



QUALITY ASSURANCE FRAMEWORK

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1. Quality assurance and enhancement overview

The International College of Management Sydney (“the Institution”) has established a Quality Assurance Framework (QAF) to assure the quality and integrity of its operations its academic outcomes and to ensure continuing compliance with the requirements of the Higher Education Standards Framework (HESF) 2021, Education Services for Overseas Students Act 2000 (ESOS Act) and National Code of Practice for Providers of Education and Training to Overseas Students 2018, to the student body and TEQSA. It outlines a robust, evidence-based and coordinated approach to quality assurance.

The Institution uses various quality assurance and evaluation mechanisms, as outlined in this QAF, in connection with effective corporate and academic governance, to help validate its statements about the quality of its educational offerings and to identify and plan for changes that enhance student outcomes and experience.

Quality assurance and enhancement involves the:

- Governance of the Institution
- Strategic planning (including business planning)
- Risk management
- Development and dissemination of policies and procedures
- Evaluation of learning, teaching and student outcomes including course design and review
- Systems of review involving the collection and use of feedback from stakeholders
- Collation and analysis of educational KPI data
- External referencing (including benchmarking)

1.1 Principles underpinning quality assurance and enhancement

The Institution constantly monitors and considers evidence about how effectively it is accomplishing its strategic objectives and vision. Such considerations inform the Institution’s strategic planning and may lead to the revision of strategic objectives, approaches to learning and teaching, and planning and budgeting priorities. There is an Institution-wide commitment to continuous quality enhancement.

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

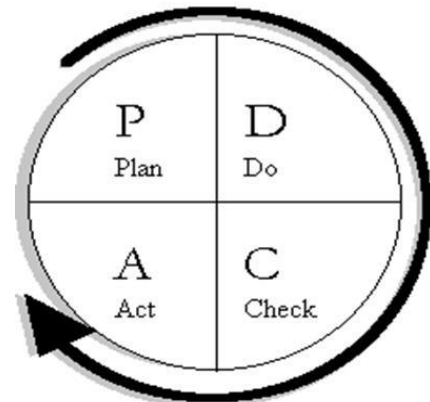
Quality enhancement cycle

The Quality enhancement cycle is based on the following principles:

- Clear alignment to Institution’s Strategic Plan and priorities
- An overarching cycle of continuous enhancement which can be applied to all departments and activities in the Institution
- Systematic use of qualitative information and quantitative data for identifying improvement opportunities, monitoring impact, and evaluating the effectiveness of changes.
- The use of the quality enhancement approach Plan/Do/Check/Act (PDCA)
- A focus on the development of staff as well as systems and processes as an outcome of the quality assurance;
- It can be applied to any activity at any level within the Institution and is embedded within all aspects of its operations.

The Plan, Do, Check, Act (PDCA) quality enhancement 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





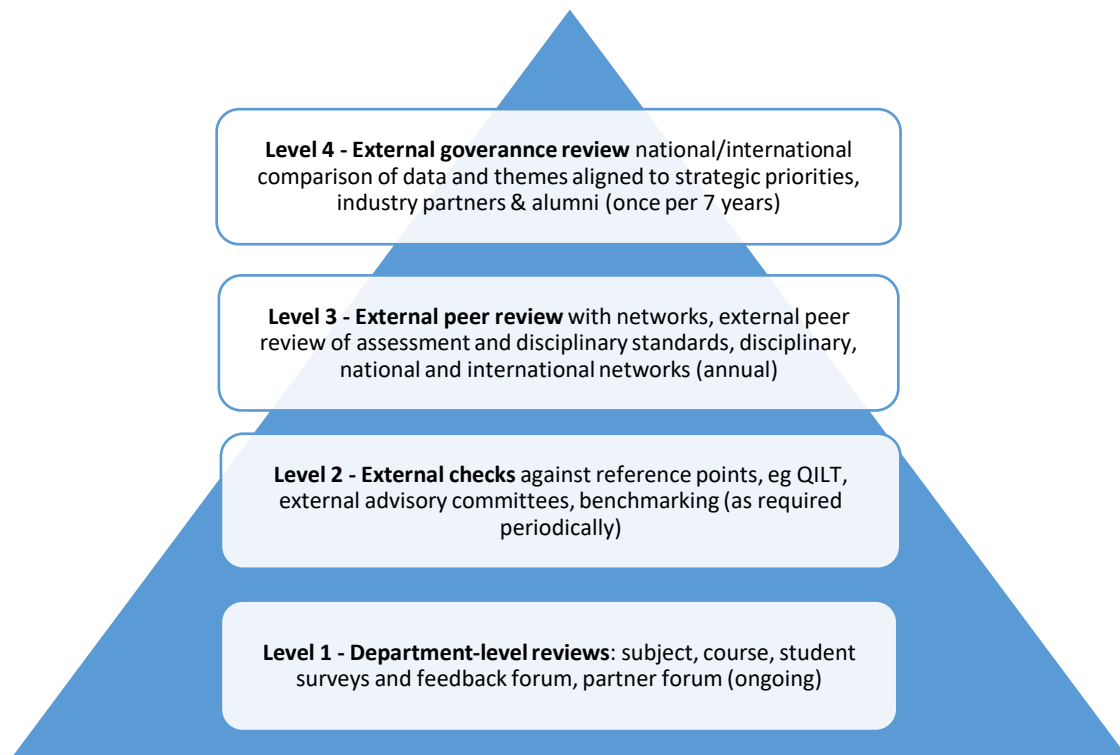
This quality enhancement cycle can be applied to any activity within the Institution as follows:

