐
Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

95. The Review Panel confirms that the SED demonstrates a highly active pattern of participation in international networks, regular knowledge-sharing with peer agencies, and explicit benchmarking against international practice and standards. The agency remains consistently attentive to international and regional quality assurance developments by participating in INQAAHE gatherings, specialized webinars, and global professional forums, and by maintaining prior tracking through CHEA's International Quality Group. The panel notes that the operational emphasis rests on continuous monitoring of external developments rather than on occasional or symbolic contact, thereby helping the organization stay informed about emerging issues such as international student mobility and cross-border academic provision. The agency does not treat international engagement as separate from its core mandate but instead integrates these activities to keep its evaluative frameworks relevant, internationally informed, and appropriate for Ontario's public college context.
96. The organization demonstrates substantial, high-impact knowledge-sharing on a global scale. The SED reports 17 highly structured interviews with quality assurance agencies worldwide over the past five years, along with regular monthly cross-country meetings with Canadian quality assurance agencies and dedicated professional development sessions with multiple Canadian provincial oversight bodies. The panel verifies direct, substantive professional exchanges with regulatory agencies and quality organizations in Estonia, Kenya, Doha, Mexico, the United States, Australia, Catalonia, and Spain, confirming a remarkably broad and active international network.
97. Verifiable evidence confirms a strong commitment to joint or collaborative international practice. The agency actively participates in three international external quality assurance reviews and systematically applies lessons learned

from international counterparts to refine its CQAAP audit practices. These global adoptions include formalizing panel-chair presentations directly to governing bodies, updating field interview structures, and optimizing virtual audit methodologies.

98. The agency benchmarks key aspects of its daily practice against national and international experience, using findings from its interviews with international agencies to inform strategic discussions with its Management Board on operational improvements. This systematic benchmarking directly informs administrative decisions, including adjusting peer auditor compensation toward Canadian sector averages to maintain regional competitiveness and professionalism.
99. Most importantly, the agency explicitly aligns its internal benchmarking with internationally recognized standards through INQAAHE. The SED confirms that the agency achieved recognition in 2021 as fully compliant with INQAAHE's Guidelines of Good Practice and notes that its current self-evaluation process is rigorously structured around the updated INQAAHE International Standards and Guidelines (ISG). Furthermore, active participation in the SPIEQAA and OCQARE pilot projects demonstrates that the organization is continually willing to explore international evaluative models and adapt them selectively to its jurisdictional context.
100. Overall, the evidence gathered supports a definitive conclusion of full compliance with this standard. The agency is clearly outward-looking, effectively uses international exchange to improve its field procedures, and systematically benchmarks its operations against recognized global frameworks. This advanced institutional positioning is clearly demonstrated by the senior staff's highly engaged, expert testimony throughout the comprehensive interview sessions conducted during the active review.

Commendations:

- The Review Panel commends OCQAS for its initiative to sustain active, substantive engagement with the international quality assurance community. The agency's rigorous program of 17 structured interviews with peer agencies worldwide, monthly cross-country meetings with Canadian quality assurance bodies, direct participation in three international external reviews, and close engagement with regulatory agencies in Estonia, Kenya, Doha, Mexico, the United States, Australia, Catalonia, and Spain demonstrate a genuinely outward-looking institutional orientation. This international engagement significantly

enriches the agency's daily practice, informs its strategic benchmarking, and meaningfully contributes to the global quality assurance knowledge base.

ISG 18: Thematic analysis and guidance

The quality assurance agency prepares and disseminates thematic analyses and guidance documents to contribute to the enhancement of higher education and quality assurance.

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Full Compliance	Substantial Compliance	Partial Compliance	Non-Compliance

101. The Review Panel confirms that the SED systematically analyses audit and validation findings, converts recurring system issues into sector-facing guidance, and develops resources with active stakeholder input. The organization produces regular thematic analyses of CQAAP and CVS activities, successfully identifying institutional strengths, recurring operational challenges, and emerging trends across the Ontario public college system. For CQAAP operations, the agency prepares specialized "Standards Highlights from Audits" publications that clearly summarize peer audit findings and indicate which requirements colleges meet well, and which continue to pose systemic challenges. Furthermore, the Secretariat regularly presents cross-cutting themes from individual audit reports to the Management Board, using those governance discussions to highlight broader sector trends observed across each active audit cycle.

