QAF001 QUALITY FRAMEWORK

Contents

1. Quality Framework

The Higher Education Leadership Institute ("the Institute") has established this quality framework to assure the quality of its operations and its academic outcomes. Quality assurance refers to the planning, policies, attitudes, actions, and procedures necessary to ensure that quality is being maintained and enhanced[1]. It requires not only actions internal to the Institute, but also includes the involvement of external parties.

It involves the governance of the Institute; strategic and business planning, including risk management; development and dissemination of policies and procedures; course design and evaluation; systems of review involving the collection and use of feedback from stakeholders; the collation and analysis of statistical data (metrics); moderation of assessment and benchmarking activity.

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                        Governance

Systematic review                          Planning and
                                           policies

              The HELI
              Quality
              Framework                    Implementation of
                                           plans and policies
Benchmarking/
External
Referencing

    Stakeholder feedback      Analyses of course
    and performance           delivery, assessment
    indicator                 and curriculum
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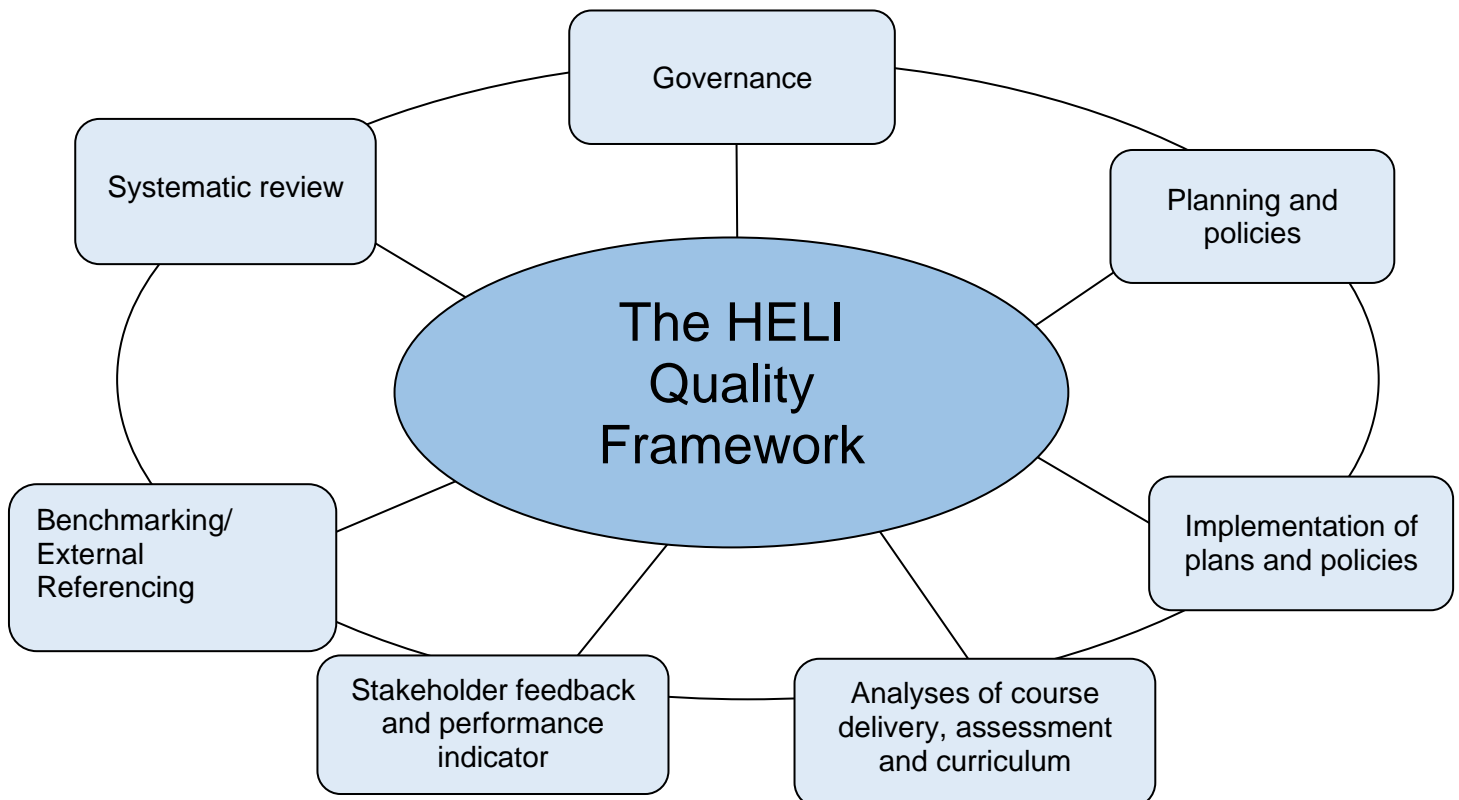
The *Higher Education Standards Framework* (HESF) "provides a model framework which higher education providers can apply for the internal monitoring, quality assurance and quality improvement of their higher education activities"[2]. Therefore, with reference to this framework and examples of best practice in the independent higher education

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[1] Woodhouse, D. (2009). Putting the 'A' into quality. Australian Universities Quality Agency, Melbourne.