Type	Description	Key documentation
Individual level	Quality improvement at this level occurs in relation to an individual's interaction with a process or activity.	<ul style="list-style-type: none"> • Job descriptions • Individual performance targets and KPIs • Codes of Conduct • Performance reviews
Operational level	Quality improvement at this level focusses on the implementation of strategically aligned business plans and the delivery of core educational and business activities maximum effectiveness and efficiency within departments and business units.	<ul style="list-style-type: none"> • Annual departmental business plans • Policies and procedures • Course and subject reviews • Localised departmental operational plans
Institution level	Quality improvement at this level involves setting the vision, strategic plan and goals, and governance.	<ul style="list-style-type: none"> • Strategic Plan • Governance Charter • Governance reviews • Delegations of Authority • Performance targets and KPIs

The Institution's **Learning and Teaching Evaluation Framework** is a holistic approach to the evaluation of courses, subjects, teaching, and student experience at the Institution based on peer evaluation, incorporating the PDCA quality enhancement cycle.

The Framework consists of:

- Multi-level, tiered approach to evaluation and review across the Institution
- Four levels of evaluation: department-level, external checks, inter-institutional peer review, and inter-institutional strategic review;
- There is no hierarchy in evaluation as each level impacts and feeds into other levels;
- A strong partnership approach which involves students, industry/employers and staff each having an important role to play in evaluation and review. This partnership approach is operationalised through key forums with students and industry, which involves engagement with students, industry/employers and staff to close the feedback loop through implementing the enhancement cycle of 'plan', 'deploy', 'review' and 'improve'.



2. Governance

2.1 Overview

The cornerstone of the Institution’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 Institution 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 Institution’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 Institution as well as the facilitation of the smooth day-to-day operations of the Institution by senior executive 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 Institution’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 or officers fulfil the range of responsibilities outlined for them in Standards 6.1.3, 6.2 and 6.3 but not limited to:

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 Institution
- 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 Institution’s strategic objectives
- that the delegations currently in place are appropriate and meet the ongoing operational needs of the Institution
- Obtaining information and advice, including independent advice and academic advice, as is necessary for informed and competent decision making and direction setting
- 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 Institution's corporate and academic governance.

2.3 Self-review of committees/boards

At least every two years, committees are encouraged to undertake a self-evaluation of its performance as a mechanism to ensure that it is fulfilling its functions effectively and to identify and implement any improvements. Feedback arising from the self-evaluation feeds into broader institutional governance reviews.

