



**Academic Governance and
Quality Assurance:
Good Practice for NSAs**

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Introduction

This document is a good practice manual for Australian Non Self Accrediting Institutions (NSAIs) which provides advice in relation to their governance and management. It uses as a framework the *Guidelines for the registration of non self-accrediting higher education institutions and the accreditation of their course/s (relating to National Protocols A and B)* (Ministerial Council for Education Employment and Youth Affairs (MCEETYA) 2007). All NSAIs are required to have reached a minimum level in these areas to achieve registration as a Higher Education Provider (HEP). Recent audits by the Australian Universities Quality Agency (AUQA) have identified specific areas for improvement which include corporate governance, academic governance, human resources and educational assessment (Winchester, 2009).

The focus for this document is academic governance and quality assurance, i.e. section 17.6 of the *Guidelines*. Reference is also made to section 17.3.1 which deals with the relationships between corporate governance and academic governance, in particular the delegation of academic governance to an appropriate body, usually the Academic Board. Strategic planning is also considered because of its key importance in an institution's quality management system; the relevant section of the *Guidelines* is 17.4.1. Section 17.6 of the *Guidelines* entitled 'Academic governance and quality assurance' contains six sub-sections relating to the academic board, use of data, academic policies, stakeholder feedback, benchmarking and consistent standards. For convenient reference, the MCEETYA *Guidelines* are reproduced at Appendix A.

The Australian Ministerial Council for Tertiary Education and Employment (MCTEE), which held its inaugural meeting in September 2009, expects higher education institutions to focus on the continuous improvement of their teaching and learning to provide quality outcomes for students and academic standards comparable with Australian universities.

Australia has approximately 170 NSAIs registered with various Government Accreditation Authorities (GAAs) in the states and territories. 75 of these are registered with the Department of Education, Employment and Workplace Relations (DEEWR) as eligible for FEE-HELP, and are termed 'higher education providers' (HEPs). In order to qualify for FEE-HELP a HEP is subject to a quality audit once every five years. As a group they are heterogeneous in their age, size and institutional and educational objectives. The good practice advice in this document requires flexible interpretation to suit the particular contextual needs of any one institution in supporting sound academic governance and quality assurance.

Corporate Governance and Academic Governance

There is an important distinction between **corporate governance** and **academic governance**. Corporate governance is primarily concerned with an institution's legal and financial standing, planning, compliance and reporting, which is the core responsibility of the Governing Council or Board of Directors (a more common term). In an NSAI, a Board of Directors generally has one or more directors with extensive and senior experience in higher education. This is critical in assisting all members of the Board of Directors to understand the higher education environment and the need for developing sustainable business models for higher education, which focus on quality and continuous improvement in tandem with financial viability. Academic governance is concerned with the integrity of the core higher education activities of teaching and scholarship and in particular the structures, policies and processes which ensure quality outcomes. In general, these academic functions are delegated to the Academic Board by the Board of Directors/Council.

The Academic Board therefore has decision-making powers over academic matters, on which it reports to the Board of Directors. In NSAI one member of the Board of Directors is usually also a member of the Academic Board. The Academic Board is not usually chaired by the CEO or a director, although generally the CEO is a significant member of the Academic Board.

The roles and reporting relationships between the Board of Directors and the Academic Board need to be clearly stated in the terms of reference of each body (Institute for Higher Education, UK).

<http://www.lfhe.ac.uk/governance/aboutgovernance/notionsofacademicgovernance.html>.

The Institute for Higher Education in the UK considers that academic governance may be either narrowly defined as the key academic issues of curriculum, course approval, course review and the ensuring of standards, or more broadly defined as all issues of governance which are directly related to the academic enterprise, for example to include staffing appointments and student welfare. The Institute considers a pragmatic definition to be that academic governance encompasses the responsibilities and work of the Academic Board and its committees. In this manual it is considered to include the policies, systems, strategies and resources to ensure academic standards and continuous improvement.

Organisation of this document

The issues of academic governance are considered under seven sub-headings, each of which relates to one sub-section of the *Guidelines*. These are:

- Academic Board
- Strategic planning
- Use of data
- Academic policies
- Stakeholder feedback
- Benchmarking academic performance
- Consistent academic standards.

Each section is organised to include the relevant section from the *Guidelines*, a list of key issues and useful references. Particular use has been made of AUQA's Good Practice database (GPDB), although because of the very recent inclusion of the NSAs in AUQA audit schedules, most of the examples come from the university sector rather than from the NSAs themselves. It is anticipated that as contributions from NSAs grow the GPDB will become even more valuable as a reference for all NSAs in continuously improving their organisations.

