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

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 Higher Education Standards Framework\(^1\) 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.

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\(^1\) Which has been developed based on the National Protocols and National Guidelines for Higher Education Approval Processes
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

Through a systematic planning, monitoring, review and improvement cycle ICMS seeks to establish the extent to which its strategic objectives are achieved and to use 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 planning, review and accreditation framework.

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual level</strong></td>
<td>Application of quality improvement can occur in relation to an individual’s interaction with a process or activity</td>
</tr>
<tr>
<td><strong>Operational level</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Institution level</strong></td>
<td>Quality improvement at the College level involves visioning, governance and planning</td>
</tr>
</tbody>
</table>

Quality Improvement Cycle

The Quality Assurance Process 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

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 operational and academic governance outlined in its Governance Charter.

The Governance Charter provides a sound foundation for management 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 puts in place the necessary delegations to effectively govern the academic and corporate aspects of the College as well as facilitating the smooth day-to-day operations of the College by senior management (refer: Attachment 1).

2.2 Review of Governance Arrangements

Review of structure, membership of governance bodies and delegations

At regular intervals (typically every three (3) years) the Board of Directors undertakes a formal review to assess the effectiveness of the overall governance structure of the College and any delegations it has made in order to identify any improvements that might enhance the overall effectiveness of the organisation’s corporate and academic governance. The Board of Directors will engage suitably qualified individuals who are independent of the College to assist in the review.

<table>
<thead>
<tr>
<th>Review of Governance Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>The review will consider whether:</td>
</tr>
</tbody>
</table>

- 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

The Board of Directors shall consider the outcomes of the review and cause to be implemented any recommendations arising.
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 3-year Strategic Plan to create a culture that is forward-looking rather than reactive, promotes unity of purpose, and clearly articulates the College’s enduring purpose and near-term strategic directions.

In so doing the College adheres to Provider Registration Standard 3.6, which requires "that a higher education provider has a current strategic plan which is approved by the governing body, is well understood by stakeholders and indicates that the provider has clarity about its future directions".

The Strategic Plan is developed through the following process:

1. Key stakeholders are consulted in the development of the strategic plan
   The current strategic plan is reviewed

2. The College’s goals and strategies are reviewed to ensure they reinforce the College’s core objective and longer term vision

3. Key strategic directions are set [with consideration given to both the business environment and College’s strengths and opportunities]

4. An action plan is developed in order to achieve the strategic objectives

5. The Draft Strategic Plan is prepared

6. The Academic Board review the academic aspects of the strategic plan

7. Based on this feedback a Final Draft of the strategic plan is prepared and submitted to the Board of Directors for Approval

8. The approved Strategic Plan is communicated with stakeholders [as per section 3.5 below]
The Strategic Plan is regularly reviewed to ensure that strategic objectives are being met and that responsible persons are held accountable for achieving the actions allocated to them within the agreed timeframe.

The Strategic Plan is updated on an annual basis according to the Quality Assurance Calendar. The updated plan is approved by the Board of Directors.

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 including enrolment targets, marketing plans, financial plans and including planned capital expenditure. The progress against this 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 the 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.

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**ANNUAL PLANNING | COMPONENTS**

- Marketing Plan
- Financial Plan
- Teaching & Learning Plan
- Risk Management Plan

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### 3.3.1 Marketing Plan

As part of the annual business planning process a 1-year Marketing Plan is developed to ensure that the College’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 team and is integrated into the annual business plan, endorsed by the Executive Management Group and approved by the CEO.

The Marketing Plan sets out strategies to achieve the enrolments targets and includes:

- an analysis of the College’s marketplace and customers;
- an analysis of the College’s current product range;
- an analysis of the College’s main competitors;
- an analysis of the College’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 Marketing Plan including the associated action plan, are monitored, and where necessary updated, quarterly by the Vice President Marketing and the Executive Management Group according to the Quality Assurance Calendar and a report provided by the CEO to each meeting of the Board of Directors for review.
The report analyses 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.