3. Strategic planning

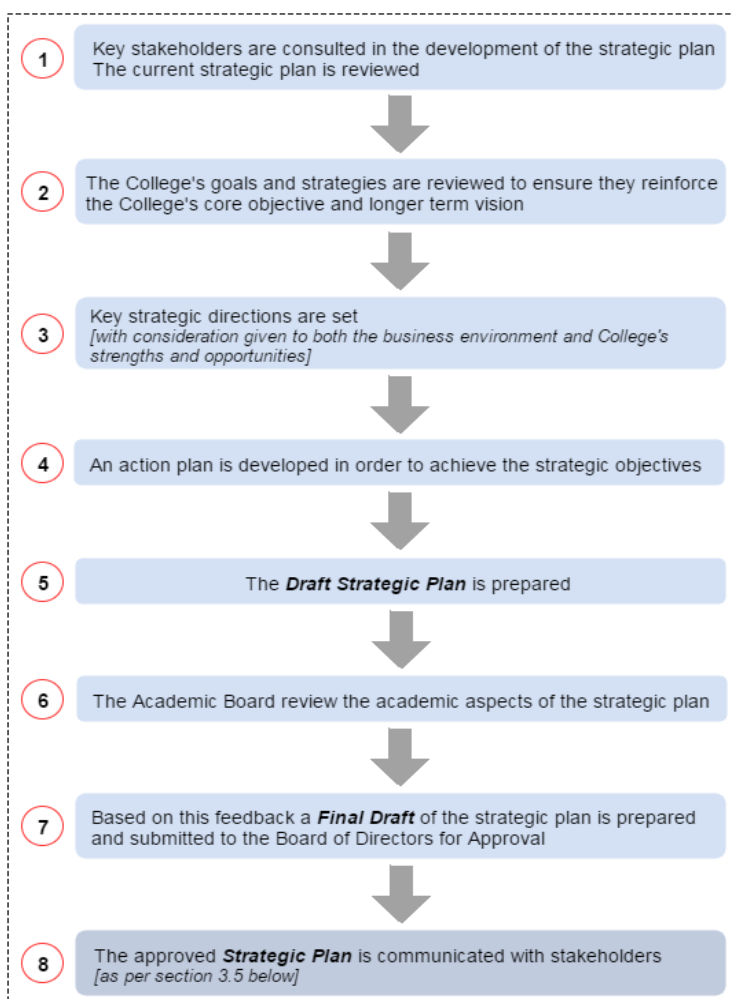
3.1 Overview

The Institution'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 Institution to focus on its operations, but also provides a framework of ownership and accountability for all staff.

3.2 Strategic Plan

The Board of Directors develops a three-year *Strategic Plan* to determine the Institution's future directions in tertiary education, to create a culture that is proactive and forward-looking, promotes unity of purpose, and clearly articulates the Institution'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 Institution prepares an annual Business Plan which incorporates the departmental action plans 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
- Development and recruitment
- Financial
- Learning and teaching (including academic operations)
- Quality assurance & accreditation
- Registry services and employability
- IT and support plan
- Campus operations
- People and training

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 (EMG) to ensure that objectives are being met, continue to align with the Institution's strategic goals and that remedial action is taken to correct underperformance.

3.4 Risk management

In accordance with Higher Education Standard 6.2.1¹, the Institution must identify risks to higher education operations and ensure that material risks are managed and mitigated effectively.

As such, the Institution 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 Institution and therefore forms an integral part of the overall planning for the organisation.

Risk management is overseen by the Board of Directors. It identifies and monitors any risks to operations and ensures that the Institution manages and mitigates those risks effectively. The Academic Board oversees management of academic risk and takes action where required to mitigate academic risk. The Executive Management Group monitors non-academic risks and initiates corrective action as required.

4. Policy framework

4.1 Overview

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

The Institution has 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, guidelines, templates and systems to ensure that policy decisions are effectively implemented across the Institution.

4.2 Policy structure

The Board of Directors and the Academic Board as the peak governing bodies have oversight for quality assurance-related and non-academic policies¹, and academic-related policies respectively. Both bodies ensure that all policies align to the

¹ The Board of Directors retains authority to approve policies relating to student grievances.

Institution's strategic direction and all regulatory requirements. (refer to [Policy Development and Review Policy](#) and [Policy Development and Review Procedures](#))

4.3 Roles and responsibilities

Key roles for policy management at the Institution include:

Responsible Officer 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 policies² or the Academic Board for the approval of academic-related policies.

The **Associate Vice President (Governance and Policy)** 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 **EMG and Learning and Teaching Committee** ensure that policies are implemented, disseminated and systematically reviewed in accordance with the Institution's policy review cycle. In practice, these tasks are undertaken by the responsible officer and the Quality Assurance and Accreditation Office. In addition, EMG and Learning and Teaching Committee have authority to approve procedures that support the implementation of policies.

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

The responsible officer and approving body are documented within each policy and the [Policy Review Schedule](#).

