



# QUALITY ASSURANCE FRAMEWORK

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# 1. Quality Assurance Framework

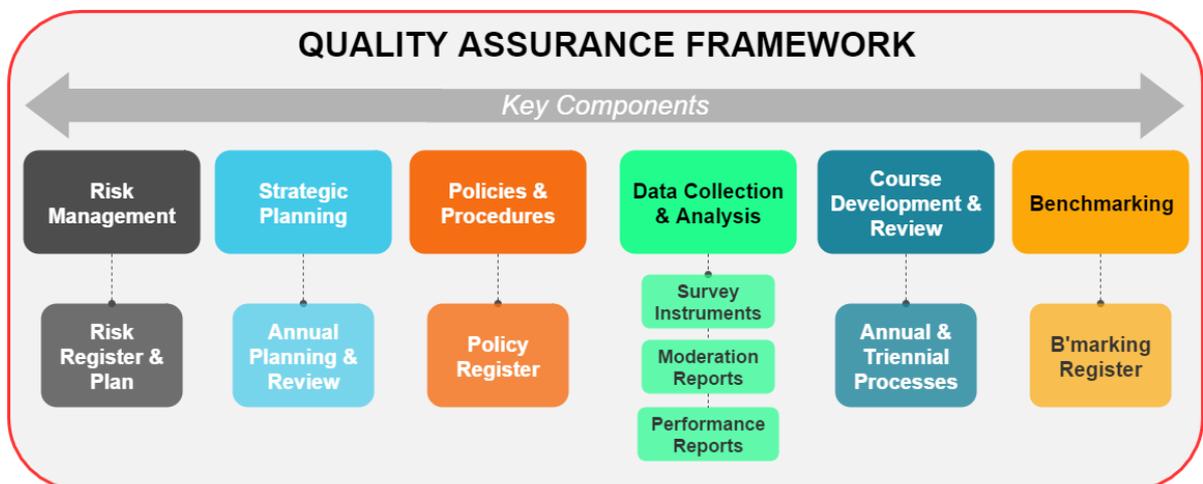
The International College of Management, Sydney (“the College” or “ICMS”) has established a Quality Assurance Framework to assure the quality of its operations and its academic outcomes. Quality assurance refers to the planning, policies, attitudes, actions, and procedures necessary to ensure that quality is being maintained and enhanced. It requires actions internal to the College, but also includes the involvement of external bodies.

## Quality assurance involves the:

- Governance of the College
- Strategic planning (including business planning)
- 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
- Collation and analysis of statistical data (metrics)
- Benchmarking
- Partnerships

The Quality Assurance Framework has been designed to provide a robust and coordinated approach to quality assurance. In doing so it makes reference to the Tertiary Education Quality and Standards Agency’s (TEQSA) Higher Education Standards Framework (Threshold Standards) 2015 and examples of best practice in the non self-accrediting higher education sector.

It embraces a continuous quality improvement methodology. This continuous quality improvement approach is integrated into the College’s strategic planning and risk management methodology and is aligned to the College’s strategic and operational objectives.



## 1.1 Principles underpinning the Quality Assurance Framework

ICMS constantly monitors and considers evidence about how effectively it is accomplishing its institutional purpose and strategic objectives. Such considerations inform the institution's strategic planning and its establishment of priorities within its component units, and may lead to the revision of strategic objectives, approaches to teaching and learning, and planning and budgeting priorities. There is an institution-wide commitment to continuous quality improvement.

### Review and evaluation

The college monitors the extent to which its objectives are being achieved through a systematic planning, monitoring, review and improvement cycle. It uses these measures to set performance indicators which are continually reviewed through a cycle of continuous quality improvement.

A key element of this quality assurance process is responding to feedback from the institution's main stakeholders.

ICMS has embedded responsibility for quality assurance and continuous improvement within its overall approach to planning, review and accreditation.

The Quality Improvement Cycle can be applied to any activity at any level within ICMS.