A new Marketing Plan is developed annually.

3.3.2 Financial plan

As part of the annual business planning process, the College undertakes financial planning to support the day-to-day running of the College and enable senior management and the Board of Directors to measure financial performance. Financial forecasts are based on projections of student enrolments, staffing plans, and requirements for facilities and resources for each course offered by the College aligned with the strategic objectives outlined in the Strategic Plan. The assumptions underlying the financial forecasts are noted within the forecasts.

The Vice President Finance is responsible for the development of the financial forecasts, which are subsequently reviewed and approved by the Board of Directors.

The financial forecasts are updated and reviewed after the census date in each term by the Executive Management Group in line with the Quality Assurance Calendar and a report is provided by the CEO at each meeting of the Board of Directors. The report analyses actual operational performance against the financial forecasts. The report explains any significant variances from the financial forecasts and the effect this will have on the institution. The report explains what remedial action has been or will be undertaken to achieve the financial forecasts and/or maintain the financial viability of the College.

Rolling 3 year financial forecasts are developed annually. The base year of the forecast is represented by the annual budget.

An annual budget is prepared by the Vice President Finance after consideration of all available data, the strategic goals of the College for the coming year, market conditions, identified risks and the key financial objectives determined by the Board of Directors. This annual budget typically undergoes a number of iterations involving all departments in the college and other relevant stakeholders. It is then reviewed by the CEO before presenting to the Board of Directors for approval. The Board of Directors may request changes to the budget before it is given approval. The Vice president Finance reports to the Executive Management Group and the Board of Directors on progress against the annual budget on a monthly basis.

3.3.3 Teaching and Learning plan

The Academic Board develops an annual Teaching and Learning Plan, which informs and guides the development and delivery of teaching and learning within the College.

This plan is fundamental for the College to achieve the teaching and learning goals articulated in the Strategic Plan, the Annual Business Plan and the Guiding Principles of Good Teaching and Learning. These plans support the ICMS Vision:

Australia’s leader of career focussed education.

This Teaching and Learning Plan is a scaffolding mechanism for subsidiary plans and policies developed at the Institutional, Faculty, School and Academic Team levels for planning related to teaching and learning.
3.4 Risk management plan

The College utilises a Risk Management Plan (which includes a Risk Register) as a mechanism to systematically identify, analyse, evaluate, monitor and minimise risk.

Provider Registration Standard 3.4 requires that a higher education provider’s governing body regularly monitors potential risks to the College’s higher education operations and develops strategies to mitigate risks that may eventuate.

The College 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 in the agreed timeframes;
- the integrity of its decisions and processes; and
- the safety, security and health of staff, students and visitors.

In this context the College’s use 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 College and supports continuous improvement of the College’s operations;
- provides a reporting framework to assist with meeting corporate governance requirements; and
- allows for more structured and accountable business planning.

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

For each category of risk, the Risk Management Plan assesses the potential consequences and likelihood of an adverse event. Suggested risk mitigation strategies are then determined for managing risks, with the greatest focus devoted to those risks considered to present a 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 College 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; and
- accepting the risk without taking any action to avoid it, but monitoring the risk and ensuring that the College has the financial and other capacities to cover associated losses and disruptions.

The Risk Management Plan is reviewed annually by the Executive Management Group in line with the Quality Assurance Calendar. 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 College. Based on this review and assessment an updated Risk Management Plan is developed annually.

The Risk Management Plan is approved by the Board of Directors.
3.5 Dissemination of plans

To gain maximum benefit from the overall 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 Group designs and implements appropriate dissemination strategies to cater for the different stakeholder groups and to ensure that appropriate information is made available to them by various media. A key component of this strategy is the articulation of the College’s vision, culture and objectives.
4. Policies and Procedures

4.1 Overview

The College 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 assurance framework.