In this document the term 'Academic Board' is used throughout to include any equivalent body.

1. Academic Board

Requirements of the *Guidelines*

Section 17.6.1 of the *Guidelines* states:

17.6.1 The institution has academic governance arrangements, such as a properly constituted academic board and/or course advisory committees, which provide the institution with access to expertise to ensure that standards are comparable with Australian universities.

The type of supporting information required for registration of a HEP includes:

- ***Terms of reference of academic governing body and/or course advisory committees highlighting meeting frequency, sub-committee structure/s, procedures for appointing members, reporting lines, and responsibilities***
- ***Membership of academic governing body and/or course advisory committees, with details of qualifications, current employment, experience and expertise of members.***

A related point is the delegation of academic governance to an appropriate body which is contained in 17.3.1 of the Corporate Governance section of the *Guidelines*, which is cross-referenced to section 17.6 and states:

17.3.1 The institution has a legally constituted governing body which has responsibility for oversight of all of the institution's activities including conferral of its higher education awards and the delegation of academic governance to an appropriate body (see requirements under 17.6 below).

Discussion

Role of an Academic Board

There is a considerable literature on the role and function of Academic Boards in universities, including a review of the AUQA audits by Dooley (2007) which emphasises AUQA's concern about the effectiveness of the Board in maintaining academic standards.

<http://www.auqa.edu.au/qualityenhancement/publications/occasional/publications/>

Academic Boards vary considerably in nomenclature, size and role. Most providers in Australia have some form of Academic Board structure. Whatever the nomenclature used, the Academic Board is seen as having a key role in setting academic policy and procedures, and in maintaining academic standards. The maintenance of standards was traditionally achieved through the Board's role in considering examination results. As institutions

increase in size, this specific role has in some cases been delegated to course committees. At the other end of the size spectrum, NSAI with limited higher education offerings may also have examination results and student feedback examined by a course advisory committee. However course committees are generally advisory and do not make policy. In the majority of NSAI it is the Academic Board which has a broader remit, with oversight of trends and comparisons to identify areas of difficulty and decision-making capability to put processes in place to effect improvement internally within its student enrolment cohorts.

A functional Academic Board will also be informed about the broader Australian higher education context and will be aware of, and involved in, discussion and collegial debate which develops the higher education sector. Academic boards have a key role to play in providing academic leadership within all of the academic activities of the provider. Most importantly the Academic Board is responsible for the development of a culture of scholarship within the organisation. The absence or poverty of such a culture is currently an area requiring significant strengthening in many NSAI.

Academic boards are usually expected to steer the academic community and to manage the institution's academic quality system so that the governance processes are in place to ensure, for example, that teaching and learning approaches are defined, staff are employed with the appropriate qualifications (one AQF level higher than that being taught), and academic policy is developed and effectively monitored. Academic Board should oversee the institution's range of academic activities, including student grievances and assessment processes and student feedback activities, within a culture of continuous improvement.

Membership of Academic Boards

The university Academic Board evolved from a 'Professorial Board', consisting of all the professors in the university, when there might have been one professor per department. In this way, the professoriate set the academic direction, standards and policy for the institution. Given this peak role in academic governance, there is an expectation that board membership is at an appropriately senior level, i.e. Academic Board has members who have worked at senior management levels in Universities or other institutions, and that their experience is current. For smaller NSAI, this seniority and experience is often provided by one or more external University academics. In many cases external academics chair Academic Boards or are involved on the board, which usually has a mix of internal staff and external members. It is essential in these circumstances to ensure such members are fully engaged, attend regularly and contribute effectively. It is very important that the Academic Board takes a leadership role in effecting a knowledge transfer between the external membership and internal staff to develop a broader awareness of the higher education environment within the organisation.

In some providers, the whole Academic Board consists of external members from different universities, together with the dean of teaching and CEO. In other cases there are very small Academic Boards, which also generally meet with one or two senior members of staff. These models could limit the usefulness of Academic Board in carrying out its leadership role. In some cases, Boards of Directors perceive that the Academic Board has too much power, particularly in relation to resourcing and decision making. However, as Academic Board's authority is delegated from the Board of Directors and there is generally a member of the Board of Directors on the Academic Board, the clarity of roles and decision making powers should not be problematic. A further protection is that providers generally have a dispute resolution clause in the Academic Board terms of reference.