[2] Higher Education Standards Framework (Threshold Standards) 2021
<https://www.legislation.gov.au/Details/F2021L00488>.

sector, the Institute has designed this quality framework to provide a robust and coordinated approach to quality enhancement which embraces "all of institution" in order to foster a continuous quality improvement approach that is integrated into the Institute's strategic planning and risk management processes and clearly aligned to the Institute's strategic and operational objectives.

To support this Quality Framework the Institute regularly audits itself against the HESF to ensure that it continues to meet the Standards and any lapses in compliance are identified and monitored, and prompt corrective action is taken. Outcomes of these audits are presented to the Board of Directors annually.

2.   Governance

2.1   Overview

The cornerstone of the Institute's quality framework is the integrated system of corporate and academic governance outlined in its *QAF002 Governance Charter*.

The *Governance Charter* provides a solid foundation for management and oversight of the Institute through a series of interlinking boards and committees ("governance bodies") with specific responsibilities and terms of reference. Membership of each governance body is designed to provide a basis for informed and independent advice at all levels of the Institute's operations, both corporate and academic.

The corporate governing body (Board of Directors) puts in place the necessary delegations to effectively govern the academic aspects of the Institute as well as facilitating the smooth day-to-day operations of the Institute by senior management (refer *QAF003 Delegations Register*).

2.2   Review of governance structure, membership, and delegations

At least once every seven years (or more often if circumstances dictate) the Board of Directors undertakes a review to assess the effectiveness of the overall governance structure of the Institute (including academic governance) and any delegations it has made in order to identify any improvements that might enhance the organisation's corporate and academic governance. The Board of Directors will engage suitably qualified individuals to undertake the review.

The review will consider whether:
- the overall governance structure and the type and number of governance bodies is appropriate for the size and mission of the Institute;
- the terms of reference for each governance body is appropriate and clearly understood;
- the number and categories of membership of each of the governance bodies is appropriate to achieve its functions;
- the balance and type of members is the optimum to achieve the Institute's strategic objectives;

- that the delegations currently in place are appropriate and meet the ongoing operational needs of the Institute;
- the effectiveness of corporate and academic governance processes;
- any other matters determined by the Board of Directors.

The Board of Directors shall duly consider the outcomes of the review and any recommendations arising and ensure that agreed actions are implemented.

3. Planning and review

3.1 Overview

The Institute engages in a structured regimen of planning through a series of related plans that are reviewed and updated regularly. This planning process not only allows the Institute to focus on its operations, but also provides a framework of ownership and accountability for Institute staff.

3.2 Strategic planning

Best business practice requires that a higher education provider has a current S*trategic plan* which is approved by the governing body, is well understood by stakeholders and indicates that the provider has clarity about its future directions.

To this end the Board of Directors develops a 3-year *Strategic Business Plan (PLN001)* to create a culture that is forward-looking rather than reactive, promote unity of purpose, and to clearly articulate the Institute's enduring mission and near-term strategic directions.

The *Strategic Business Plan* is developed through the following process:
- Key stakeholders are consulted in the development of the *Strategic Business Plan*.
- The current *Strategic Business Plan* (if one exists) is reviewed.
- The Institute's vision and mission are reviewed to ensure that they reinforce the Institute's philosophy.
- A review of the Environmental Situation Analysis and the S.W.O.T Analysis is undertaken by senior management (with other stakeholders as appropriate).
- Being mindful of the business environment and the Institute's strengths and opportunities, key strategic directions are set for the organisation, as well as enrolment targets.
- An action plan is developed to achieve the strategic objectives.
- Each action is allocated to responsible persons and timeframes set for achievement.
- Measures of success are determined for each strategic objective.
- A draft *Strategic Business Plan* is prepared.
- Feedback on the draft *Strategic Business Plan* is sought from key stakeholders.

- The Academic Board is consulted on academic aspects of the *Strategic Business Plan*.
- Based on this feedback a final draft of the *Strategic Business Plan* is prepared for approval by the Board of Directors.
- The approved *Strategic Business Plan* is communicated with stakeholders.

The *Strategic Business Plan* is regularly reviewed to ensure that strategic objectives are being realised and that responsible persons are held accountable for achieving the actions allocated to them within the agreed timeframe.

The *Action Plan to Achieve Strategic Objectives* and *Measures of Success* are monitored, and where necessary updated, by the Executive Management Committee and regular reports are provided by the CEO to the Board of Directors. Where actions have not been completed in the agreed timeframe the CEO's report will clearly explain why objectives have not been met or have changed and what remedial action has been or will be undertaken to achieve the strategic objective.