It is essential that the College’s policies and procedures are appropriate to the scale and goals/objectives of the College, are properly approved, are disseminated throughout the organisation, are fully implemented, and are systematically reviewed. Typically each policy is reviewed on a three (3) year cycle.

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 College;
- changes to the nature and/or scope of the College’s risk assessment or
- a combination of the above.

New policies are developed by the committee or individuals nominated by the policy approver (“the policy owner”). The policy approver is the board, committee, management group, or individual that is responsible for approving the policy [whereas the policy owner (or policy manager) is the board, committee, management group, or individual that is responsible for the functions / operations covered by the policy].

Generally speaking the approver of policy regarding the overall quality assurance of the College will be the Board of Directors; the approver of academic policies will be the Academic Board; and the approver of non-academic operational policies will be the Executive Management Group, although this may vary depending on the context of each individual policy. Where there is any doubt the Board of Directors will be the final arbiter of the body or individual who will be the policy approver.

The regulatory framework requires that any policies related to student grievances are approved by the Board of Directors.

The policy approver is noted on each policy and in the Policy Register.

During the policy development process the policy owner will consider:
- relevant government policy, legislation and regulation;
- existing College policies to ensure that there is no policy overlap;
- ;
- the application of the policy in practice;
- the applicability of the policy to differing circumstances;
- any other relevant data.

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2 Specifically the Higher Education Support Act 2003
The policy owner consults with relevant stakeholders during the development process. Draft policy documents and related procedures and forms will be presented to the policy approver for consideration. The policy approver may:

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

Once the policy approver approves a policy, it is entered into the Policy Register and referred to the Executive Management Group for implementation and dissemination.

4.3 Policy review

The College’s policies are reviewed on a regular basis. The review cycle may vary depending on the type of policy and its scope, but every three years would be typical, and there must be no more than four 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 are reviewed concurrently with the policy. The review date for each policy is recorded in the Policy Register.

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 due consideration is given as to whether the policy:

- is still consistent with best practice;
- requires amendment due to changes in government policy, legislation or regulation;
- 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 approver for consideration along with a report detailing any changes made. The policy approver may:

- approve the revised policy without amendment;
- approve the revised policy with specific amendments;
- refer the revised policy 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 Policy Register is updated and the revised policy is referred to the Executive Management Group for implementation and dissemination.

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

In the unlikely event of a policy not undergoing a review for a period of five (5) years, the policy will automatically lapse and the Board of Directors will initiate the development of a new replacement policy.

Note: Minor editorial updates that do not affect the title or substance of the policy do not need to be formally approved by the policy approver.
4.4 Policy version management

All policies are version controlled. A register of all policies and related procedures and forms will be maintained by the Executive Management Group and will record:

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

4.5 Policy dissemination

It is critical that the current version of all policies are readily and easily accessible to all relevant stakeholders. It is also important that when an existing policy is revised or a new policy is developed, it is published.

Policies, procedures and forms are maintained within the College's intranet, website or its management portal. Publicly accessible documents are made available on the college website.

The Executive Management Group has overall responsibility for policy implementation and dissemination. Staff and students are initially familiarised with current policies and where to access them through staff induction and student orientation.

The Executive Management Group ensures that all new or reviewed policies are published as soon as practicable and that all relevant stakeholders are advised of the new/revised policy.

The Executive Management Group ensures that, as a part of the dissemination and implementation of policies, staff and students affected by the implementation of a new policy or changes to an existing policy receive appropriate notification.
5. **Course Development and Review**

The College has adopted a *Course Development and Approval Policy and Procedure* and a *Course Development and Approval Policy and Procedure* to provide appropriate frameworks for course development and review.

The Provider Course Accreditation Standards require that a higher education provider maintains appropriate academic standards for all the higher education courses it delivers.

5.1 **Course development**

The College has developed a comprehensive course development process as detailed in the *Course Development and Approval Policy and Procedure*.