Type	Description
<b>Individual level</b>	Application of quality improvement can occur in relation to an individual's interaction with a process or activity
<b>Operational level</b>	At the operational level, there is a focus on ensuring that the College's core educational and business activities are conducted with maximum effectiveness and efficiency
<b>Institution level</b>	Quality improvement at the College level involves visioning, governance and planning

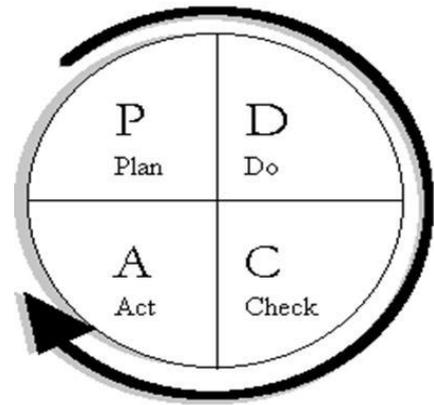
### Quality Improvement Cycle

The Quality Improvement Cycle is based on the following principles:

- Clear alignment to ICMS's priorities
- An overarching cycle of continuous improvement which can be applied to all departments in the College
- Systematic use of qualitative information and quantitative data for identifying improvement opportunities, monitoring impact, and judging the effectiveness of changes
- The use of the Quality Improvement Cycle approach
- A focus on the development of staff as well as systems and processes as an outcome of the quality assurance 'check'

The Plan, Do, Check, Act (PDCA) quality improvement cycle is used to:

- Determine and evaluate performance indicators
- Identify opportunities to improve systems and processes in key areas of organisational performance
- Evaluate a department's achievements



*Fig 1: Quality Improvement Cycle*

Quality enhancement is part of a continuous cycle, is evidence-based, is open and transparent, is student-focused, identifies areas for improvement, is devolved and is efficient. Under the cycle regular assessment is made for governance, strategy and policy, management and evaluation.

## 2. Governance

### 2.1 Overview

The cornerstone of the College's Quality Assurance Framework is the integrated system of corporate and academic governance outlined in its *Governance Charter*.

The *Governance Charter* provides a robust and transparent foundation for informed and competent decision-making, direction setting and oversight of the College 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 College's operations, both corporate and academic.

The Board of Directors delegates authority as necessary for effective governance of the academic and corporate aspects of the College as well as the facilitation of the smooth day-to-day operations of the College by senior management. The Board of Directors monitors those delegations through a regular cycle of review.

### 2.2 Review of governance arrangements

At least every seven years, the Board of Directors undertakes an independent review of the effectiveness of its governing bodies and academic governance processes in accordance with the Higher Education Standard 6.1.3d. The Board is responsible for ensuring that the findings of the review are fully considered and that agreed actions are implemented.

The focus of such a review is to obtain evidence of the effectiveness of the College's own capacity to review and quality assure its own educational operations. The scope of the governance review should include the extent to which the governing bodies fulfil the range of responsibilities outlined for them in Standards 6.1.3, 6.2 and 6.3.

#### Review of governance arrangements

The review will consider whether:

- the overall governance structure and the type and number of governance bodies are appropriate for the size and mission of the College
- the terms of reference for each governance body are 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 College's strategic objectives
- that the delegations currently in place are appropriate and meet the ongoing operational needs of the College
- any other matters determined by the Board of Directors

In addition, every three years, the Board of Directors undertakes a formal review to assess the currency and effectiveness of its Quality Assurance Framework, Governance Charter and Delegations of Authority in order to identify any improvements that might enhance the overall effectiveness of the organisation's corporate and academic governance.