During the final year of the life of the *Strategic Business Plan* a new plan is developed for approval by the Board of Directors. Annual report against the Strategic Plan is reported by the CEO to the Board of Directors.

3.3   Marketing planning

A 3-year *Marketing Plan (PLN010)* is developed to ensure that the Institute's total marketing effort is integrated, that its products and services continue to meet and satisfy customers' needs, and that enrolment targets are met.

The *Marketing Plan* is developed by the Marketing Manager then reviewed and approved by the Board of Directors.

The *Marketing Plan* will set out strategies to achieve the enrolments targets outlined in the Strategic Plan and will include:
- an analysis of the Institute's marketplace and customers;
- an analysis of the Institute's current product range;
- an analysis of the Institute's main competitors;
- an analysis of the Institute's competitive advantage;
- enrolment targets;
- key marketing strategies;
- an action plan to achieve the enrolment targets;
- proposed marketing budget.

The *Marketing Plan* is reviewed regularly to ensure that marketing strategies continue to meet changing situations.

The *Action Plan to Achieve Enrolment Targets* is monitored, and where necessary updated, by the Marketing Manager and regular reports provided by the CEO to the

Board of Directors analysing the effectiveness of the marketing strategies undertaken to-date. Where marketing strategies have not delivered the forecast number of enrolments the report will clearly explain what remedial action has been, or will be, undertaken to achieve enrolment targets.

3.4   Financial planning

The Institute undertakes financial planning to support the day-to-day running of the Institute and enable senior management and the Board of Directors to measure financial performance. Financial forecasts will be based on projections of student enrolments, staffing plans, and requirements for facilities and resources for each course offered by the Institute, aligned with the strategic objectives and enrolment targets outlined in the *Strategic Business Plan*. The assumptions underlying the financial forecasts will be included as part of the forecasts.

The CFO with the CEO Higher Education is responsible for the development of the Budget planning and its constituent financial forecasts which are approved by the Board of Directors.

The financial forecasts (which form part of the *Budget forecast*) will be updated and reviewed half yearly by the CFO and CEO Higher Education and regular reports provided by the CFO and CEO Higher Education to the Audit and Risk Committee and Board of Directors analysing actual financial performance against the financial forecasts. The report will explain any significant variances from the financial forecasts and the effect this will have on the operations of the business. The report will clearly explain what remedial action has been or will be undertaken to achieve the financial forecasts and/or maintain the financial viability and sustainability of the Institute.

3.5   Risk management planning Framework and Risk Register

Good corporate governance and academic governance requires that an organisation's governing body regularly monitors potential risks to the Institute's operations and develops strategies to mitigate risks that may eventuate.

Consequently, the Institute develops a *Risk Management Framework and Risk Register* with the support of the *Audit and Risk Committee* to systematically identify, analyse, evaluate, monitor, and mitigate risk.

The Institute faces risks that may affect:
- its reputation, and/or that of its staff and/or stakeholders in regard to the quality of the products and services it provides;
- the achievement of strategic objectives and business plan in the agreed timeframes;
- the integrity of its decisions and processes;
- the safety, security, and well-being of all stakeholders
- its financial viability and financial sustainability

- student load, experience, and outcomes;
- its academic staff profile;
- the achievement of regulatory standing.

Implementation of an integrated and rigorous approach to risk management:
- increases the chances of avoiding costly and unacceptable outcomes, particularly those arising from unexpected events;
- provides a better understanding of issues affecting the Institute and supports continuous improvement of the Institute's operations;
- provides a reporting matrix that align with the terms of reference to assist the Academic Board and the Board of Directors to meet its academic governance responsibilities;
- provides a reporting matrix that align with the terms of reference to assist the Board of Directors to meet its corporate governance responsibilities; and
- allows for more structured and accountable business planning.

Risk management is critical to the overall performance of the Institute and therefore forms an integral part of the overall planning for the organisation.

The Executive Management Committee develops a *Risk Management Framework and Plan (PLN020)* with the Audit and Risk Committee for the approval by the Board of Directors. For each category of risk it faces, the *Risk register* will assess the potential consequences and likelihood of an adverse event. Suggested risk mitigation strategies will then be determined for managing risks with the greatest resources devoted to those risks considered to present a very high or extreme risk as opposed to those risks that are considered to be less consequential.

Risk mitigation strategies document what measures need to be put in place to minimise the threat posed by identified risks. Risk mitigation includes:
- measures aimed at avoiding or minimising the risk;
- measures to reduce the threat posed by the risk, either by reducing the likelihood of the risk and/or its consequences;
- measures aimed at improving the capacity of the Institute and its staff to deal with actualised threats;
- transferring the threat by shifting the risk to another party via, for example, contracting out or insurance cover; and
- accepting a risk that is outside of our control but monitoring the risk and ensuring that the Institute has the financial and other capacities to cover associated losses and disruptions.