To ensure quality in course design and content, courses are developed in consultation with a Course Advisory & Development Committee (“CADC”). The membership of the CADC is comprised of members of one or more of professional bodies, peak industry associations and employer groups; academic staff from other higher education providers; academic staff of the College; and graduates of the College.

It is imperative that a course to be accredited meets the Qualification Standards\(^3\) (*Provider Course Accreditation Standard 1.1*) and desirable that it is broadly comparable to similar courses at the same level at other higher education providers is acknowledged. Accordingly the course development process includes a comprehensive benchmarking exercise against both the AQF and similar higher education courses, delivered by other providers.

5.2 **Course review and improvement**

The methodology for course review and improvement is detailed in the *Course Review and Improvement Policy and Procedure*. In summary the course review process consists of:

<table>
<thead>
<tr>
<th>Annual Review</th>
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</thead>
<tbody>
<tr>
<td>An Annual Review of each accredited course and its constituent subjects to evaluate:</td>
</tr>
<tr>
<td>- Student need and demand for the course</td>
</tr>
<tr>
<td>- The range, depth, and currency of subjects available within the course</td>
</tr>
<tr>
<td>- The quality and scope and adequacy of course-related information provided to students</td>
</tr>
<tr>
<td>- The appropriateness and flexibility of the course’s methods of delivery in relation to student need and demand</td>
</tr>
<tr>
<td>- Analysis of significant trends drawn from student and teacher evaluation and feedback data</td>
</tr>
<tr>
<td>- Summary data and analysis related to grade distributions and student progress</td>
</tr>
</tbody>
</table>

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3 Related to the Australian Qualifications Framework (AQF)
<table>
<thead>
<tr>
<th><strong>Triennial Review</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>An Triennial Review of each course focussed on the following criteria:</td>
</tr>
<tr>
<td>• Student need and demand for the course over the preceding 3 years and estimates of the future demand</td>
</tr>
<tr>
<td>• Review of course aims, structure, subjects, learning objectives, assessment activities, resources, study modes and delivery methods with reference to the AQF level for the course</td>
</tr>
<tr>
<td>• Adequacy, currency, and appropriateness of assessment practices and criteria</td>
</tr>
<tr>
<td>• Accountability for the delivery of the course</td>
</tr>
<tr>
<td>• Quality of student and teacher support services</td>
</tr>
<tr>
<td>• Role of the course within the College’s educational profile and its ongoing contribution to the mission and goals of the College</td>
</tr>
<tr>
<td>• The impact of similar courses on the College’s course offerings by competitor higher education providers</td>
</tr>
<tr>
<td>• 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</td>
</tr>
</tbody>
</table>
6. **Stakeholder Feedback**

Provider Registration Standard 5.6 requires "a higher education provider to obtain and act on regular, valid and reliable feedback from stakeholders to improve its higher education operations".

The College obtains 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. Data Collection and 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.

7.1 Data Analysis and 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 determines any improvement actions required.
- For all action items a clear allocation of responsibility, resources requirements and timelines is determined†.

The Teaching & Learning Committee will develop an annual report for presentation to the Academic Board which will include the recommended improvement actions for the Academic Board’s consideration and endorsement.

[†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**

Provider Registration Standard 5.6 requires a higher education provider to compare its performance against other appropriate higher education providers to identify and act upon areas requiring improvement.

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.

“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.”

Benchmarking allows the College to:

- Identify strengths and weaknesses in its performance
- Measure and compare the College’s to other higher education providers in the sector to determine what they are doing better and why
- Obtain data to support decision-making
- Determine actions to improve processes and approaches to increase performance
- Undertake a self-evaluation of performance and process
- Strengthen the College's identity by enhancing its' reputation

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.

The College undertakes regular benchmarking as follows:

- The relevant governance body, for example the Teaching and Learning Committee and/or the Course Development and Advisory Committees determine 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.

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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 is the responsibility of the Academic Board (Governance Charter; P.16 Section 4.2 v). Academic Board delegates internal subject moderation of assessment to the Teaching and Learning Committee and the Board of Examiners (Governance Charter P;25 Section 7.2).