### 3. Planning and review

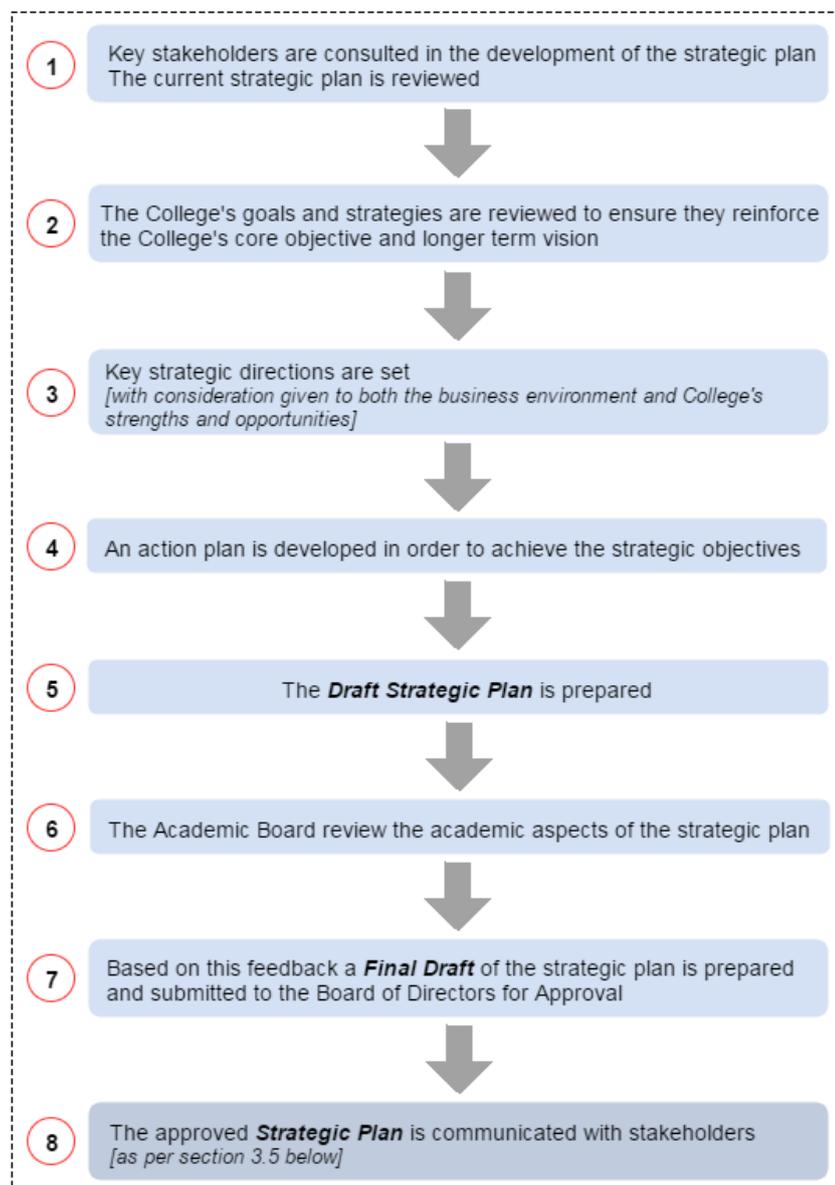
#### 3.1 Overview

The College's approach to planning includes the development and use of a series of interlinked plans which are reviewed and updated regularly. This planning process not only allows the College to focus on its operations, but also provides a framework of ownership and accountability for all College staff.

#### 3.2 Strategic Planning

The Board of Directors develops a three-year *Strategic Plan* to determine ICMS' future directions in higher education, to create a culture that is proactive and forward-looking, promotes unity of purpose, and clearly articulates the College's near-term strategic objectives.

The *Strategic Plan* is developed through the following process:



Strategic initiatives are regularly reviewed to ensure that they are being met and that responsible persons are held accountable for achieving the actions allocated to them within the agreed timeframe.

During the final year of the life of the *Strategic Plan* a new plan is developed for approval by the Board of Directors.

### 3.3 Annual Business Plan

The College prepares an Annual Business Plan which incorporates the action plan to achieve strategic objectives, performance targets, planned capital expenditure and a variety of localised plans that align to the strategic objectives and regulatory requirements. These plans are as follows:

- Marketing plan
- Financial plan
- Teaching and Learning Plan
- Student Services Plan
- Operations Plan
- Risk Management Plan

The progress against the Annual Business Plan is monitored continuously and updates made quarterly by the Executive Management Group. A report against the Annual Business Plan is provided by the CEO at each meeting of the Board of Directors. Where actions have not been completed in the agreed timeframe, or underperformance has been identified, the report will 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 or to correct underperformance.

Localised plans are disseminated to identified stakeholders and regularly monitored by the Executive Management Group to ensure that objectives are being met, continue to align with the College's strategic goals and that remedial action is taken to correct underperformance.



### 3.4 Risk management

In accordance with Higher Education Standard 6.2.1e, the College must identify risks to higher education operations and ensure that material risks are managed and mitigated effectively.

As such, the College utilises a Risk Management Plan, which includes a Risk Register, as a mechanism to systematically identify, analyse, evaluate, monitor and minimise risk. Risk management is critical to the overall performance of the College and therefore forms an integral part of the overall planning for the organisation.

Risk management is overseen by the Board of Directors and regularly monitored by the Executive Management Group.

## 4. Policy

### 4.1 Overview

An ICMS policy is defined as a high-level statement of principle that outlines non-discretionary governing intentions and actions to reflect and guide the College's decision-making, practice and conduct.

The College has developed a comprehensive suite of policies as part of its Quality Assurance Framework in order to ensure effective governance of its academic and non-academic operations. These policies are supported by a variety of procedures, forms, and systems to ensure that policy decisions are effectively implemented across the College.

The Board of Directors and the Academic Board as the peak governing bodies have oversight for quality assurance-related and non-academic policies<sup>1</sup>, and academic-related policies respectively. Both bodies ensure that all policies align to the College's strategic direction and all regulatory requirements.

