QUALITY ASSURANCE FRAMEWORK

Contents

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.

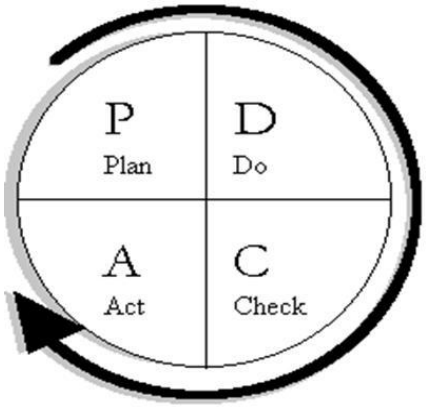
Quality enhancement cycle

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




•Developing & defining:
•Governance Charter
•Strategic Plan & business plans
•Risk Management Plan
•Policy Framework
•Implementing & monitoring:
•Procedures, policies, guidelines and templates
•Course development & approval
•Work plan and calendar of events
•Induction and training
Plan (Plan)
Deploy (Do)
Improve (Act)
Review (Check)
•Learning & improving:
•Policy & procedures review schedule and issues log
•Continous improvement recommendaions and tracking implementation
•Risk Appetite Statement and Risk Register
•Evaluating and reporting:
•Independent governance review
•Internal self-assessments and audits
•Program of assurance
•Evaluation framework
•External referencing
•Moderation of assessment
•Course and subject review
•External reviews

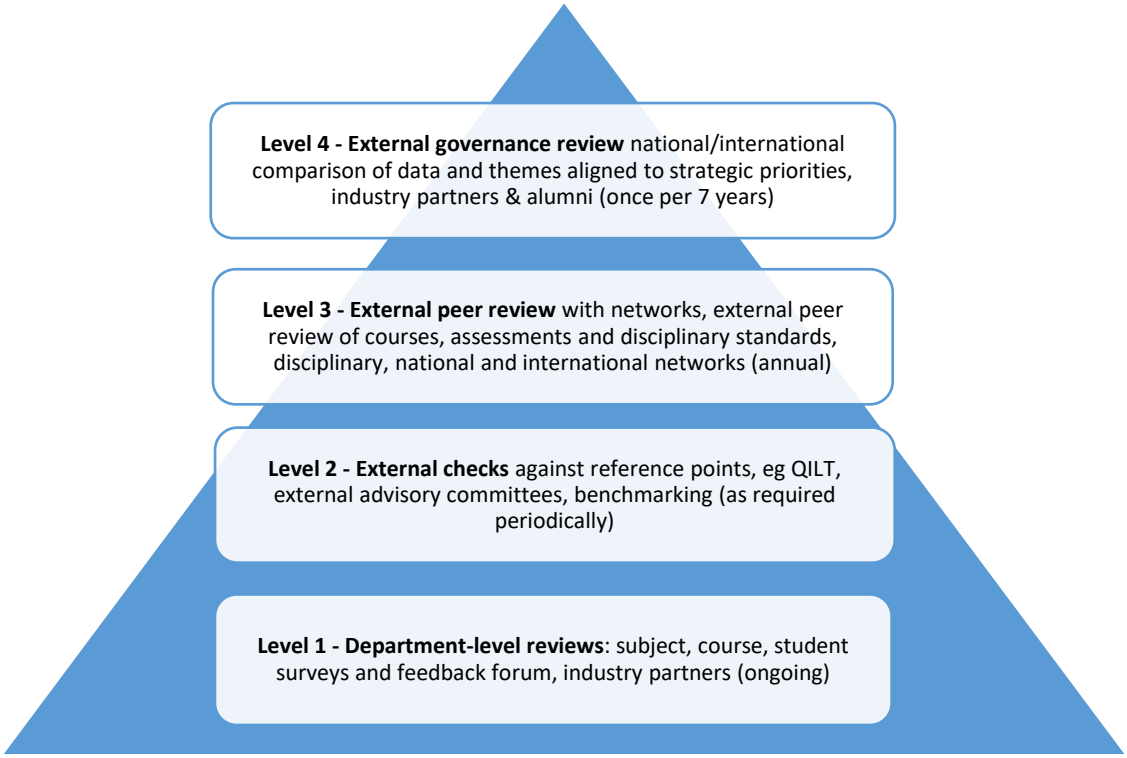
This quality enhancement cycle can be applied to any activity within the Institution as follows:

Type	Description	Key documentation
Individual level	Quality improvement at this level occurs in relation to an individual's interaction with a process or activity.	• 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 and across departments and business units.	• Annual departmental business plans • Policies and procedures • Course and subject reviews • Localised departmental operational plans • self-assessments and audits •
Institution level	Quality improvement at this level involves setting the vision, strategic plan and goals, and governance.	• Strategic Plan • Governance Charter • Governance and external 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

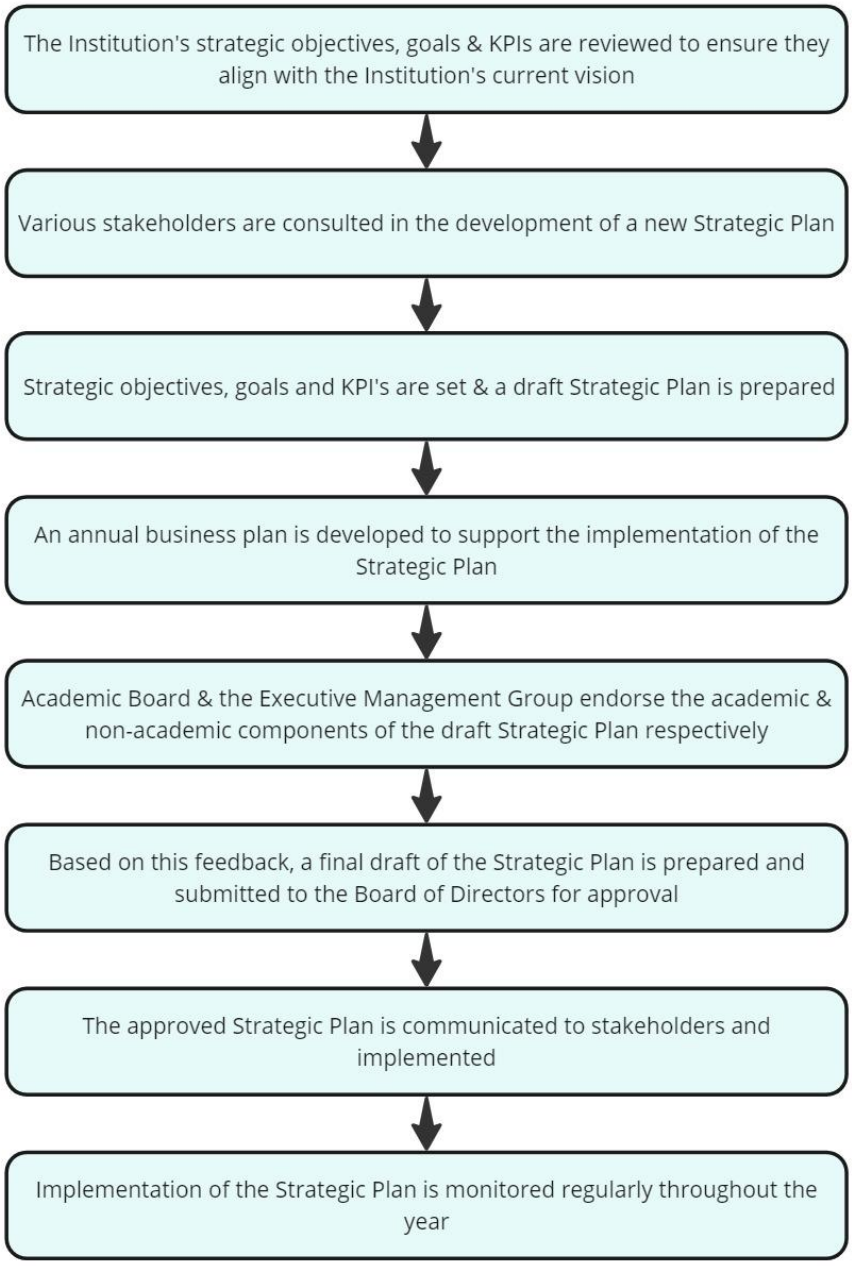
3.1 Overview

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 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[1]. 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

[1] 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.