The *Risk Management register* is reviewed quarterly by the Audit and Risk committee in line with the *reporting matrices* . During the review an assessment is made of the effectiveness of the risk mitigation strategies proposed for managing and minimising

risks that may impact on the operations of the Institute. Based on this review and assessment an updated *Risk Management Framework* is updated.

The updated *Risk Management Framework and risk register are* reviewed and approved by the Board of Directors.

3.6   Workforce planning

Workforce planning is undertaken by the Institute to ensure that the present and future demands for different types of staff are in place to match demand with supply. The *Workforce Plan (PLN025)* includes the strategic context and objectives for ensuring that sufficient, appropriately qualified leaders and operational/support staff are in place to achieve the Institute's higher education objectives and achieve expected student learning outcomes in accordance with its scale of operations.

The *Workforce Plan* also includes current and planned staff profiles for administration and academic functions of the Institute.

The *Workforce Plan* is reviewed and updated annually by the CEO Higher Education in line with the *Reporting Matrices.*

3.7   Academic planning

The Institute develops an *Academic Plan (PLN030)* to articulate the academic framework for the Institute for the following two-year period. The *Academic Plan* includes key academic objectives and actions to implement those objectives. The *Academic Plan* may also include a *Library Development Plan* to outline the objectives for further development of the Institute's library and learning resources.

The *Academic Plan* is updated biennially according to the *Quality Event Cycle.* The updated plan is approved by the Academic Board.

As an adjunct to the *Academic Plan* a *Digital Library Management Plan (PLN040)* and *Benchmarking Plan (PLN031)* are developed.

3.8 Learning and Teaching Planning

The *Learning and Teaching Plan* (L&T Plan) (*PLN0xx*) is developed by the Learning and Teaching Committee which provides a roadmap for meeting the learning and teaching goals of the Strategic Plan. This plan is developed for the following two-year period. This plan is approved by the Academic Board. The objectives of the Learning and Teaching plan includes: a valued and shared culture of best-practice in learning and teaching, supported academic staff, Supported students, apply contemporary learning and teaching technologies and techniques, and drive quality and rigour of assessment practices. The progress against the plan is reported to the Academic Board as in the reporting matrices. The quality of the Learning and Teaching is also measured by the *Learning and Teaching Quality Framework*.

3.9 Scholarship and Research Planning

The Scholarship and Research Plan (S&R Plan) (PLN0xx) is developed by the Scholarship and Research Committee which provides a roadmap to deliver teaching and learning that engages with advanced knowledge and intellectual inquiry. This plan is developed for the following two-year period. This plan is approved by the Academic Board. The objectives of the Scholarship and Research plan includes: a valued and shared culture of best-practice in research imbedded in learning and teaching, supported academic staff, supported students and distinctive graduates and the signature learning experience. The progress against the plan is reported to the Academic Board as in the reporting matrices.

3.10 Technology planning

To manage its technology infrastructure the Institute develops and maintains a *Technology Development and Management Plan (PLN035)* to detail the Information Communications Technology (ICT) infrastructure and software systems that support its operations.

The Institute also develops and maintains an *ICT Disaster Recovery / Business Continuity Plan (PLN036)* to prepare HELI in the event of extended service outages for its ICT infrastructure.

3.11 Dissemination of plans

To gain maximum benefit from the planning process it is imperative that relevant information relating to planning is disseminated to various stakeholders in a regular and timely manner.

The Executive Management Committee will design and implement an appropriate dissemination strategy for different stakeholder groups to ensure that appropriate information is made available to them by various media. A key component of this strategy will be the articulation of the Institute's mission and goals.

4.   Policies and procedures

4.1   Overview

The Institute has developed an integrated suite of policies, procedures and forms to provide guidance and give certainty to operational processes, both administrative and academic. These documents form an integral part of the overall quality framework.

It is essential that the Institute's policies and procedures are appropriate to the scale and mission of the Institute, properly approved, disseminated throughout the organisation, fully implemented, and systematically reviewed.

In this section the term "policy" includes any associated procedures and forms.

4.2 Policy development

The need for new policy may be identified by one of the governance bodies, or another stakeholder.

The triggers for a new policy may include:

- changes to the higher education regulatory framework;
- changes to other regulatory requirements or legislation;
- changes to the external operating environment;
- changes to internal operating procedures;
- a change of policy instigated by the Institute; or
- a combination of the above.

The Policy framework specifies the policy owner and the policy approval authority. The policy owner and policy approver will be noted on each policy and in the *APIC Policy Register*.

The regulatory framework for student funding[3] requires that any policies related to student grievances are approved by the Board of Directors.