### 4.2 Roles and responsibilities

Key roles for policy management at the College include:

**Policy owners** are the primary point of contact for any given policy. They are responsible for implementation, proposing amendments, conducting reviews in accordance with the four-year review cycle, establishing strategies for communication and education, and identifying changes to other instruments and processes as a result of changes to the policy.

The **approving body** is either the Board of Directors for the approval of quality-assurance related and non-academic policies<sup>2</sup> or the Academic Board for the approval of academic-related policies.

The **policy coordinator** oversees the publication of policies, provides guidance during the policy development, review and approval phases, undertakes quality assurance checks for consistency and compliance, and publishes policy guidelines and tools. The policy coordinator undertakes this role on behalf of the Executive Management Group.

The **Executive Management Group** ensures that policies are implemented, disseminated and systematically reviewed in accordance with the College's policy review cycle. In practice, these tasks are undertaken by the policy owner and policy coordinator. In addition, EMG has authority to approve lower-level procedures that support the implementation of policies.

Policies apply to the College as a whole and guide the College's decision making. As a result, the approving bodies retain authority for developing or amending any College policy. However, not all activities at the College need to be covered by high-level policies; it may be that lower level procedures or guidelines may be more appropriate. Such procedures and guidelines may be developed and approved by EMG and must comply with existing policy and legislative requirements.

The policy owner and approving body is documented within each policy and the [Policy Register](#).

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<sup>1</sup> The Board of Directors retains authority to approve policies relating to student grievances.

### 4.3 Policy development

#### **Triggers**

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 regulatory and/or legislative requirements;
- changes to the external operating environment;
- changes to the strategic direction of the College or internal operating plans and procedures;
- outcomes of audit or review;
- changes to the nature and/or scope of the College's risk management plan;
- identification of content gaps and overlaps with other policies, and/or an accumulation of logged issues; and/or
- four-year review date.

#### **Research stage**

As part of the research phase of the policy development process the policy owner will consider:

- the rationale for developing a new policy and what it is intended to achieve;
- relevant regulatory and legislative requirements;
- existing College policies to ensure that there is no policy overlap;
- the application of the policy in practice and how it will impact other instruments, stakeholders and College systems;
- how and when the policy will be implemented.

#### **Consultation stage**

The policy owner consults with relevant stakeholders, including the policy coordinator, during the development process. The level, extent and timeframes for the consultation stage will depend on type of policy being developed. Appropriate consultation will ensure that the policy development process is sound and that the policy can be effectively implemented. It will also help to avoid any issues relating to deliberate or inadvertent non-compliance.

The policy owner drafts the policy and any related procedures and forms in accordance with the College's policy review guidelines and templates.

#### **Approval stage**

Once the policy owner is satisfied that the draft policy has undergone robust consultation with relevant stakeholders and quality checks with the policy coordinator, the final draft of the policy may be submitted to the relevant approving body for approval. The policy coordinator will work with the policy owner to finalise a formal approval process and timeline, as well as a publication timeline. As part of the paperwork submitted, policy owners are required to identify how the policy will be implemented, the implementation date and any other consequential changes to other instruments and systems that will be required as a result of the new policy.

The approving body for all quality-assurance related and non-academic policies is the Board of Directors<sup>2</sup>. The approving body for all academic-related policies is the Academic Board. In the event of any doubt, policies will be referred to the Board of Directors.

Once the policy has been approved by the approving body, the policy will be published in the *Policy Register* and implemented and disseminated accordingly by the policy owner and Executive Management Group.

#### **4.4 Policy review**

The College's policies are reviewed every four years in accordance with the policy review cycle in the *Policy Register*. The level, extent and timeframes for the review stage will depend on type of policy being reviewed. All related procedural documents, forms and other consequential changes to other instruments and systems are reviewed and identified concurrently with the policy.

##### ***Triggers***

The policy review process is either prompted by the policy coordinator or initiated by the policy owner.

During the policy review process due consideration is given to the following:

- does the policy achieve its stated purpose;
- is the policy consistent with good practice guidelines;
- does it still comply with all legal, regulatory and legislative requirements;
- does the policy continue to meet stakeholders' needs;
- is the policy consistent with the College's strategic direction;
- is the policy being complied with at an operational level with and does it work in practice;
- are roles and responsibilities in relation to implementation working and clearly defined;
- is the policy consistent with other College policies, the Governance Charter and the Quality Assurance Framework;
- in the event of updates being required, have consequential changes to other instruments or Colleges systems been identified as part of the review process.

