



# 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 (Threshold Standards) 2021 (HESF), 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
- Compliance management
- Program of assurance
- Development, review 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
- Benchmarking and external referencing
- Rolling internal audit and external review program

### 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 monitored and reviewed through a cycle of continuous quality enhancement.

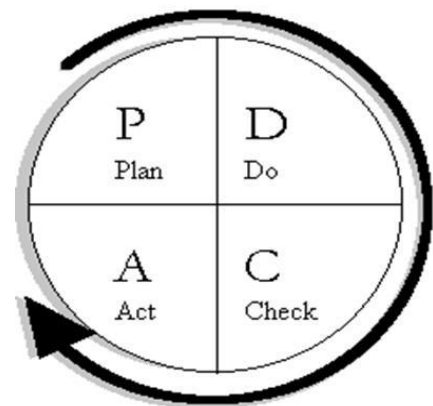
**Quality enhancement cycle**

The Quality enhancement cycle is based on the following principles:

- Clear alignment to the 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 reporting to identify improvement opportunities, monitor impact, and evaluate 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;
- Application to any activity at any level within the Institution and its embeddedness 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 frameworks, systems and processes in key areas of organisational performance
- Evaluate achievements towards performance indicators





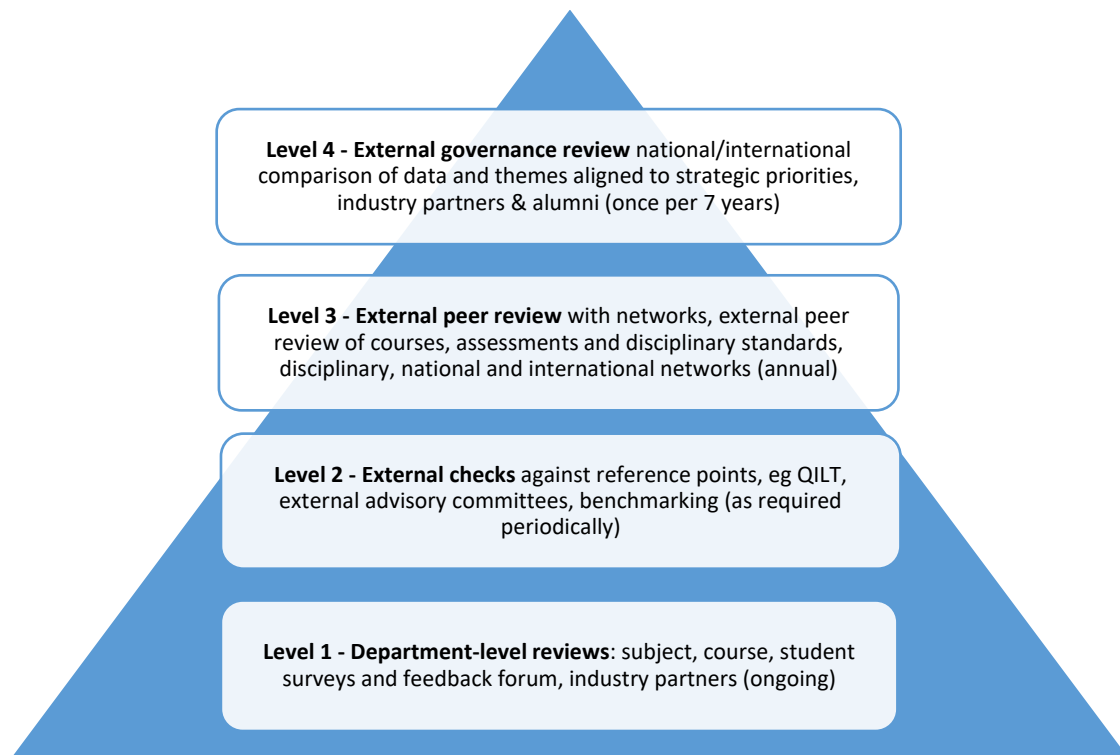
This quality enhancement cycle can be applied to any activity within the Institution as follows:

Type	Description	Key documentation
<b>Individual level</b>	Quality improvement at this level occurs in relation to an individual's interaction with a process or activity.	<ul style="list-style-type: none"> <li>• Job descriptions</li> <li>• Individual performance targets and KPIs</li> <li>• Codes of conduct</li> <li>• Performance reviews</li> </ul>
<b>Operational level</b>	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 and across departments and business units.	<ul style="list-style-type: none"> <li>• Annual departmental business plans</li> <li>• Policies and procedures</li> <li>• Course and subject reviews</li> <li>• Localised departmental operational plans</li> <li>• self-assessments and audits</li> <li>•</li> </ul>
<b>Institution level</b>	Quality improvement at this level involves setting the vision, strategic plan and goals, and governance.	<ul style="list-style-type: none"> <li>• Strategic Plan</li> <li>• Governance Charter</li> <li>• Governance and external reviews</li> <li>• Delegations of Authority</li> <li>• Performance targets and KPIs</li> </ul>