102. Verifiable evidence shows that this thematic tracking is not merely retrospective reporting but a forward-looking mechanism for continuous sector improvement. When recurring institutional issues arise, the agency responds decisively by creating targeted technical working groups, explanatory videos, specialized guidance resources, and bi-monthly preparation meetings for public colleges. Concurrently, CVS operations produce annual trend reports from validation submissions, using those direct findings to inform the development of additional support materials, including instructional videos, a dedicated podcast, and the InFocus publication series.

103. The agency develops comprehensive guidance documents to support innovation in teaching, learning, and provincial academic practice. The SED highlights several clear examples of this deployment, including formal guidance on integrating experiential learning, structural mapping to MTCU codes, and

cross-mapping of Vocational Learning Outcomes (VLOs) and Essential Employability Skills (EES). Additionally, the agency deploys short "song" resources to support program-writing practice, alongside the QA Book format for CQAAP submissions, with detailed guidance sessions to help colleges use these tools effectively.

104. The organization's proactive work on emerging technologies, particularly Artificial Intelligence (AI), exemplifies regulatory innovation. The agency actively uses AI tools for competency analysis, program advisory committee support, editorial review, and drafting audit reports, while also sharing customized tools, such as the VLO Geek Bot, with colleges to support localized experimentation in program development. The Secretariat presents this pioneering work at international INQAAHE conferences and prepares academic articles on the topic, demonstrating that it not only produces regional guidance but also contributes meaningfully to the broader global quality assurance knowledge base. The SED provides strong evidence that the agency does not develop themes in isolation but ensures that all guidance is directly informed by peer audit results, CVS validation trends, recurring questions from colleges, and continuous engagement through joint sector committees.

105. This consultative approach extends directly to how guidance is shared and disseminated across the province. The agency regularly shares its thematic analysis and guidance through the Curriculum Developers Affinity Group (CDAG) conference, monthly HQM meetings, official newsletters, and other primary sector communication channels. To ensure equitable access and demonstrate full attention to its entire stakeholder environment, the organization prominently publishes these resources in both English and French.

106. Overall, the panel finds that the agency effectively links data analysis, practical guidance, and sector-wide improvement in a clear, self-reinforcing cycle. The organization successfully identifies deep patterns in quality assurance outcomes, translates them into user-friendly tools, and refines those tools through continuous engagement with public colleges and sector specialists. The only minor limitation is that the SED focuses heavily on transactional guidance covering compliance, process improvement, and immediate field practices. Moving forward, the agency has a valuable opportunity to broaden its impact by publishing more comprehensive, large-scale thematic reports that analyse system-wide trends over longer periods.

Suggestions:

- The Review Panel suggests that the agency complement its existing guidance materials by developing more comprehensive, long-term thematic reports. While the agency already provides excellent, targeted resources for immediate compliance and process improvements, creating these broader systemic reviews would help capture multi-year patterns and share important institutional lessons learned across the entire college system.

Conclusions

Based on the findings presented in this report, and in light of the documentary and oral evidence considered by the Review Panel, the Ontario College Quality Assurance Service (OCQAS) is determined to be substantially compliant with the International Standards and Guidelines for Quality Assurance in Higher Education (ISG), October 2025 version. The Panel recommends that OCQAS be recognised by INQAAHE as a quality assurance agency that meets ISG standards.

The Review Panel found the Ontario College Quality Assurance Service (OCQAS) to be:

- **Fully Compliant** with ISG 1, ISG 2, ISG 4, ISG 5, ISG 6, ISG 7, ISG 8, ISG 9, ISG 10, ISG 12, ISG 13, ISG 14, ISG 15, ISG 16, ISG 17, and ISG 18.
- **Substantially Compliant** with ISG 3 (Governance) and ISG 11 (Peer-Reviewers)

Across its 21-year history, OCQAS has established itself as a credible, effective, and respected quality assurance agency within Ontario's public college system. The agency has demonstrated a consistent commitment to transparency, stakeholder engagement, and continuous improvement. The strong relationships fostered between OCQAS and its constituent colleges, characterised by accessibility, responsiveness, and shared commitment to quality, represent one of the agency's most significant achievements.

The Panel was particularly impressed by OCQAS's proactive approach to emerging challenges, including its thoughtful engagement with artificial intelligence tools, its robust international networks, and its well-structured thematic analysis and guidance activities. The agency's commitment to operating with integrity and within a clearly defined ethical framework was consistently evident across all reviewed sources of evidence. The areas of substantial compliance- governance and peer-reviewers represent areas where OCQAS has sound foundations in place, but where further development would strengthen the agency's alignment with ISG expectations. The Panel is confident that OCQAS has both the institutional will and operational capacity to address these areas.