##### ***Major and minor amendments***

Policy amendments can be considered as being either major or minor.

Major amendments change the meaning or intent of the policy and will require appropriate consultation, communication and implementation strategies. Major changes to policy must be considered by the relevant approving body.

Minor amendments are editorial and/or insubstantial changes that do not affect the title, substance or intent of the policy. Minor amendments might include typographical errors or previously approved changes (eg. name change to a College title or position). The policy coordinator has authority to make minor amendments to policies.

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<sup>2</sup> The Board of Directors retains authority to approve policies relating to student grievances.

### **Consultation stage**

Upon consideration of these matters, a decision will be made to either simply update the existing policy or rescind the existing policy and replace it with a new policy.

The policy owner will consult with relevant stakeholders, including the policy coordinator, during the review process. The level, extent and timeframes for the consultation stage will depend on type of policy being reviewed. Appropriate consultation will ensure that the policy review process is sound and that the revised policy can be effectively implemented. It will also help to avoid any issues relating to deliberate or inadvertent non-compliance.

### **Approval stage**

Once the policy owner is satisfied that the draft revised policy has undergone robust consultation and quality checks, the final draft of the revised policy may be submitted to the relevant approving body for approval. The policy coordinator will work with the policy owner to finalise a formal approval process and timeline, as well as a publication timeline. As part of the paperwork submitted, policy owners are required to identify how the policy will be implemented, the implementation date and any other consequential changes to other instruments and systems that will be required as a result of the new policy.

The approving body for all quality-assurance related and non-academic policies is the Board of Directors<sup>2</sup>. The approving body for all academic-related policies is the Academic Board. In the event of any doubt, policies will be referred to the Board of Directors.

## **4.5 Policy record management**

A register of all policies and approval records will be maintained by the policy coordinator on behalf of the Executive Management Group.

## **4.6 Policy implementation and dissemination**

As part of the paperwork submitted to the approving body, implementation and communication strategies for any new, revised and/or rescinded policies will be clearly outlined. This will include the identification of relevant stakeholders and appropriate notification methods and timelines. The Executive Management Group and policy owner have overall responsibility for policy implementation and dissemination and will ensure that all stakeholders are fully informed of changes and their implications.

Once a policy has been approved, the policy coordinator will oversee the publication process in liaison with the policy owner in accordance with the approved implementation date. Confirmation of approval will be communicated to the policy owner and Executive Management Group for onward communication to all stakeholders and implementation.

Approved policies are readily and easily accessible to all relevant stakeholders and are maintained within the College's intranet, website or its management portal. All academic governance and educational policies are publicly available via the College's website.

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<sup>2</sup> The Board of Directors retains authority to approve policies relating to student grievances.

## **5. Course development and review**

The College has adopted a *Course Development and Approval Policy and Procedure* and a *Course Review and Improvement Policy* to provide appropriate frameworks for course development and review and to articulate processes for the internal approval of the delivery of a course in accordance with Standard 5 of the Higher Education Standards Framework.

### **5.1 Course development and approval**

The College has developed a comprehensive course development process as detailed in the *Course Development and Approval Policy and Procedure*. It provides a framework for the design of new courses of study and articulates the internal approval processes for the delivery of all courses of study leading to a higher education qualification. These course approval processes are overseen by the Academic Board as the peak academic governance body at the College.

To ensure quality in course design and content, and academic scrutiny, courses are developed in consultation with a Course Development and Advisory Sub-Committee (CDASC), which comprises a group of members who are competent to assess the design, delivery and assessment of the course independently of the staff directly involved in those aspects of the course. The membership of the CDAC comprises members relevant to the discipline who are drawn from the Teaching and Learning Committee, academic staff, other higher education providers, the professions and industry as well as those with curriculum design and development expertise.

It is imperative that all courses to be approved or accredited meet, and continue to meet, the applicable Standards of the Higher Education Standards Framework. It is ensured that course design, expected learning outcomes and assessment methods are consistent with the level and field of education awarded and are broadly comparable to similar courses at the same level at other higher education providers. Accordingly the course development process includes a comprehensive benchmarking exercise against similar higher education courses delivered by other providers.