The framework for determining compliance with HESF course accreditation standards when exercising SAA is provided in Appendix A. The decision-making protocol for accrediting or reaccrediting courses internally with regard to Part A of the HESF is provided in Appendix B.

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.
13.0	Board of Directors	8 September 2026	Decision-making protocol for accrediting courses added as appendices A & B

Acknowledgements

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

APPENDIX A – Framework for Determining Compliance with HESF Course Accreditation Standards When Exercising SAA

Standard #	Standard requirement	Assurance standard is met through:
1	**Student Participation and Attainment**	
1.1	Admission	
1.1.1	**Admissio**ns policies, **requirements** and procedures **are documented**, are **applied fairly and consistently**, and are **designed to ensure that admitted students have the academic preparation and proficiency in English needed to participate in their intended study**, and no known limitations that would be expected to impede their progression and completion.	CSC, AB, CDASC, external course, 12 month & CCR reviews, & interim monitoring processes, such as EoT reports, consider of course admission requirements.
1.1.3	**Admission** and other contractual **arrangements** with students, or where legally required, with their parent or guardian, are in writing and **include any particular conditions of enrolment and participation for undertaking particular courses of study** that may not apply to other courses more generally, **such as** health requirements for students undertaking clinical work, **requirements for security checks**, particular language requirements and **particular requirements of work placements**.	CSC, AB, CDASC, external course, CCR reviews, & interim monitoring processes, such as End of Trimester reports, consider of course admission requirements. Letters of offer and ICMS website indicate any particular requirements pertaining to participation in a course, for example Responsible Service of Alcohol course required for completion of the Bachelor of Hospitality.
1.3	Orientation and Progression	
1.3.2	Specific strategies support transition, including:	
1.3.2.a	assessing the needs and preparedness of individual students and cohorts	CSC, AB, CDASC, external course, 12 month & CCR reviews consider analysis of the needs of particular cohorts, the use of formative assessment & academic and other support provided to students in a course. Interim monitoring processes, such as End of Trimester reports, trimester-based student wellbeing reports, and the Annual Support of Students Report consider the needs of specific cohorts and the need for academic supports for particular courses.
1.3.2.b	undertaking early assessment or review that provides formative feedback on academic progress and is able to identify needs for additional support, and	
1.3.2.c	providing access to informed advice and timely referral to academic or other support.	
1.3.3	Methods of assessment or monitoring that determine progress within or between units of study ~~or in research training~~[2] validly assess progress and, in the case of formative assessment, provide students with timely feedback that assists in their achievement of learning outcomes.	AB review & approval of subjects, CSC review & approval of subject changes, CDASC & external reviews of subjects, CCR review, & interim monitoring processes.

[2] Strikethrough text denotes requirements within the text of the standards but which do not apply to the BoD's accreditation decision making.