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**

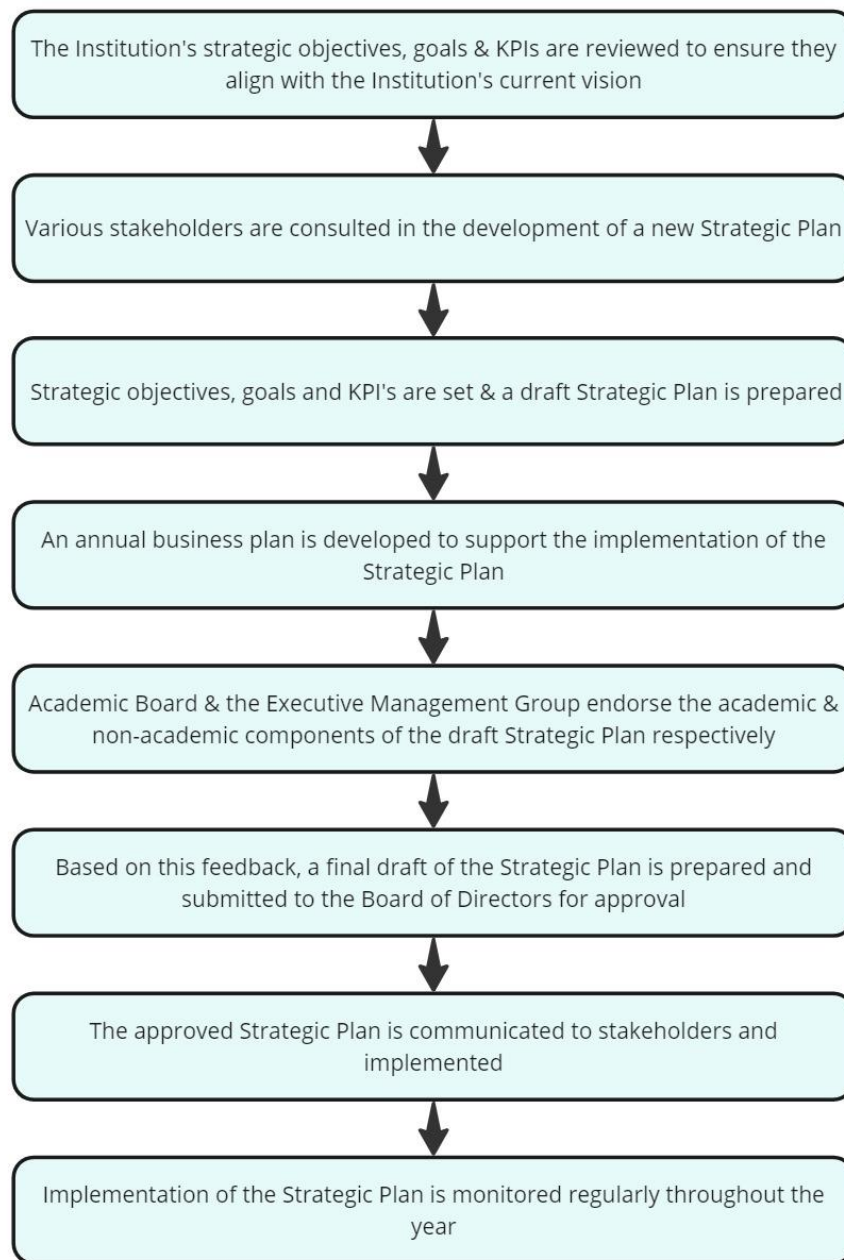
### **3.1 Overview**

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 and strategic priorities 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 and approved 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 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 (EMG). A report against the annual Business Plan is provided by the President and Managing Director (President) 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.

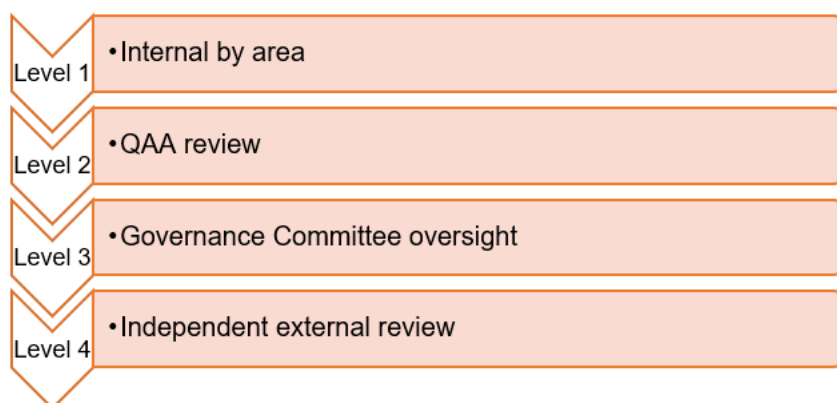
Localised plans are disseminated to identified stakeholders and regularly monitored by the EMG to ensure that objectives are being met, continue to align with the Institution's strategic goals and that remedial action is taken to correct underperformance.