### **5.2 Course monitoring, review and improvement**

The principles for course review and improvement at the College are detailed in the *Course Review and Improvement Policy and Procedure*. In general, all accredited courses are subject to comprehensive reviews and interim monitoring, both of which are overseen by the Academic Board as the peak academic governance body at the College. Review and improvement activities include regular external referencing of student cohorts against comparable courses of study in accordance with Higher Education Standard 5.3.1

In summary the course review process consists of three elements:

### **1. Continuous evaluation of delivery and assessment**

Mechanisms for continuously monitoring, reviewing and improving courses including:

- Student feedback
- Teaching staff feedback and peer review
- Moderation of assessment
- Robust academic governance processes (Teaching and Learning Committee and Course Advisory and Development Committee)
- Benchmarking of the success of student cohorts against comparable courses

### **2. Annual Review**

An Annual Review of each accredited course and its constituent subjects is undertaken to monitor and evaluate:

- Student need and demand for the course
- Overall delivery of the subjects within each course including the range, depth, and currency of subjects available
- The quality of teaching
- The quality, scope and adequacy of course-related information provided to students and prospective students
- The appropriateness and flexibility of the course's methods of delivery in relation to student need and demand
- Analysis of significant trends drawn from student and teacher evaluation and feedback data
- Summary data and analysis related to student progress and grade distributions

### 3. Triennial Review

A comprehensive Triennial Review of each course, which is informed and supported both by continuous evaluation of delivery and assessment and annual reviews, is undertaken to monitor and evaluate the following criteria:

- Student need and demand for the course over the preceding three years and estimates of the future demand
- The design and content of a course including course aims, structure, subjects, expected learning outcomes, assessment methods, resources, modes of delivery, alignment with the Australian Qualifications Framework (AQF), changing needs of students and identified risks to the quality of the course.
- Currency, and appropriateness of assessment methods and criteria
- Accountability for the delivery of the course
- Quality of student and teacher support services
- Role of the course within the College's educational profile and its ongoing contribution to the mission and goals of the College
- The impact of similar courses on the College's course offerings by competitor higher education providers
- The systematic collection and analysis of data relating to admission and enrolment statistics, deferral, withdrawal and retention rates, student results per subject, graduate employability, feedback from professional bodies and peer review processes
- External referencing or other benchmarking activities.

The results of the aforementioned course review and improvement activities are used to mitigate future risks to the quality of the education provided and to guide and evaluate improvements at the College.

## 6. Stakeholder feedback

In accordance with the Higher Education Standards 5.3.3 and 5.3.4, all students must have opportunities to provide feedback on their educational experiences and student feedback informs institutional monitoring, review and improvement activities. All teachers and supervisors have opportunities to review feedback on their teaching and research supervision and are supported in enhancing these activities.

The College gathers stakeholder feedback from students, teachers, graduates and employers. The College does so through the use of approved survey instruments (which consist of both in-house tools as well as externally facilitated surveys). A list of all approved survey instruments is stored in the *Quality Assurance Calendar* – the Calendar also records more specific details of each of the surveys (including who is responsible for conducting the survey, and when the survey is conducted).

The stakeholder feedback data is analysed so that the College can:

- assess its performance in various areas;
- identify areas in need of improvement;
- develop action and improvement plans to address target areas:

It does so through the following process:

- Surveys are conducted in accordance with the schedule outlined *Quality Assurance Calendar*
- Resulting reports detailing survey outcomes, and addressing any recommended actions are tabled at relevant the governance committee and/or board and are recorded in the relevant section of the ICMS Management Portal, for example the Governance Ops section under the relevant committee and /or board
- Outstanding actions are monitored by the Executive Management Group and, where relevant, the Academic Board until they are completed.
- Where deemed relevant, the Executive Management Group ensures that stakeholders are advised of changes made in response to their feedback.

## **7. Information, information management, data collection and analysis**

### **7.1 Information and information management**

The College is committed to ensuring that transparent, accurate, relevant and timely information for prospective and current students is publicly available and accessible. This includes information in order to:

- assist with decision making around courses or subjects;
- plan or participate in educational activities;
- outline student obligations, expected standards of behaviour and liabilities;
- outline academic related governance policies and requirements (such as admissions, credit for prior learning, progression, etc);
- facilitate access to services and support;
- assist with the resolution of grievances;
- assist international students;
- give reasonable notice of changes to the College's operations.

Information regarding all of the above is published through various means such as the College's marketing and pre-enrolment material, website, the student handbook and student portal.

In addition, the College holds a repository of publicly-available information about its operations through the College's website.

### **7.2 Data collection**

#### **Analysis**

The collection, analysis, and reporting of statistical data is recognised as a key component of a robust quality management system. Further it is essential that the College'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 College collects a variety of data for analysis including:

- Stakeholder feedback from students, teachers, 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.