The policy owner and policy approver will be noted on each policy and in the *Version Control Register (QAF000)*.

During the policy development process the policy developer will consider:

- relevant government policy, legislation and regulation;
- the Institute's *Diversity and Equity Policy (QAF033)*;
- existing Institute policies to ensure that there is no policy overlap and to ensure consistency of style;
- similar documents from relevant external organisations;
- the application of the policy in practice;
- the applicability of the policy to differing circumstances;
- any other relevant data.

The policy developer will consult with relevant stakeholders during the development process.

Draft policy documents and related procedures and forms will be presented to the policy owner for consideration. The policy owner may recommend that:

- the policy be approved without amendment;
- the policy be approved with specific amendments;
- the policy is referred back to the developers for further work specifying the areas in which the policy is deficient.

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[3] Specifically, the *Higher Education Support Act 2003*

Once the policy owner is satisfied with the policy it is referred to the policy approver and if approved entered into the *Version Control Register (QAF000)* and referred to the Executive Management Committee for implementation.

4.3 Policy review

The Institute's policies are reviewed on a regular basis. The review cycle may vary depending on the type of policy and its scope, but every two years would be typical, and there must be no more than three years between policy reviews.

A review date is set for each policy which allows adequate time for the revision and approval process. All related procedural documents and forms will be reviewed concurrently with the policy. The review date for each policy is recorded in the *Version Control Register (QAF000)*.

The policy review process is initiated by the policy owner and may be delegated by the policy owner to an appropriate body or individual(s) ("the policy reviewer").

During the policy review process the policy reviewer will consider whether the policy:

- is still consistent with best practice;
- requires amendment due to changes in government policy, legislation or regulation;
- has any adverse impact on diversity and equity;
- continues to meet stakeholders' needs;
- actually works in practice;
- conflicts or is inconsistent with other policy;
- leads to any related policies requiring amendment.

Following the policy review a draft revised policy and related procedures and forms are presented to the policy owner for consideration along with details of any changes made. The policy owner may recommend that:

- the revised policy be approved without amendment;
- the revised policy be approved with specific amendments;
- the revised policy is referred back to the policy reviewer for further work specifying the areas in which the policy is deficient.

Once a revised policy is approved by the policy approver the *Version Control Register (QAF000)* is updated and the revised policy is referred to the Executive Management Committee for implementation and dissemination.

If the policy reviewer considers that no revision is required, a recommendation is made to the policy owner that the existing policy should stand and be next reviewed according to the standard review cycle.

Minor editorial updates that do not affect the title or substance of the policy do not need to be formally approved but simply noted by the policy owner. These include correction

of typographical errors or changes to stakeholders (e.g. change of title of government department or organisational structure and positions within the Institute).

4.4   Version management

All policies are version controlled. The version format will be "n.n". Where a policy is amended and requires approval the first digit will increase by an increment of 1 and the second digit will revert to zero. Where minor amendments are made that do not require approval the second digit will increase by an increment of 1.

During the development of a new policy the version number for the first draft will be "0.1". The decimal portion of the version number will increase by an increment of 1 for each subsequent version of the draft policy. When a policy is first approved it will become version "1.0".

A register of all policies and related procedures and forms will be maintained by the Executive Management Committee and will record:

- The title of the policy, procedure or form;
- The current version number of each document;
- The policy owner;
- The policy approver; and
- Relevant stakeholders (for dissemination purposes).

4.5   Policy dissemination

It is critical that the current versions of all policies are easily accessible to all relevant stakeholders. It is also important that relevant stakeholders are advised when an existing policy is revised or a new policy is developed.

Policies, procedures and forms are maintained on the Institute's intranet ("HELI Central"). Access to each individual document will be restricted to relevant stakeholders only. Where a document is to be made public (e.g. for prospective students) it will be placed on the Institute's website.

The Executive Management Committee is responsible for policy implementation and dissemination. Staff and students will be initially familiarised with current policies and where to access them through staff induction and student orientation. The Executive Management Committee will ensure that all new or reviewed policies are published in HELI Central as soon as practicable and that all relevant stakeholders are advised by email of the new/revised document. The email will include a hyperlink to the location of the new/revised document.

5.   Course development and review

The Higher Education Standards Framework requires that a higher education provider maintains appropriate academic standards for all the higher education courses it delivers.

The Institute has adopted a *Course Development and Approval Policy and Procedure (QAF010)* and a *Course Review and Improvement Policy and Procedure (QAF020)* to provide appropriate frameworks for course development and review in the context of continuous quality improvement.

5.1 Course development

The Institute has developed a comprehensive course development process as detailed in Section 3 of the *Course Development and Approval Policy and Procedure (QAF010).*

To ensure quality in course design and content, courses are developed in consultation with a *Course Advisory Committee* which is comprised of members drawn from the Academic Board, Institute academic staff, other higher education providers, the professions and industry as well as those with curriculum design and development expertise.