## **4. Assurance and risk**

### **4.1 Program of Assurance**

The Program of Assurance provides a structured means of identifying and mapping the main sources of assurance at the Institution and coordinating them to best effect. Taking a holistic view of assurance activities enables the Institution to ensure each activity operates in an effective and efficient way. For example, there are clear synergies between the risk management process and internal audit with each activity informing the other.

The Program of Assurance is based on risk and ensures our assurance activities address current risks and emerging issues of concern. It encompasses a range of activities providing different levels of assurance. Assurance can be provided by the team involved in undertaking the activity, by the Quality Assurance and Accreditation (QAA) team, by respective governance committees or by an independent external reviewer. These four levels of assurance are set out below.



These levels provide increasing level of assurance depending on the nature and risk profile of the activity.

The program of assurance is approved by the Audit, Risk and Compliance Committee (ARCC) and noted by the Board of Directors (BoD) each year.

## 4.2 Risk management

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

The Risk Management Framework (the framework) provides the overarching direction for risk management at the Institution. It formalises the risk management approach and supports risk owners and their teams in understanding their risks. The framework facilitates the integration of risk management into all aspects of the Institution’s business. It sets out the processes and procedures to be followed to effectively manage risk. The key elements of the framework include a Risk Management Policy, Risk Appetite Statement, a Risk Management Guide and a Risk Register.

The Audit Risk and Compliance Committee oversees risk management, the annual audit program and compliance at the Institution and reports to the Board of Directors after each meeting. The Academic Board monitors 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.

## 5. Policy framework

### 5.1 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.

## 5.2 Policy structure

The Board of Directors as the peak governing body has oversight for quality assurance-related and non-academic policies<sup>1</sup>. The Academic Board has oversight for academic-related policies. Both bodies ensure that all policies align to the Institution's strategic direction and all regulatory requirements. (refer to *Policy Development and Review Policy* and *Policy Development and Review Procedures*)

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 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, Learning and Teaching Committee and/or Course and Subject Committee in accordance with their terms of reference 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*.

## 4.5 Policy implementation

When seeking approval from the approving body, implementation and communication strategies for any new, revised or rescinded policies are clearly outlined. This includes identifying relevant stakeholders and setting agreed dates for implementation. Responsible officers ensure that all stakeholders are fully informed of changes and their implications.

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

# 6. 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.

## 6.1 Course development and approval

Course development and approval processes are detailed in the *Course and Subject Policy*, and the *Course Development, Review and Approval Procedures*. They provide 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 Course and Subject Committee, academic staff, recent graduates, other higher education providers, the

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

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.

## 6.2 Interim monitoring and evaluation

The Institution systematically monitors and evaluates its courses and subjects to ensure they continue to meet academic quality standards, meet the needs of stakeholders including industry and professional bodies, to mitigate any risks to quality and remain current and relevant.

Interim monitoring and evaluation processes are evidence-based and include the analysis and evaluation of data (e.g. quality indicators, validation and moderation outcomes, student and staff feedback, graduate outcomes, etc.) to drive improvements. They include regular external referencing of the success of student cohorts against comparable courses of study including:

- analyses of progression rates, attrition rates, completion times and rates and, where applicable, comparing different locations of delivery, and comparing or analysing cohorts and
- the assessment methods and grading of students' achievement of learning outcomes for selected units of study within courses of study.

The outcomes of interim monitoring and evaluation inform decisions on necessary changes to courses and subjects, and feed into periodic comprehensive course reviews.

Processes for interim monitoring and evaluation of courses and subjects are detailed in the *Course Development, Review and Approval Procedures*, the *Subject Development, Review and Approval Procedures*, and the *Course Monitoring and Evaluation 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.

## 6.3 Comprehensive course reviews

All courses undergo periodic comprehensive reviews to assess their effectiveness and relevance at least once in their accreditation cycle. The review must commence no later than the end of the fifth year of delivery.

Comprehensive course reviews include the design and content of each course of study, the expected learning outcomes, the methods for assessment of those outcomes, the extent of students' achievement of learning outcomes, and also takes account of emerging developments in the field of education, modes of delivery, the changing needs of students and identified risks to the quality of the course of study.