The College quality assures the assessment process by moderating grades as well as moderating individual assessment items. The Teaching and Learning Committee reviews the effectiveness of the following moderation regime annually and recommends such changes as it thinks fit to the Academic Board.

The Heads of School are responsible for:
- Pre-assessment moderation of assessment tasks before first use
- Post-assessment moderation of grades
- Reporting the outcomes of moderation activity to the Teaching and Learning Committee

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.

<table>
<thead>
<tr>
<th>Pre-Assessment Moderation</th>
</tr>
</thead>
<tbody>
<tr>
<td>New or revised assessment tasks are subject to pre-assessment moderation conducted by the Heads of Schools before they are used. To ensure that the assessment task(s):</td>
</tr>
<tr>
<td>- Is appropriately aligned to the published learning outcomes and assessment requirements listed in the subject outline</td>
</tr>
<tr>
<td>- Aligns to subject learning outcomes and content</td>
</tr>
<tr>
<td>- Provides consistent results</td>
</tr>
<tr>
<td>- Are flexible enough to cater for the needs of different learners;</td>
</tr>
<tr>
<td>- Actually work in practice</td>
</tr>
<tr>
<td>- Content and instructions are clearly, comprehensibly and accurately presented</td>
</tr>
<tr>
<td>- Provides an level of academic challenge that is consistent with the level of the subject</td>
</tr>
<tr>
<td>- Where feasible, assessment tasks within and between subjects are integrated</td>
</tr>
<tr>
<td>- Only requires resources which are available to the student</td>
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</tbody>
</table>

**Note:** Pre-assessment moderation occurs before a subject is first delivered and whenever a subject is modified.

The Heads of Schools prepare a pre-assessment moderation report in the prescribed form and present it to the Deputy Vice Chancellor (Academic) prior to commencement of the teaching period in which the subject (or modified subject) is to be first delivered.
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 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 Schools 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 Schools 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 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.

The Heads of Schools compile a post-assessment moderation report, in the prescribed form, 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 (3) 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 random sample of student assessment tasks representing all teaching 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.

The external subject moderator will compile a post-assessment moderation report in the prescribed form 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 Teaching & Learning Committee 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.

On the basis of these records, the Deputy Vice Chancellor (Academic) prepares an Annual Moderation Report for the Teaching and Learning Committee. The report summarises the conduct and outcomes of both pre- and post-assessment moderation, including any comments or advice from Heads of Schools.

The report should highlight any improvements or amendments to assessment tasks or practices resulting from moderation activity. The report forms part of the Teaching and Learning Committee’s annual report to the Academic Board.

The Academic Board monitors the conduct and outcomes of moderation across the College to ensure that the assessment moderation process is effective.
10. Evaluation

The effectiveness of the quality improvement cycle applied across the College’s activities including governance effectiveness and educational quality will be evaluated through a formal review cycle.

The review cycle is described in the Quality Assurance Calendar.

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Approval Date</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Board of Directors</td>
<td>24&lt;sup&gt;th&lt;/sup&gt; Nov 2014</td>
<td>Document creation</td>
</tr>
<tr>
<td>2.0</td>
<td>Board of Directors</td>
<td>Pending</td>
<td>Various changes, resulting from an overall review of the document</td>
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Document owner: Board of Directors through the CEO
## ATTACHMENT 1 | DELEGATIONS SCHEDULE