It is imperative that a course to be accredited aligns to the Australian Qualification Framework (AQF) and desirable that it is broadly comparable to similar courses at the same level at other higher education providers. Therefore, the course development process includes a comprehensive alignment to the AQF and benchmarking against similar higher education courses.

5.2 Course review

The methodology for course review and improvement is detailed in Section 3 of the *Course Review and Improvement Policy and Procedure (QAF020).*

In summary the course evaluation cycle consists of:

I.   Continuous review of courses in response to specific feedback received from stakeholders or amendment of content due changes in the external real-world environment. Normally, a subject would be reviewed at least annually through the process of continuous review.

II. An internal triennial review of each course and its constituent subjects will be conducted by the Course Advisory Committee focussed on the following criteria:

- the role of the course within the Institute's educational profile and its ongoing contribution to the vision, mission and strategic goals of the Institute;

- the demand for the course (based on enrolment statistics and market research and analysis);

- The impact of similar courses on the Institute's course offerings by competitor higher education providers;

- review of course aims, structure, subjects, learning objectives, assessment activities, resources, study modes and delivery methods with reference to the AQF level of the course;

- adequacy, currency, and appropriateness of assessment practices and criteria;

- quality of participant and educator support services;
- students' performance including progression, attrition, and completion;
- the quality, scope and adequacy of course-related information provided to participants and applicants;
- the quality, scope and adequacy of course-related information provided to participants and applicants;
- analysis of significant trends drawn from participant and educator evaluation and feedback data;
- the systematic collection and analysis of data relating to admission and enrolment statistics, deferral, withdrawal and retention rates, results per subject, graduate employability, feedback from professional bodies and peer review processes.

III.   A comprehensive external course review of each course and its constituent subjects will be conducted every 5 years by a qualified TEQSA registered expert focussed on the criteria in point ii above.

The outcomes of all course review activity are reported by the Dean to the Academic Board.

6.   Stakeholder feedback and Monitoring and Analysis of Student's Performance

It is essential that the Institute's governance bodies consider and act on relevant data such as teaching evaluations, student feedback, student attrition, progress rates, grade distributions, course completions and graduate satisfaction.

The Institute collects a variety of data for analysis including:

- Stakeholder feedback from participants, educators, graduates and employers; and
- a defined set of metrics determined by the Academic Board which may include access and participation, attrition, retention and success rates and grade distributions for subjects and courses.

6.1   Stakeholder feedback

As part of its quality management system a higher education provider must obtain and act on regular, valid and reliable feedback from stakeholders to improve its higher education operations.

The Institute will seek regular stakeholder feedback through the use of approved survey instruments through the following process:

- A survey of students is conducted for selected subjects during each study period.
- A survey of academic staff is conducted at the end of each subject.
- Surveys of graduates and employers are conducted biennially.

- The Dean will review the surveys of students and academic staff, analyse the feedback and summarise any issues raised.
- The Dean will meet formally and informally with academic staff to address any issues raised and to formulate possible strategies for improvement.
- The Dean will review the surveys of graduates and employers, analyse the feedback and summarise any issues raised.
- The Dean will include in their reports to the Learning and Teaching Committee recommendations and strategies for improvement arising from stakeholder feedback.
- All improvements that have been ratified by the Learning and Teaching Committee and approved by the Academic Board will be referred to the Executive Management Committee for implementation.
- Each improvement action will be allocated to a responsible person for completion within an agreed timeframe.
- Outstanding actions will be monitored by the Executive Management Committee until evidence of completion.
- Where amounts not allocated in the budget are required to operationalise the improvement action, the CEO will include it in their report to the Board of Directors in conjunction with a request for additional funding.
- The Executive Management Committee will table a quarterly report on the status of improvement actions at meetings of the Board of Directors and Academic Board.
- The Executive Management Committee will ensure that stakeholders are advised of changes made in response to their feedback.

6.2 Monitoring and Analysis of Student's Performance

The collection, analysis, and reporting of statistical data is recognised as a key component of a robust quality management system. The Institute will produce at least annually a set of standard reports on student information and academic outcomes (including rates of retention, progression, and completion of various student cohorts) to assist managers and governance bodies to systematically assess how the Institute is performing on key measures of educational performance and to identify areas for improvement through the following process:

- The Academic Board will determine the data to be collected and the processes by which the data are collated and analysed by the Learning and Teaching Committee.

- As part of the statistical data collection, data will be collected by identified student cohorts, analysed, monitored and the findings used to inform admission policies and improvement of teaching, learning and support strategies for those cohorts.

- The Learning and Teaching Committee will design standard reports to enable comparisons to be made both within the Institute and against other higher education providers and sector norms.