Some providers have some reservations about having too many internal staff on the Academic Board. In a traditional university, a large number of relatively senior academics have attended Academic Board, which has generally been used as an academic forum for discussion and debate. In recent years there has been a trend away from the very large university academic boards of over 100 staff to smaller and more streamlined groups of 30 or 40. In NSAI, smaller and more varied models of Academic Board are also emerging. In the establishment or operations of an Academic Board, it is critical that a provider consider how the Academic Board as the peak academic body will develop a culture of scholarship in the organisation, and will take responsibility for the communication and discussion of academic policy within the organisation.

Academic Board Committee Structures

In traditional university Academic Board structures, the Academic Board is underpinned by a series of committees which meet regularly and undertake most of the leg work for Academic Board. In an NSAI, an Academic Board and committee structure must evolve in a way which suits the needs of the higher education activities of the organisation. The committee structure developed by each provider will be different, but can include: examinations and appeals, assessment, quality and teaching and learning committees. In larger institutions these sub-committees, in a practical sense, make sure things get done, and they provide reports to the Academic Board. In smaller providers the bulk of academic activity generally rests with the Academic Board and an ad hoc sub committee may be set up to deal with a particular issue or project.

There is no one model for an effective Academic Board and different models of academic governance are emerging in the non self accrediting sector. It is also important in considering models of Academic Board and committee structures, to determine the best form of academic governance for a particular type and size of organisation. For example, a small provider should preferably have a simple and streamlined governance and committee structure to support its activities and to ensure that excessive staff time is not spent in

committees, but rather is more fruitfully employed in teaching and scholarship as the core activities of the organisation.

Academic Board and the Academic Workforce

Most private providers have an academic workforce which teaches part-time while maintaining strong links to industry. It is important to develop mechanisms to support and include these academic staff in the institution's educational objectives through strategic planning, reporting against KPIs and participation in review and monitoring of academic progress. The Academic Board must also consider this workforce in the development and implementation of academic policy, and ensure that policy and practice supports the provider's academic aspirations, activities and academic workforce.

Academic Board governance of the Quality Management System

Academic Board is generally responsible for overseeing the quality and continuous improvement of all academic activities of the provider. How the Board manages these activities varies across institutions. Nonetheless the elements of the Quality Management System (QMS) generally include strategic plans, operational plans, performance indicators and review processes, which are at various stages of development in different institutions. The Board leads the major elements of the QMS which include academic quality assurance, support, development and monitoring. Academic Board should receive regular reports on key performance indicators (KPIs), which should be relevant to teaching quality and learning outcomes. Furthermore it is essential that the members of the Academic Board understand what the KPIs are measuring so they can analyse them for improvement purposes.

Academic Board Appointments

Appointments of external members to boards should broadly reflect the diversity of the population as well as seniority and academic experience. HEPs are increasingly seeking out members who have experience in more than one type of tertiary institution to provide valuable benchmarking and knowledge transfer. Gender balance is another consideration in the appointment and operation of Academic Boards and in all Councils and Boards of Directors. The appointment of women to boards and committees remains a particular challenge in some theological colleges. It is good practice that provider governance structures reflect and are representative of the rich diversity of the Australian higher education sector.

Relationship with the Quality Audit Factors

QAF 1.5 'good practice in governance' is currently very broad and covers many aspects of both corporate governance and academic governance, but without explicit mention of the Academic Board.

A recent review of the first ten audit reports of NSAI included a number of recommendations or affirmations about the Academic Board. The issues identified focussed mainly on the composition of the Board and its role in academic oversight and policy. These concerns, for example, are encapsulated in an urgent recommendation from one audit 'that the College review the composition and role of the Academic Board with a view to its having a strong and senior membership commensurate with its academic oversight responsibilities'.