## Reporting

The College regularly produces a set of standard reports on key performance areas. These reports assist senior management and governance bodies to systematically assess how the College is performing across a variety of key measures of educational performance and to identify areas for improvement:

- The reports provide both trend data (showing performance over time) as well as providing comparisons between cohorts of students (such as domestic and international), different courses and the various disciplines offered by the College.
- In order to improve standards, course outcomes and student satisfaction the Teaching & Learning Committee considers the data collected and as a result recommends to the Academic Board any improvement actions required.
- For all action items a clear allocation of responsibility, resources requirements and timelines is determined†.

*[<sup>†</sup>**Note:** Where the amounts required to operationalise the improvement action exceed the budgeted allocation, the CEO will report this to the Board of Directors, and where necessary request additional funding].*

## 8. Benchmarking

### 8.1 Overview

Benchmarking involves the systematic collection of data with a view to making relevant comparisons of aspects of an organisation's processes, performance or outcomes with peer institutions to support evidence-based decision making.

*"...a structured, collaborative, learning process for comparing practices, processes or performance outcomes. Its purpose is to identify comparative strengths and weaknesses, as a basis for developing improvements in academic quality. Benchmarking can also be defined as a quality process used to evaluate performance by comparing institutional practices to sector good practice."<sup>2</sup>*

At ICMS, benchmarking informs the process for ensuring that learning outcomes are specified and consistent with the level and field of education of the qualification awarded. It is also an integral aspect of all course review and improvement activities. In accordance with Higher Education Standard 5.3.4, review and improvement activities must include regular and external referencing of the success of student cohorts against comparable courses including 1) the analyses of progression rates, attrition rates, completion times and rates and 2) the assessment methods of grading of students' achievement of learning outcomes for selected subjects within courses.

#### Benchmarking allows the College to:

- Identify areas for improvement and areas of good practice
- Measure and compare the College to other higher education providers in the sector to determine variations in quality or academic standards<sup>3</sup>
- Obtain data to analyse variations and to support decision-making
- Determine actions and formulate strategies to improve performance and processes
- Undertake a self-evaluation of performance and process
- Strengthen the College's identity by enhancing its' reputation<sup>4</sup>

### 8.2 Benchmarking process

The College has developed the following process to compare and benchmark academic and operational processes and outcomes with peer institutions.

To support the benchmarking process the College forms partnerships with other higher education providers (both non self-accrediting and self-accrediting) to develop and implement ongoing benchmarking relationships.

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<sup>2</sup> TEQSA, 2014

<sup>3</sup> TEQSA, Guidance Note Benchmarking

<sup>4</sup> European Union (2008). Benchmarking in European Higher Education, Brussels.

The College undertakes regular benchmarking as follows:

- The relevant governance body, for example the Teaching and Learning Committee determines the benchmarking partner(s) and specify the subject/topic/item/component/activity/outcome for benchmarking.
- Benchmarking will include comparative data, and will evaluate the processes by which results are collated and analysed.
- The benchmarking partner works in collaboration with the College to develop a report highlighting comparative strengths and/or weaknesses.
- The Final Report is presented to the Academic Board and includes the recommendations for improvements and changes for the Academic Board's consideration and endorsement.

## 9. Moderation of Assessment

Moderation is the process of ensuring that assessment validly and reliably measures achievement of expected learning outcomes in a subject of study. Moderation as a continuous improvement process is a model for bringing assessment judgements and standards into alignment<sup>5</sup>. It's a process for developing comparability of assessment judgments and applies it in a range of assessment contexts (for example, students taking the same subject within a class/group; students taking different subjects within the same course; students taking different courses within the same institution, etc.).

Moderation is the responsibility of the Academic Board. The Academic Board delegates internal subject moderation of assessment to the Teaching and Learning Committee and the Board of Examiners

The College quality assures the assessment process by moderating grades as well as moderating individual assessment items. The Teaching and Learning Committee and/or the Board of Examiners reviews the effectiveness of the following moderation at least once every three years and recommends such changes as it thinks fit to the Academic Board.

The Heads of Undergraduate and Postgraduate Studies are responsible for:

- Pre-assessment moderation of assessment tasks before first use
- Post-assessment moderation of grades
- Reporting the outcomes of moderation activity

### 9.1 Pre-assessment moderation

Pre-assessment moderation validates the appropriateness, fairness, clarity, accuracy and standard of assessment tasks and materials before they are used for assessment. The validation of assessments and materials in this way ensures consistency of assessment standards.