Standard #	Standard requirement	Assurance standard is met through:
1.4	Learning Outcomes and Assessment	
1.4.1	The expected learning outcomes for each course of study are specified, consistent with the level and field of education of the qualification awarded, and informed by national and international comparators.	AB review & approval of subjects, CSC review & approval of subject changes, AB & CSC reviews of courses, CDASC & external reviews of courses & subjects, CCR review, & interim monitoring processes such as academic integrity report & reporting QILT survey results. Course proposals and/or supporting documents and CCRs benchmark CLOs against national and (where relevant or applicable) international comparators. Course review and development is informed by scholarship and industry trends nationally and internationally.
1.4.2	The specified learning outcomes for each course of study encompass discipline-related and generic outcomes, including:	
1.4.2.a	specific knowledge and skills and their application that characterise the field(s) of education or disciplines involved	AB review & approval of subjects, CSC review & approval of subject changes, AB & CSC reviews of courses, CDASC & external reviews of courses & subjects, CCR review, & interim monitoring processes such as QILT reporting, which cover these elements. These matters are considered in the CCR report and form part of the Course proposal and supporting documentation.
1.4.2.b	generic skills and their application in the context of the field(s) of education or disciplines involved	
1.4.2.c	knowledge and skills required for employment and further study related to the course of study, including those required to be eligible to seek registration to practise where applicable, and	
1.4.2.d	skills in independent and critical thinking suitable for life-long learning	
1.4.3	Methods of assessment are consistent with the learning outcomes being assessed, are capable of confirming that all specified learning outcomes are achieved and that grades awarded reflect the level of student attainment	AB review & approval of subjects, CSC review & approval of subject changes, AB & CSC reviews of courses, CDASC & external reviews of courses & subjects, 12 month & CCR review, & interim monitoring processes, such as assessment moderation and validation processes.
1.4.4	On completion of a course of study, students have demonstrated the learning outcomes specified for the course of study, whether assessed at unit level, course level, or in combination.	CSC, AB, CDASC, external course, 12 month & CCR reviews, interim monitoring processes such as End of Trimester reports & Annual Learning and Teaching reports analysis of survey results.
1.5	Qualifications and Certification	
1.5.3	in accrediting the course the Board of Directors confirms that CLOs are consistent with the AQF level	AB review & approval of subjects, CSC review & approval of subject changes, AB & CSC reviews of courses, CDASC & external reviews of courses & subjects, CCR review, & interim monitoring processes such as academic integrity report & reporting QILT survey results.
2	**Learning Environment**	
2.1.1	When an Australian higher education qualification is offered, the course of study leading to the qualification is either self-accredited under authority to self-accredit or accredited by TEQSA and the learning outcomes for the qualification are consistent with the level classification for that qualification in the Australian Qualifications Framework.	CSC, AB, CDASC, external course, 12 month & CCR reviews, interim monitoring processes such as EoT reports & QILT reporting.
2.1.3	The learning environment, whether physical, virtual or blended, and associated learning activities support	

Standard #	Standard requirement	Assurance standard is met through:
	academic interactions among students outside of formal teaching.	
3.1	**Teaching**	
3.1	Course design	
3.1.1	The design for each course of study is specified and the specification includes:	
3.1.1a	the qualification(s) to be awarded on completion	Stated in the course proposal and supporting documents.
3.1.1b	structure, duration and modes of delivery Authorised Version	
3.1.1c	the units of study (or equivalent) that comprise the course of study	
3.1.1.d	entry requirements and pathways	
3.1.1e	expected learning outcomes, methods of assessment and indicative student workload	
3.1.1.f	compulsory requirements for completion	
3.1.1g	exit pathways, articulation arrangements, pathways to further learning	
3.1.2	The content and learning activities of each course of study engage with advanced knowledge and inquiry consistent with the level of study and the expected learning outcomes, including:	
3.1.2.a	current knowledge and scholarship in relevant academic disciplines	Covered in the course proposal and supporting documents, in particular the CCR report. For new courses, the
3.1.2.b	study of the underlying theoretical and conceptual frameworks of the academic disciplines or fields of education or research represented in the course, and	
3.1.2.c	emerging concepts that are informed by recent scholarship, current research findings and, where applicable, advances in practice	
3.1.3	Teaching and learning activities are arranged to foster progressive and coherent achievement of expected learning outcomes throughout each course of study.	
3.1.4	Each course of study is designed to enable achievement of expected learning outcomes regardless of a student's place of study or the mode of delivery.	
3.1.5	Where professional accreditation of a course of study is required for graduates to be eligible to practise, the course of study is accredited and continues to be accredited by the relevant professional body.	
3.2	Staffing	
3.2.1	The staffing complement for each course of study is sufficient to meet the educational, academic support and administrative needs of student cohorts undertaking the course.	CSC, AB, CDASC, external course, 12 month & CCR reviews, interim monitoring processes such as EoT reports & ALTR.
3.2.2	The academic staffing profile for each course of study provides the level and extent of academic oversight and teaching capacity needed to lead students in	