4.4 Policy record management

A register of all policies and approval records is maintained by the Quality Assurance and Accreditation Office .

4.5 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 EMG and/or Learning & Teaching Committee and responsible officers 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 Associate Vice President (Governance and Policy) oversees the publication process in liaison with the responsible officer in accordance with the approved implementation date. Confirmation of approval is communicated to the responsible officer and Executive Management Group and Learning & Teaching Committee for onward communication to all stakeholders and implementation.

Approved policies are readily and easily accessible to all relevant stakeholders in the publicly available Policy Library on the website.

5. Course and subject development, review and approval

The Institution has a series of policies and procedures 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

Comprehensive course development processes are detailed in the *Course and Subject Policy*, and the *Course Development, Review and Approval Procedures*. They 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 Institution.

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 CDASC comprises members relevant to the discipline who are drawn from the Learning and Teaching 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 and subject monitoring, review and enhancement

The principles for ongoing course and subject review and improvement at the Institution are detailed in the *Course Development, Review and Approval Procedures* and the *Subject Review and Development Procedures*. 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 Institution. 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 (as per levels 2 and 3 of the Learning and Teaching Evaluation Framework).

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 lecturers and supervisors have opportunities to review feedback on their learning and teaching supervision and are supported in enhancing these activities.

The Institution gathers stakeholder feedback from students, lecturers, graduates and employers. The Institution does so through the use of approved survey instruments (which consist of both in-house tools as well as externally facilitated surveys such as Quality Indicator for Learning & Teaching (QILT)). A list of all approved evaluation and survey instruments is outlined in the [Learning and Teaching Evaluation Policy](#) and the relevant procedure outlines 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 Institution can:

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

7. External referencing

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

"The purposes of external referencing are varied, but typically include:

- *providing evidence of the quality and standing of a provider's operations*
- *offering an external evidence base as context for the development of internal improvements, especially to student outcomes*
- *establishing or fostering collaborative improvement efforts across providers.*

*Monitoring, review and improvement processes can and should encompass review against comparators, both internal to the provider and external."*²

The Institution's Learning and Teaching Evaluation Framework 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 TEQSA Guidance Note: External Referencing (including Benchmarking) v2.5

2) the assessment methods of grading of students' achievement of learning outcomes for selected subjects within courses.

The Institution has developed the processes to compare and benchmark academic and operational processes and outcomes with peer institutions. Please refer to [External Referencing Procedures](#).

8. 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. The moderation of assessment process will:

- confirm that assessment is being undertaken appropriately, consistently and fairly;
- ensure that assessment is both valid and reliable;
- ensure that there are both formative and summative assessments embedded in subjects;
- identify triggers related to assessment, both individual and systematic, and enable a resolution in a timely manner;
- enhance the learning and teaching experience for both students and staff;
- make the best use of existing systems and processes to ensure effective use of staff and student time.

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

The Institution quality assures the assessment process by moderating grades as well as moderating individual assessment items. The the Board of Examiners monitors the effectiveness of the moderation procedures and recommends any changes to the [Moderation of Assessment Procedures](#) to the Learning and Teaching Committee and Academic Board as required.

9. Other reviews and audits

Reviews and audits are undertaken periodically on a range of activities, services and operations, some of which are scheduled as part of a formal review cycle as outlined previously (e.g. review of policy, subjects, courses) others may be ad hoc and identified as necessary for performance or compliance purposes.

Review activities encompass external referencing against comparable courses (including student performance data), and are informed by student feedback.

The findings of reviews and external referencing are fed back to corporate and academic decision making and monitoring which lead to improvements in teaching and learning.

Data is collected for measuring against performance, decision making, evidence-based improvements and corporate awareness.

10. Version history

The Quality Assurance Framework, together with the Governance Charter and Delegations of Authority Schedule, are publicly available on the Institution 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
4.0	Board of Directors	20 August 2019	Alignment with newly approved policies and procedures
5.0	Board of Directors	14 September 2020	BoDs approved changes to Governance Charter on 14.9.20 and they have been reflected in the QAF. References to the Quality Audit and Risk Committee removed as committee has been disbanded.
6.0	Board of Directors	21 March 2023	Comprehensive review as per review cycle. Addition of paragraph 2.3 and 9

Acknowledgements

Higher Education Standards Framework (Threshold Standards) 2021
TEQSA's Guidance Notes