The Panel also notes that OCQAS is at an important juncture in its institutional development. The current institutional review of the agency, the development of a new Strategic Plan 2025–2030, and the transition to updated ISG standards all represent opportunities for OCQAS to strengthen its governance frameworks, enhance its transparency mechanisms, and consolidate its leadership role within both the Ontario college system and the broader international quality assurance community.

Commendations

The Review Panel commends the following aspects of OCQAS's practice as particularly strong, distinctive, and exemplary:

(ISG 3) The Review Panel commends OCQAS for its structural initiative to maintain and support the process enhancement enabling the audit team chair to present reports and recommendations directly to the Management Board. This practice is a critical governance innovation that significantly strengthens the independence and objectivity of the audit process by eliminating staff filtering, ensuring that the governing Board receives direct, unedited peer evidence from the field and completely neutralizing the potential for selective administrative bias or narrative smoothing. Furthermore, this direct presentation pathway validates the credibility of the peer-review team by honouring their firsthand, on-site evaluative findings and ensuring their professional observations carry definitive, unaltered weight in final quality determinations. Finally, this process explicitly delineates the OCQAS staff support role from the decision-making function by establishing a rigorous structural firewall; it positions the core Secretariat staff strictly as administrative facilitators while keeping evaluative authority and final quality judgments transparently and exclusively in the hands of the peer-review experts and the governing Board.

(ISG 7) The Review Panel commends OCQAS to maintain and support the establishment of weekly drop-in Q&A sessions, which stakeholders across the public college system identify as critically important to their learning, development, and preparation for external quality assurance processes, having organically evolved into an invaluable community of shared practice where college leaders seek real-time guidance, exchange peer benchmarks, and support one another through institutional resource constraints or significant staffing changes.

(ISG 7) The Review Panel commends OCQAS for maintaining and supporting its deliberate, proactive commitment to linguistic equity by providing a dedicated French-speaking Quality Assurance Manager, which successfully ensures that all public colleges, regional communities, and Francophone stakeholders have completely fair, equal, and unhindered access to quality assurance guidance, official resources, and ongoing institutional support well beyond basic statutory compliance requirements.

(ISG 9) The Review Panel commends OCQAS for maintaining and advancing its innovative, forward-looking engagement with artificial intelligence. The agency's structured training program on the ethical use of AI, attended by over

90% of its external auditors, and its active exploration of AI tools for competency analysis, program development support, and audit processes demonstrate an exemplary orientation toward emerging technologies. Furthermore, sharing high-utility tools such as the VLO Geek Bot with public colleges and actively presenting this pioneering work at international INQAAHE conferences positions the agency as a global leader in responsible AI integration within the external quality assurance sector.

(ISG 12) The Review Panel commends OCQAS for its exceptional responsiveness and agility in promptly updating its website architecture following the evaluation visit. By consolidating the institutional review schedules and upcoming audit dates directly alongside the published evaluation outcomes, the agency successfully eliminated navigational barriers, demonstrating a strong, proactive commitment to public transparency and continuous improvement.

(ISG 16) The Review Panel commends OCQAS for its initiative to maintain and support the exceptional quality, clarity, and analytical depth of the Self-Evaluation Document submitted for review. The submission was impeccably well-structured and evidence-based, demonstrating a high level of institutional self-awareness. The agency's thoughtful integration of an AI-assisted drafting tool, complemented by rigorous validation from external consultants and an independent peer reviewer, reflects an innovative, highly transparent approach to self-evaluation that aligns with its institutional commitment to continuous improvement.

(ISG 16) The Review Panel commends OCQAS for its initiative to maintain and support its exceptional, trust-based relationships with its stakeholder community. Across all fieldwork interview sessions, institutional quality managers, Heads of Quality Management cohorts, Vice-Presidents Academic, and peer auditors expressed unwavering trust, respect, and professional appreciation for the agency's staff and processes. The staff's prompt responsiveness, open accessibility, and genuine commitment to supporting public colleges are a significant institutional asset and form the baseline for the agency's quality assurance effectiveness.

(ISG 17) The Review Panel commends OCQAS for its initiative to sustain active, substantive engagement with the international quality assurance community. The agency’s rigorous program of 17 structured interviews with peer agencies worldwide, monthly cross-country meetings with Canadian quality assurance bodies, direct participation in three international external reviews, and close engagement with regulatory agencies in Estonia, Kenya, Doha, Mexico, the United States, Australia, Catalonia, and Spain demonstrate a genuinely outward-

looking institutional orientation. This international engagement significantly enriches the agency's daily practice, informs its strategic benchmarking, and meaningfully contributes to the global quality assurance knowledge base.