- Benchmark attrition, progression, and completion rates. Benchmark student satisfaction and outcomes (QILT and other publicly available data sets) of each course with external reference points.

- The reports will track trends over time and provide comparisons between cohorts of students (such as domestic and international), different campuses/ locations, different courses and the various disciplines offered by the Institute.

- Analyse Trend of student performance, progression, students' feedback, student experience, attrition, completion and pass rates and the Learning and Teaching committee will seek recommendation from the Academic Board on the analysis for any improvement actions

- The Learning and Teaching Committee will develop an annual report for presentation to the Academic Board which will include the recommended improvement actions with clear allocation of responsibility, resources and timelines in order to improve standards, course outcomes and student satisfaction for the Academic Board's consideration and endorsement.

7. Benchmarking

To enable the Institute to assess its performance against its peers it will compare its performance against other appropriate higher education providers to identify and act upon areas requiring improvement.

Benchmarking involves the systematic collection of data and information with a view to making relevant comparisons of aspects of an organisation's performance with peer institutions. "Benchmarking is the process of continually comparing the performance of an organisation against the performances of others with the intention of using the outcomes of comparison for the purposes of improvement."[4]

Benchmarking assists an institution to:
- undertake a self-evaluation of performance and process;
- better understand the processes which underpin organisational performance in an increasingly competitive environment;
- identify strengths and weaknesses in performance;
- measure and compare the Institute to other higher education providers in the sector to determine what they are doing better (or not) and why;
- develop new improved approaches to enhance best practice;
- obtain data to support decision-making;

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[4] Yorke M. (1999). Benchmarking Academic Standards in the UK, Tertiary Education and Management 5: 81-96

- determine actions to improve processes and approaches in order to increase performance;
- strengthen institutional identity by enhancing institutional reputation[5].

The Board of Directors has delegated the planning, management, and oversight of all benchmarking activity to the Academic Board, which has developed and approved a *Benchmarking Policy (QA0xx)* and *Benchmarking Plan* (PLN031) that details the benchmarking quality activities undertaken by the Institute.

8. Grade distribution and moderation of assessment

Validation and moderation are processes of ensuring that assessment validly and reliably measures achievement of expected learning outcomes in a subject. The Institute quality assures the assessment process by moderating grades as well as moderating individual assessment items.

The Board of Examiners is responsible for the validation and moderation of assessment which includes

- pre-assessment validation of assessment tasks before first use;
- post-assessment moderation of grades; and
- Analyse and monitor grade distribution for courses, units, and campuses each study period to ensure comparability with other higher education institutions

8.1 Pre-assessment validation

Pre-assessment validation checks the appropriateness, fairness, clarity, accuracy and standard of assessment tasks and materials before they are used for assessment.

New or revised assessment tasks will be subject to pre-assessment validation before they are used to ensure:

- that they align to subject learning outcomes, content assessment requirements listed in the subject outline;
- that they provide consistent results;
- that they are flexible enough to cater for the needs of different learners;
- that they actually work in practice;
- that assessment content and instructions are clearly, comprehensibly and accurately presented;
- that the academic challenge they present the student is consistent with the level of the subject;
- where feasible, assessment tasks within and between subjects are integrated; and
- all relevant resources required for the assessment task are available.

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[5] European Union (2008). Benchmarking in European Higher Education, Brussels.

Pre-assessment validation will occur before a subject is first delivered and whenever a subject is modified.

More detail on the pre-assessment validation process can be found in *QAF048 Assessment Validation and Moderation Procedures*.

8.2 Post-assessment moderation

The marking of all assessment tasks is subject to post-assessment moderation for selected subjects offered in a study period to ensure consistent and accurate assessment decisions in accordance with the Institute's *Student Assessment Policy and Procedure (QAF075)* and published assessment criteria.

The moderation of grades in a subject seeks to ensure that there is a fair distribution of grades. The subject moderator will consider samples from students at all locations studying a particular subject in each study period to determine the fairness of the application of the assessment criteria for all students, the appropriateness of the assessment scheme and all summative assessment items for students in a subject.

The subject moderator will ensure that:

- the standard of achievement is uniform, particularly for subjects being delivered to different groups of students by different staff in different locations;
- assessment is consistent through "double-marking" a sample of submitted tasks.

Where the same subject is offered across different courses, post-assessment moderation will be common across all courses to ensure consistency of standards.

More detail on the post-assessment moderation process can be found in *QAF048 Assessment Validation and Moderation Procedures*.

8.2.1 External moderation

To broaden the scope and reliability of the moderation process the Dean will develop a schedule so that each subject is externally moderated (i.e. by an independent moderator) at least once every two years. External moderators will be sourced from other higher education providers, which may be one of the Institute's benchmarking partners.