Key issues

- 1. Relationship with the Board of Directors.** The relationship with the Board of Directors needs to be clearly documented in the terms of reference of both bodies, particularly the delegation of academic governance so that the Academic Board has some independence and decision-making responsibility for academic issues. Dispute resolution processes must be clearly articulated.
- 2. Ensuring standards.** The protocols require NSAI to ensure parity of standards with Australian universities, which would usually be achieved through the Academic Board by including external academic membership and senior internal membership. This may also facilitate benchmarking and knowledge transfer between the SAI and NSAI sectors.
- 3. Quality Improvement.** The terms of reference, committee procedures (including frequency of meetings and quorum) membership (including method of election/appointment) and effectiveness should be regularly monitored to ensure they continue to be relevant as an aid to continuous quality improvement. In some NSAI this monitoring is undertaken at a number of levels for example, through an annual review of Board performance, and reviews of achievement against strategic plans, academic risk management approaches and other planning frameworks.
- 4. Use of evidence.** In its focus on academic standards and continuous improvement, it is expected that the Academic Board will promote a culture which is evidence led, and uses appropriate data, feedback and benchmarking.
- 5. Course approval and review.** It is expected that the Academic Board will have a key role in course approval and review, either directly or through an appropriate sub-committee. The accreditation of all programs in NSAI is undertaken by the relevant State Government Accrediting Agency (GAA).

6. Quality Management System (QMS). Because of its central role in maintaining standards, the Academic Board is the lynchpin of the institution's academic QMS. The QMS is a systematic approach to managing quality within an organisation and is sometimes referred to as an internal quality assurance system. The Council for Higher Education in South Africa has a useful definition of the main elements of a QMS:

Quality management contains a number of elements of institutional planning and action to address issues of quality. These could include institutional arrangements for:

- ***Quality assurance – the policies, systems, strategies and resources used by the institution to satisfy itself that its quality requirements and standards are being met;***
- ***Quality support – the policies, systems, strategies and resources used by the institution to support and sustain existing levels of quality;***
- ***Quality development and enhancement – the policies, systems, strategies and resources used by the institution to develop and enhance quality; and***
- ***Quality monitoring – the policies, systems, strategies and resources used by the institution to review, monitor and act on quality issues.***

These dimensions of institutional quality management cover aspects of input and process as well as outputs and outcomes. (Council for Higher Education and Higher Education Quality Committee, 2004).

Woodhouse (2006) suggests that a fully developed QMS will need to include the following characteristics:

- A specification of scope (e.g. scholarship, research, teaching, governance, staff development and support)
- specification of the coherent inter-relation of these factors
- for each factor in the scope a specification of the nature and implementation of the “quality loops” or method, (e.g. ADRI)
- principles/processes and responsibilities.

The (O)ADRI model ((Objective) Approach, Deployment, Results, Improvement) is a tool that can be used in developing the QMS. An example of an (O)ADRI approach is given in the following example from the University of Technology, Sydney.

Good practice examples

The AUQA Good Practice database provides a number of examples related to the Academic Board.

University of Technology Sydney. One such is the Academic Board Quality Management Framework from the University of Technology, Sydney:

http://www.auqa.edu.au/gp/search/detail.php?gp_id=2754

The UTS quality framework aims to ensure that the institution's academic goals are being achieved and to structure continuous improvement. Part of the ongoing work included information for Academic Board members and an induction kit, which is accessible on the University's website:

<http://www.gsu.uts.edu.au/academicboard/infokit/academicboardinfokit.pdf>

Massey University, Te Kunenga ki Purehuroa. A second example from the AUQA Good Practice database is entitled Academic Policy Formation: Collegial Participation in University Governance from Massey University, Te Kunenga ki Purehuroa

http://www.auqa.edu.au/gp/search/detail.php?gp_id=1477

This good practice example comes from a New Zealand University, and although ostensibly mainly concerned with 'academic policy formation', it is fundamentally about the role, composition and effectiveness of the Academic Board and its relationship to other committees.

Avondale College. Many NSAI do not show their academic governance structures on their WebPages, nor the membership and terms of reference of the Academic Board. Avondale College is an NSAI with a well developed Governance structure:

http://www.avondale.edu.au/information::Administrative_Structure::governance/#Structure

This web link states clearly 'Council has delegated to the Academic Board the management of the academic programs of the College, including determination of academic policy and approval of the structure and content of courses.' Furthermore it states that 'The Avondale Academic Board has ultimate responsibility for the academic program. Within the institution the Academic Board is responsible for academic policy and for the planning, development and operation of undergraduate and postgraduate programs.'

College of Law, New Zealand. The College of Law, New Zealand, which was commended for its institutional governance, is one NSAI which lists its Academic Board and Terms of Reference on its website:

<http://www.collaw.edu.au/About-Us/Governance/Academic-Board/>

Southern Cross University. An example of the terms of reference (in this case called 'the rules') of an Academic Board and its membership is that of Southern Cross University:

<http://www.scu.edu.au/governance/academicboard/> under the links 'Academic Board Rules' and 'Academic Board Standing Orders'.