Standard #	Standard requirement	Assurance standard is met through:
	intellectual inquiry suited to the nature and level of expected learning outcomes.	
3.2.3	Staff with responsibilities for academic oversight and those with teaching and supervisory roles in courses or units of study are equipped for their roles, including having:	
3.2.3.a.	knowledge of contemporary developments in the discipline or field, which is informed by continuing scholarship or research or advances in practice	CSC and AB review & approval, CDASC, external course, & CCR reviews, & interim monitoring processes such as EoT reports & ALTR where course staffing is addressed.
3.2.3.b.	skills in contemporary teaching, learning and assessment principles relevant to the discipline, their role, modes of delivery and the needs of particular student cohorts, and	
3.2.3.c.	a qualification in a relevant discipline at least one level higher than is awarded for the course of study, or equivalent relevant academic or professional or practice-based experience and expertise, except for staff supervising doctoral degrees having a doctoral degree or equivalent research experience.	
3.2.4	Teachers who teach specialised components of a course of study, such as experienced practitioners and teachers undergoing training, who may not fully meet the standard for knowledge, skills and qualification or experience required for teaching or supervision (3.2.3) have their teaching guided and overseen by staff who meet the standard.	
3.2.5	Teaching staff are accessible to students seeking individual assistance with their studies, at a level consistent with the learning needs of the student cohort.	
3.3	Learning Resources and Support	
3.3.1	The learning resources, such as library collections and services, creative works, notes, laboratory facilities, studio sessions, simulations and software, that are specified or recommended for a course of study, relate directly to the learning outcomes, are up to date and, where supplied as part of a course of study, are accessible when needed by students.	Course proposal and supporting documentation indicate learning resources such as library resources for the course, with the CCR review and supporting documentation evaluating and recommending improvements to such resources. CSC and AB review and approval processes assess the suitability of resources, with such assessments informed by CDASC and external subject and course review. Interim monitoring processes such as the ALTR provides assurance regarding learning resources.
3.3.2	Where learning resources are part of an electronic learning management system, all users have timely access to the system and training is available in use of the system.	
3.3.4	Students have access to learning support services that are consistent with the requirements of their course of study, their mode of study and the learning needs of student cohorts, including arrangements for supporting and maintaining contact with students who are off campus.	
5	**Institutional Quality Assurance**	
5.1	Course Approval and Accreditation	
5.1.3	A course of study is approved or accredited, or re-approved or re-accredited, only when:	
5.1.3.a	the course of study meets, and continues to meet, the applicable Standards of the Higher Education Standards Framework	The 'Framework demonstrating compliance with applicable course accreditation standards when exercising self-accrediting authority' demonstrates how governance and policy frameworks and process, and effective operational management ensure compliance with

Standard #	Standard requirement	Assurance standard is met through:
		applicable standards within Domains 1, 2, 3 and 5. The course proposal and supporting documentation demonstrates that relevant standards are met – see also 5.1.3.b below.
5.1.3.b	the decision to (re-)approve or (re-) accredit a course of study is informed by overarching academic scrutiny of the course of study that is competent to assess the design, delivery and assessment of the course of study independently of the staff directly involved in those aspects of the course, and	Board of Directors' accreditation decisions are informed by competent academic scrutiny independent of staff involved in design, delivery, & assessment, through: • Involvement of internal staff in review and approval process not directly involved in the course, as members of the Course Development and Advisory Committee (CDASC), Course and Subject Committee, and Academic Board. • At least two independent external academic reviews of the course by experts in the discipline/Field of Education (FoE). • Independent external academic reviews of subjects that comprise the course by experts in the discipline/FoE. • CDASCs include independent external academic members with discipline/FoE expertise. • The Academic Board membership includes independent external members with senior academic experience, including discipline/FoE expertise.
5.1.3.c.	the resources required to deliver the course as approved or accredited will be available when needed.	The governance and policy frameworks and process, and effective operational management assures the Board of Directors that course resourcing is appropriate for delivery. Documentation presented as part of the course proposal package demonstrates that relevant standards in Domains 2 Learning Environment, 3.2 Staffing and 3.3 Learning Resources and Support are met. The course proponent & Managing Director & President can also provide assurance that these standards are met.
5.3	Monitoring, Review and Improvement	
5.3.1	All accredited courses of study are subject to periodic (at least every seven years) comprehensive reviews that are overseen by peak academic governance processes and include external referencing or other benchmarking activities	All courses are subject to a CCR commencing by the end of the fifth year of delivery since the last (re-)accreditation as per the Course and Subject Policy and the Course Development, Review and Approval Procedures
5.3.2	A comprehensive review includes 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	All the requirements of 5.3.2 are covered in the CCR report template which is mapped to relevant HESF standards.