Comprehensive course reviews are informed and supported by regular interim monitoring and evaluation activity, of the quality of teaching, student progress and the overall delivery of subjects within each course of study. They are also informed

by independent, expert advice through the Course Development Advisory Sub-Committees and input from external reviewers.

Comprehensive course review processes are outlined in the *Course Development, Review and Approval Procedures*.

#### 6.4 Accreditation/reaccreditation

Higher education courses **within** the Broad Field of Education (FoE) 08 Management and Commerce and Narrow FoE 1101 Food and Hospitality, at AQF levels 5-9 excluding research, are approved internally for accreditation or reaccreditation by peak governance bodies, in line with the Institution's scope of Self-Accrediting Authority (SAA) awarded by TEQSA in July 2025. Higher education courses **outside** the scope of SAA are approved internally by peak governance bodies prior to submission to TEQSA. Procedures for the approval of courses are outlined in the *Course Development, Review and Approval Procedures*.

Course approval processes are applied consistently to all courses of study, prior to being first offered and during re-approval or re-accreditation.

### 7. 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 as outlined in the *Course Monitoring and Evaluation Procedures*.

Robust mechanisms are in place to gather and incorporate feedback from students, staff, industry partners, and other relevant stakeholders. This activity includes a feedback loop, including communication of outcomes and actions for improvement. 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)). All lecturers and supervisors have opportunities to review feedback on their learning and teaching supervision and are supported in enhancing these activities.

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.

### 8. Benchmarking and external referencing

Benchmarking (through internal and external referencing) is a tool used by the Institution to assure the quality of its courses and subjects, and more generally, to improve performance of processes and operations across the Institution. 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 is used to compare aspects of the Institution's performance or operations against both internal comparators (internal referencing) or external comparators (external referencing).

The Institution undertakes internal benchmarking against any relevant benchmarks, for example reporting on course performance across the year for various courses is against educational key performance indicators (KPIs). This includes external referencing of the performance of identified student cohorts and subgroups, including Aboriginal and Torres Strait Islander students and students with a disability.

The Institution undertakes a range of regular and systematic benchmarking and external referencing to measure and evidence the success of its student cohorts against comparable courses of study. The Institution has developed the processes to compare and benchmark academic and operational processes and outcomes with peer institutions. Please refer to *Benchmarking and External Referencing Procedures*.

## 9. Moderation of assessment

Moderation of assessment involves a systematic process of reviewing and adjusting assessment results to ensure consistency and fairness across different assessors, grading rubric, marking criteria, and assessment contexts. The moderation of assessment process:

- confirms that assessment is being undertaken appropriately, consistently and fairly;
- ensures that assessment is both valid and reliable;
- ensures that there are both formative and summative assessments embedded in subjects;
- identifies triggers related to assessment, both individual and systematic, and enables a resolution in a timely manner;
- enhances 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 Course and Subject Committee and the Board of Examiners.

The Institution quality assures the assessment process by moderating grades as well as moderating individual assessment items. The Board of Examiners monitors the effectiveness of the moderation procedures and recommends any changes to the *Assessment Procedures* to the Course and Subject Committee and Academic Board as required.

## 10. Reviews and audits

The Institution has a rolling three-year program of internal audit and external review. These external reviews and internal audits are undertaken on a range of activities, services and operations, as part of a formal review cycle as outlined previously (e.g. program of assurance, review of policy, subjects, courses). External financial audits occur on an annual basis. These audits and reviews form a key part of the annual Program of Assurance. Other reviews and audits may be ad hoc and identified as necessary for performance or compliance purposes.

External reviews may be regular scheduled reviews (for example, biennial external reviews of HESF Domain Compliance Statements) or reviews commissioned on areas of strategic importance and/or institutional and/or sector risk.

Internal review activities encompass benchmarking and external referencing against comparable courses (including student performance data) and are informed by student feedback.

The findings of audits, 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.

## 11. 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 and Accreditation 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
7.0	Board of Directors	5 December 2023	Updated to align with governance restructure and new approach to risk
8.0	N/A	5 December 2023 (updated 30.1.24)	Updated CEO to Managing Director
9.0	Rowan Courtney O'Connor	5 December 2023 (updated 19.2.24)	Updated to Managing Director to President and Managing Director
10.0	Board of Directors	18 March 2025	Comprehensive review. Added references to program of assurance and list of audits. Reduced section on policy, and updated course and subjects, benchmarking, moderation of assessment and other reviews and audits sections, plus other minor grammatical edits.
11.0	Board of Directors	9 September 2025	Added that the Board of Directors has authority to accredit (new) and reaccredit (existing) courses of study within the Field of Education (FOE) 08 and FOE 1101 upon recommendation by the Academic

			Board in accordance with the SAA status awarded by TEQSA.
12.0	N/A	2 March 2026	Updated SAA wording to include AQF levels 5-9 excluding research.

### Acknowledgements

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