The external moderator will receive a random sample of student assessment tasks representing all delivery locations and academic staff delivering the subject. The assessment tasks selected must include at least one sample per grade and all borderline fail papers. The external moderator will make a judgement regarding the quality of the academic grading of student work within the selected subject and that the marking of assessment is consistent, valid and reliable.

More detail on the external moderation process can be found in *QAF048 Assessment Validation and Moderation Procedures*.

9. Keeping students informed

The Institute will ensure that students are given comprehensive, timely and accurate notice of any changes to the Institute's operations, including any consequences that may affect their choice of, or ability to participate in their course of study.

This will include information about increases in tuition fees and any other associated costs.

10. Shared Service Agreement

A Shared services agreement (SSA) is a formal arrangement approved by the Board of Directors. This agreement is to ensure ongoing quality in delivering services including student recruitment, finance management, technology management, placements, and other services as stated in the *Shared services agreement (SSA), QA)xxx Delegations Policy and Delegations register .* These services of the parties involved are monitored and reported to the Board against the scope of services, agreement and the performance/ quality measures as in the reporting matrices.

11. Monitoring and Ensuring Regular Reporting to the Boards/ Committees

The *reporting matrices* are the workplan for each board or committees. These reporting matrices are developed based on the terms of reference of each of the committees or board. These matrices are approved by the Board of Directors for the following year. The Quality team will develop these reporting matrices and the *governance calendar*.

12. Associated documents
- Higher Education Standards Framework
- QAF002 Governance Charter
- QAF003 Delegations Register
- FRM101 Governance Calendar
- FRM100 Quality Event Cycle
- FRM110 Annual Quality Enhancement Summary
- PLN001 Strategic Business Plan
- PLN010 Marketing and Communication Plan
- PLN015 Financial Plan
- PLN020 Risk Management Plan
- PLN025 Workforce Plan
- PLN030 Academic Plan

- PLN050 Learning and Teaching Plan
- PLN060 Scholarship and Research Plan
- Reporting Matrices/ workplan
- Governance calendar
- PLN031 Benchmarking Plan
- PLN035 Technology Development and Management Plan
- PLN036 ICT Disaster Recovery / Business Continuity Plan
- PLN040 Digital Library Management Plan
- QAF000 Version Control Register
- QAF010 Course Development and Approval Policy and Procedure
- QAF020 Course Review and Improvement Policy and Procedure
- QAF075 Student Assessment Policy and Procedure
- QAF155 Benchmarking Policy
- Shared Service Agreement (SSA)
- QAF004 Delegations Policy
- QAF048 Assessment Validation and Moderation Procedures
    - FRM040 Pre-assessment Validation Form
    - FRM041 Post-assessment Moderation Form
- Learning and Teaching Quality Framework

11. Version history

Category	Corporate
Document Owner	General Manager, Higher Education Quality
Responsible	Board of Directors
Review Date	August 2024
References and Legislation	Tertiary Education Quality and Standards (TEQSA) Act 2011 (Cth) Higher Education Standards Framework (Threshold Standards) 2021 Education Services for Overseas Students Act 2000 (Cth) The National Code of Practice for Providers of Education and Training to Overseas Students 2018 (National Code 2018) Higher Education Support Act 2003 (Cth).

Version	Approved by	Approval Date	Details
1.0	Board of Directors	21 January 2016	Document creation and initial approval
2.0	Board of Directors	20 April 2016	Changes to section 4 to reflect actual practice Changes to section 5 to align to policy approved by AB Other minor consequential changes
2.1	Board of Directors	20 July 2016	Addition of diagrammatic representation of the QAF
2.2	Board of Directors	2 November 2016	Minor changes to better reflect the new HE Standards

			Framework
			Changes to accommodate Moderation Procedures
2.3	CEO	15 March 2017	Minor change of nomenclature: "Governance and Quality Calendar" becomes "Quality Event Cycle"
3.0	Board of Directors	28 February 2018	Separation of delegations into a separate register
			Changes throughout to reflect current practice
4.0	Board of Directors	13 June 2018	Section 3 – update for additional HELI plans
			Section 7 – update to reflect new Benchmarking Plan and remove duplication
			Section 8 – update of nomenclature in section 8 and harmonisation of moderation documentation and removal of duplication
			New section 9 added for alignment to HESF2015
4.1	Board of Directors	5 December 2018	Updated nomenclature
			Delegation of planning, management and oversight of benchmarking to AB
4.2	CEO	9 April 2019	Minor changes to 3.5 Risk management planning in line with BoD request
			Update to 10. Associated documents
4.3	CEO	17 May 2021	Standard revision in accordance with review cycle.
4.4	CEO	15 November 2021	Updated HESF to 2021 and added regular internal audits against the HESF.
5.0	Board of Directors	04 August 2022	Reflect the changes in the Governance charter, including sub-committees of AB, Audit and Risk committee, New policies and procedures.