Standard #	Standard requirement	Assurance standard is met through:
	and identified risks to the quality of the course of study.	
5.3.3	Comprehensive reviews of courses of study are informed and supported by regular interim monitoring, of the quality of teaching ~~and supervision of research students~~, student progress and the overall delivery of units within each course of study.	The CCR report template, and presentation to/discussion with CDASCs consider the results of interim review including student progress rates and teaching quality. The 12 month review of newly accredited courses and the 12 month follow up on the implementation of CCR/re-accreditation recommendations are key elements of the interim monitoring process that inform course improvements. EoT reports, the AEPOR, ALTR, term and annual academic integrity reports, AGOR, and analysis of QILT data are elements of interim monitoring that inform CCR reviews and reports.
5.3.4	Review and improvement activities include regular external referencing of the success of student cohorts against comparable courses of study, including:	
5.3.4.a.	analyses of progression rates, attrition rates, completion times and rates and, where applicable, comparing different locations of delivery, and	This reporting is built into the EoT reports, APOR, and CCR reports.
5.3.4.b.	the assessment methods and grading of students' achievement of learning outcomes for selected units of study within courses of study.	The rolling seven-year course and subject review plan includes external reviews of all subjects across an accreditation cycle encompassing assessment methods and grading. Regular moderation and validation of assessment items in subjects provides further assurance of assessment validity.
5.3.7	The results of regular interim monitoring, comprehensive reviews, external referencing and student feedback are used to mitigate future risks to the quality of the education provided and to guide and evaluate improvements, including the use of data on student progress and success to inform admission criteria and approaches to course design, teaching, ~~supervision~~, learning and academic support.	External referencing using the Higher Education Services Academic Quality Benchmark tool is built into AEOPR and CCR reporting, enabling comparison of course performance with around 18 universities. Student feedback regarding subjects and courses is analysed in EoT reports, the ALTR and the CCR report. Analysis of student performance and survey data is used to inform changes to admission criteria, course design, learning and teaching and/or academic support during an accreditation cycle and at the time a CCR is conducted.
5.4	Delivery with Other Parties	
5.4.1	Work-integrated learning, placements, other community-based learning and collaborative research training arrangements are quality assured, including assurance of the quality of supervision of student experiences.	The Employability Policy and Employability Procedures – Work Integrated Learning (WIL) detail mechanisms for quality assuring WIL placements. This includes completion of a professional placement confirmation form, a position description and contract, service agreement or letter of offer from an industry and community partner, and oversight the student's experience while on placement, including a mid-

Standard #	Standard requirement	Assurance standard is met through:
		point evaluation by both the student and the placement supervisor. Academic components of the WIL placement such as assessment items are subject to academic policies that apply to all other ICMS subjects. Academic staff monitor the achievement of learning outcomes as per the provisions of the Employability Policy and Employability Procedures – Work Integrated Learning through academic leads for WIL subjects.
5.4.2	When a course of study, any parts of a course of study, or research training are delivered through arrangements with another party(ies), whether in Australia or overseas, the registered higher education provider remains accountable for the course of study and verifies continuing compliance of the course of study with the standards in the *Higher Education Standards Framework* that relate to the specific arrangement.	Application of Employability Policy and Employability Procedures – Work Integrated Learning ensures compliance with the *Higher Education Standards Framework* where students undertake subjects offsite at WIL placements. The ICMS' Transnational Education Policy ensure that ICMS maintains full control of, and accountability for, courses delivered through or with the assistance of offshore transnational education partners and that such arrangements comply with the *Higher Education Standards Framework*.