Recommendations

The Review Panel makes the following formal recommendations, which OCQAS is encouraged to address in the period following this review. These recommendations target the areas of substantial compliance and developmental priorities identified during the review.

(ISG 3) The Review Panel recommends formalizing and publishing clear guidelines for student and graduate appointments to ensure transparency, fairness, and systemic representation across various program levels and language profiles (Cross-reference: Standard 16). ***(Paragraph 32)***

(ISG 11) The Review Panel recommends that OCQAS implement a straightforward, objective process to evaluate the performance of its audit reviewers. This mechanism should combine the feedback received from institutional surveys with brief staff observations during site visits to ensure reviewers maintain high standards of professionalism and consistency. ***(Paragraph 68)***

Suggestions

The following suggestions are offered as areas for OCQAS to consider as it continues its development, but they do not constitute formal compliance requirements:

(ISG 9) The Review Panel suggests that the agency establish a structured digital method (such as a standardized post-audit survey or a dedicated digital form) for auditors to submit practical suggestions. This will create a clear feedback loop to capture peer recommendations for updating future evaluation standards and QA Books. ***(Paragraph 58)***

(ISG 12) The Review Panel commends OCQAS for its prompt responsiveness in updating its website layout to integrate institutional review schedules directly with published evaluation outcomes. The agency should maintain this centralized format to ensure the public retains a clear, unified view of each college's ongoing quality-assurance status. ***(Paragraph 72)***

(ISG 13) The Review Panel suggests that the agency explore methods to track and quantify the long-term systemic impact of its evaluation processes. Rather than just collecting satisfaction surveys from participants, the agency could benefit from aggregating high-level data over time. For example, tracking the total number of program modifications triggered by CVS validations annually, or monitoring the percentage decrease in "required actions" between a college's first audit cycle and its second. Documenting these macro-trends would provide measurable proof of how both CQAAP and CVS drive continuous improvement across the college sector. ***(Paragraph 78)***

(ISG 18) The Review Panel suggests that the agency complement its existing guidance materials by developing more comprehensive, long-term thematic reports. While the agency already provides excellent, targeted resources for immediate compliance and process improvements, creating these broader systemic reviews would help capture multi-year patterns and share important institutional lessons learned across the entire college system. ***(Paragraph 84)***

Annexes

Annex 1: Composition of the Review Panel

Name	Role	Affiliation
Vernice Francis	Chair	Independent International Expert
Phil Cardew	Secretary	INQAAHE Secretariat
Perliter Walters-Gilliam	Expert	Independent International Expert

Annex 2: Review Visit Agenda

Virtual review visit conducted via Zoom, May 4–6, 2026. Stakeholders consulted included representatives from: the OCQAS Management Board; the Executive Director and Quality Assurance Manager; OCQAS consultants and secondees; Ministry representatives; student representatives; and Quality Managers from Ontario public colleges within OCQAS oversight.

Annex 3: Supporting evidence

Supporting evidence considered by the Review Panel included:

- Self-Evaluation Document (SED) with annexes
- OCQAS Strategic Plan 2025–2030
- CQAAP Guidelines and Framework 2025–2026
- Credential Validation Guidelines 2025–2026
- OCQAS Policy Compendium (Policies 01–18, including Policy 06, Policy 07, Policy 18, and Procedure 18-1)
- Management Board minutes and annual reports
- The Colleges of Applied Arts and Technology Act, 2002
- Minister's Binding Policy Directives (MCU)
- CQAAP Audit Schedule (2016–2026)
- CQAAP Guide for Completing a Self-Study Report
- The Quality Assurance Book
- The VLO Geek Bot
- Standards Highlights from Audits
- InFocus Series and Sector Newsletters
- Auditor Confidentiality Agreements and Training Workbooks
- Executive Summaries of Final Audit Reports
- Global QA Collaboration and Engagement Plan
- Colleges Ontario Human Resources Policies & Employee Code of Conduct
- External review reports (William F. Massey 2006; J. Randall 2010; INQAAHE 2020/2021)
- CQAAP Review Recommendations (March 2023)
- Sample auditor conflict of interest declarations
- Post-audit survey instruments
- OCQAS website materials