Moderation at the College is effected through Course Development and Advisory Committees for new courses and the annual review process for current courses.

#### Pre-Assessment Moderation

New or revised assessment tasks are subject to pre-assessment moderation conducted by the Heads of Undergraduate and Postgraduate Studies before they are used. To ensure that the assessment task(s):

- Is appropriately aligned to the published learning outcomes and assessment requirements listed in the subject outline
- Aligns to subject learning outcomes and content
- Provides consistent results
- Are flexible enough to cater for the needs of different learners;
- Actually work in practice
- Content and instructions are clearly, comprehensibly and accurately presented

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<sup>5</sup> National Quality Council, Implementation Guide: Validation and Moderation, 2009

- Provides an level of academic challenge that is consistent with the level of the subject
- Where feasible, assessment tasks within and between subjects are integrated
- Only requires resources which are available to the student

**Note:** Pre-assessment moderation occurs on a continuous basis to ensure that assessments comply with the College's assessment setting criteria. These criteria must be met every time an assessment changes.

The Heads of Undergraduate and Postgraduate Studies prepare a pre-assessment moderation report as part of the annual review process.

## 9.2 Post-assessment moderation

For each subject offered in a teaching period, the marking of (all) assessment tasks are subject to a post-assessment moderation process. This is done to ensure consistent and accurate assessment decisions and standards in accordance with the College's *Moderation of Assessments and Subject Results Policy* and published assessment criteria.

The moderation of grades (within a subject) seeks to ensure that there is a fair or normal distribution of grades. The Heads of Undergraduate and Postgraduate Studies will consider samples from students studying a particular subject in each teaching 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 Heads of Undergraduate and Postgraduate Studies will ensure that:

- the standard of achievement is uniform, particularly for subjects being delivered to different groups of students by different staff
- assessment is consistent by reviewing 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.

The Heads of Undergraduate and Postgraduate Studies compile a post-assessment moderation report setting out their findings and recommendations and present it to the Board of Examiners within one week of the end of each teaching period. The Board of Examiners ensures that any necessary actions (such as re-marking or the amendment of grades) are taken before confirming the provisional results to the Deputy Vice Chancellor (Academic) who authorises the release of the results.

### 9.2.1 External moderation

At least once every three years the Deputy Vice Chancellor (Academic) will arrange for each subject of study to be externally moderated (i.e. by an independent moderator) to broaden the scope and reliability of the moderation process. External moderators will be sourced from other higher education providers, which may be one of the College's benchmarking partners.

The external moderator will receive a selection of student assessment tasks representing all teaching staff delivering the subject. The assessment tasks selected must include at least one sample per grade for each assessment item including two HD grades, two Pass grades and two Fail grades. 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. The external subject moderator will compile a post-assessment moderation report setting out their findings and recommendations and present it to the Deputy Vice Chancellor (Academic). The Deputy Vice Chancellor (Academic) will report the findings to the Academic Board and ensure that any necessary actions arising from the external moderator's feedback is incorporated into the subject in the subsequent study period.

### **9.3 Reporting**

The Deputy Vice Chancellor (Academic) must maintain a record of the outcomes of any pre-assessment moderation undertaken. The record will, at a minimum, contain information on the assessment tasks moderated and the number and nature of changes to tasks arising from the moderation process.

The Deputy Vice Chancellor (Academic) must maintain a record of the outcomes of all post-assessment moderation. The record will, at a minimum, contain information on the subjects moderated, the number of instances in which marking discrepancies were identified, and any follow-up actions.

The Academic Board monitors the conduct and outcomes of moderation across the College via reports from the Board of Examiners to ensure that the assessment moderation process is effective.

## 10. Instrument management and version history

The Quality Assurance Framework, together with the Governance Charter and Delegations of Authority Schedule, are publicly available on the ICMS website. These instruments are subject to a three-yearly review cycle. All proposed amendments and cycles of review relating to these instruments are managed by the Quality Assurance Team.

Version History			
Version	Approved by	Approval Date	Details
1.0	Board of Directors	24 Nov 2014	Document creation
2.0	Board of Directors	22 June 2016	Various changes, resulting from an overall review of the document
3.0	Board of Directors	14 June 2017	Various amendments to ensure alignment with the Higher Education Standards Framework 2015 that came into effect in January 2017

Document owner: Board of Directors through the CEO

### Acknowledgements

Higher Education Standards Framework (Threshold Standards) 2015  
TEQSA's Guidance Notes