APPENDIX B – Board of Directors' Decision-Making Protocol for Accrediting Courses Within SAA Scope

Decision-making protocol for accrediting courses with regard to Part A of the Higher Education Standards Framework (Threshold Standards) 2021			
#	**Standard Requirement**		**Met ☑**
5	**Institutional Quality Assurance**		
5.1	Course Approval and Accreditation		
5.1.3	A course of study is approved or accredited, or re-approved or re-accredited, only when:		
5.1.3.a	the course of study meets, and continues to meet, the applicable Standards of the Higher Education Standards Framework	The 'Framework demonstrating compliance with applicable course accreditation standards when exercising self-accrediting authority' demonstrates how governance and policy frameworks and process, and effective operational management ensure compliance with applicable standards within Domains 1, 2, 3 and 5. The course proposal and supporting documentation demonstrates that relevant standards are met – see also 5.1.3.b below.	☐
5.1.3.b	the decision to (re-)approve or (re-) accredit a course of study is informed by overarching academic scrutiny of the course of study that is competent to assess the design, delivery and assessment of the course of study independently of the staff directly involved in those aspects of the course, and	Board of Directors' accreditation decisions are informed by competent academic scrutiny independent of staff involved in design, delivery, & assessment, through: • Involvement of internal staff in review and approval process not directly involved in the course, as members of the Course Development and Advisory Committee (CDASC), Course and Subject Committee, and Academic Board. • At least two independent external academic reviews of the course by experts in the discipline/Field of Education (FoE). • Independent external academic reviews of subjects that comprise the course by experts in the discipline/FoE. • CDASCs include independent external academic members with discipline/FoE expertise. • The Academic Board membership includes independent external members with senior academic experience, including discipline/FoE expertise.	☐
5.1.3.c.	the resources required to deliver the course as approved or accredited will be available when needed.	The governance and policy frameworks and process, and effective operational management assures the Board of Directors that course resourcing is appropriate for delivery. Documentation presented as part of the course proposal package demonstrates that relevant standards in Domains 2 Learning Environment, 3.2 Staffing and 3.3 Learning Resources and Support are met. The course proponent & Managing Director & President can also provide assurance that these standards are met.	☐

For initial accreditation of courses

Decision-making protocol for accrediting courses with regard to Part A of the Higher Education Standards Framework (Threshold Standards) 2021		
3	**Teaching**	
3.1	Course Design	
3.1.5	**Professional accreditation status**	
	Does the course require professional accreditation for graduates to be eligible to practice:	Yes ☐ No ☐
	If no, the course is granted unconditional accreditation	Unconditional accreditation ☐
	If yes, the course is granted provisional accreditation with no enrolments before professional accreditation is granted, except where the accrediting body requires a course to have commenced and/or to have graduates as a condition of accreditation. Conditional accreditation will be granted upon written confirmation of professional accreditation status.	Provisional accreditation ☐
	For newly accredited course where professional accreditation is required for graduates to be eligible to practice, written confirmation is provided of professional accreditation status enabling the granting of conditional accreditation. Conditional accreditation means the accreditation of the course is contingent upon the course maintaining its professional accreditation.	Conditional accreditation ☐

For reaccreditation of courses

Decision-making protocol for accrediting courses with regard to Part A of the Higher Education Standards Framework (Threshold Standards) 2021		
3	**Teaching**	
3.1	Course Design	
3.1.5	**Professional accreditation status**	
	Does the course require professional accreditation for graduates to be eligible to practice:	Yes ☐ No ☐
	If no, the course is granted unconditional accreditation	Unconditional accreditation ☐
	If yes, the course is granted conditional accreditation, with accreditation contingent upon the course maintaining its professional accreditation status.	Conditional accreditation ☐