### MATTERS RESERVED FOR THE CORPORATE GOVERNING BODY - BOARD OF DIRECTORS

<table>
<thead>
<tr>
<th>#</th>
<th>Function</th>
<th>Documented In</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Appointment / reviewing performance / termination of the CEO</td>
<td>Governance Charter</td>
</tr>
<tr>
<td>2</td>
<td>Determining / reviewing the governance structure of the College [as detailed in the Governance Charter]</td>
<td>Governance Charter</td>
</tr>
<tr>
<td>3</td>
<td>Determining / reviewing the Quality Assurance Framework for the College</td>
<td>Governance Charter</td>
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<tr>
<td>4</td>
<td>Putting in place / reviewing the necessary delegations to effectively run the College</td>
<td>Company Constitution, Governance Charter, Quality Assurance Framework</td>
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<tr>
<td>5</td>
<td>Approval of student grievance policies (as required by HESA)</td>
<td>Governance Charter, Associated Policy: Student Grievance Handling Policy and Procedure</td>
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<tr>
<td>6</td>
<td>Setting / reviewing the vision, objectives and strategic goals of the College</td>
<td>Governance Charter</td>
</tr>
<tr>
<td>7</td>
<td>Approving / reviewing the Strategic Plan</td>
<td>Governance Charter</td>
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<tr>
<td>8</td>
<td>Approving / reviewing the financial forecasts including ensuring the ongoing financial viability for the College</td>
<td>Governance Charter</td>
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<tr>
<td>9</td>
<td>Assessment and management of risk including approving / reviewing the risk mitigation strategies in the Risk Management Plan</td>
<td>Governance Charter</td>
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<tr>
<td>10</td>
<td>Determining membership, tenure of members and Chair of the Academic Board</td>
<td>Governance Charter</td>
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<tr>
<td>11</td>
<td>Awarding qualifications</td>
<td>Governance Charter, Associated Policy: Graduation and Awards Policy and Procedure</td>
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<tr>
<td>12</td>
<td>Conferring academic titles</td>
<td>Conferral of Academic Titles Policy and Procedure</td>
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<tr>
<td>13</td>
<td>Approval to develop a new course</td>
<td>Course Development and Approval Policy and Procedure</td>
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<td>Oversight of the educational process</td>
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<td>3</td>
<td>Determining academic policy and procedures</td>
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<td>4</td>
<td>Facilitate free intellectual enquiry</td>
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<td>5</td>
<td>Management of the College within the parameters set out in the Strategic Plan, Financial Plan and Risk Management Plan</td>
<td>CEO</td>
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<td>Non-academic operational policy and procedures</td>
<td>Executive Management Group through the CEO</td>
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<td>7</td>
<td>Overseeing course design and content</td>
<td>Academic Board reserves for itself</td>
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<td>Hearing appeals from academic policies</td>
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<td>Determining cases of academic misconduct</td>
<td>Chair of Academic Appeals Committee</td>
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<td>Maintaining academic misconduct register</td>
<td>Associate Dean (Teaching &amp; Learning)</td>
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<td>Determining credit for prior learning</td>
<td>Academic Program Coordinator</td>
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<td>Approving articulation (credit transfer) agreements</td>
<td>CEO</td>
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<td>Handling student grievances</td>
<td>Chair of Academic Appeals Committee</td>
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<td>Maintaining records of grievances</td>
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<td>Special consideration regarding assessment / remission of penalties for late assessments / review of assessment decisions</td>
<td>Academic Program Coordinator</td>
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<td>Board of Examiners reporting to the Teaching &amp; Learning Committee</td>
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<td>Board of Examiners reporting to the Teaching &amp; Learning Committee</td>
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<td>Approving requests for extension of time permitted to complete a course</td>
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<td>21</td>
<td>Approving variation to course progression rules</td>
<td>Deputy Vice Chancellor (Academic)</td>
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<td>Determining course entry requirements</td>
<td>Academic Board reserves for itself</td>
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<td>23</td>
<td>Assessing applications for admission to a course</td>
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<td>Assess admission applications under special entry categories</td>
<td>Deputy Vice Chancellor (Academic)</td>
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<td>Validation of all admission decisions</td>
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<td>26</td>
<td>Providing access to personal information</td>
<td>Registrar</td>
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<td><strong>Records management</strong></td>
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<td>Vice President Finance</td>
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