The 'rules' show:

- a clear delegation from and reporting to University Council
- a broad remit on any academic matter with particular regard to quality assurance (including some staffing matters)
- a balance between ex-officio and elected members,
- provisions for appropriate seniority and gender balance of members, and
- a number of sub-committees.

The detailed meeting protocols for Southern Cross University's Academic Board are contained in a separate document of Standing Orders. These include details of the number of meetings and the quorum required for each. NSAI which have smaller Boards with more external members could usefully also include rules about attendance to require that members are actively and effectively engaged.

2. Strategic Planning

Requirements of the *Guidelines*

Section 17.4.1 of the *Guidelines* states:

17.4.1 The institution has a current strategic plan which is approved by the governing body, is well understood by stakeholders and indicates that the institution has clarity about its future directions.

The type of supporting information required for registration of a HEP includes:

- **The institution's strategic plan covering at least the next three years and details of the planning, dissemination, monitoring and reporting processes associated with the strategic plan.**

Discussion

In the competitive higher education environment it is important that all institutions have a strategic plan which outlines the institutional objectives, mission and vision and the relevant strategic objectives of the provider. Many providers have aspirational plans which may never be achieved. Ideally, aspirations need to be tempered with realism, possibly by considering both long-term and short-term goals. Some providers, for example, have the aspiration to be a self accrediting provider in the long term, but have given insufficient consideration to the immediate and intermediate steps required to achieve this aspiration. The continuous monitoring of strategy will assist in developing realistic planning horizons.

The institution's strategic plan is approved by the Board of Directors whose goal of achieving strategic priorities is supported by resource allocation and guided by risk management. An institution's strategic plan should be a living corporate document which is regularly monitored and updated according to the achievement and aspirations of the provider. AUQA audits have seen examples of providers with strategic plans which are complex, over-elaborate and difficult to understand. It is important that plans are developed which suit the needs of the organisation and are not just developed for the sake of planning, but then left unregarded.

Staff also need to understand the strategic plan and the educational objectives of the organisation. Increasingly, organisations consult widely in the development of their plans,

and involve staff in strategic planning processes, through, for example, planning retreats, workshops or annual strategic planning days.

Strategic plans at the institutional level are translated into operational plans with strategies and initiatives, responsibilities and timelines. Operational plans may focus on particular aspects of the institution's activities such as teaching and learning or the student experience, which are particularly relevant to the remit of academic boards. The development of a measurable key performance indicator framework which underpins strategic and operational plans is also highly desirable to allow for the measurement of achievement within the institutional planning framework.

Relationship with the Quality Audit Factors

Aspects of the use of data for planning are included as parts of QAF1 and QAF4:

- Educational objectives are reflected in QF 1.2 'The institution's educational objectives are known and understood throughout the organisation, are consistent with its stated purposes and are actively used as guides for decision-making and resource allocation'
- Planning and Managing for Quality are reflected in QAF 4, in QAF 4.5 and 4.6:
 - The institution gives priority in its strategic planning and budgeting processes to the achievement of its institutional and educational objectives; and
 - Leadership at all levels is committed to planning and managing processes for continuous quality improvement, based on the results of the processes of inquiry, evaluation and assessment throughout the institution.

The first ten audit reports of NSAs acknowledged that there were few obvious commendations for strategic planning, while a number of recommendations referred to aspects of the strategic planning process, including the use of KPIs and effective reporting.

Key issues

1. **Evidence based.** An evidence-based approach to planning is essential. Plans and strategies need to be based on fact and data rather than anecdote, including the types of data discussed in the next section.
2. **Sustainable and relevant.** The strategic planning framework an organisation develops must be relevant to its educational objectives. Strategic planning must be sustainable and not over-complicated, so that the planning effort should not overwhelm the day-to-day operations of the organisation and the achievement of its educational objectives.

3. **Regular reporting.** Data reports need to be produced and analysed regularly, at least annually, in order to support the development of the provider's strategic plan and the monitoring of achievement including the identification of strengths and areas for improvement. These data generally form a substantial subset of the KPIs used to measure institutional and educational objectives.
4. **Ongoing strategy development.** As with even the best plans, directions change and some goals are achieved and some are not. It is important that strategic plans are regularly reviewed and revised as the organisation evolves.
5. **Action for improvement.** Consideration of data should lead to agreed and documented actions. Clear allocations of responsibility within the planning framework, accountabilities, resources and timelines are key to the achievement of educational objectives.

Good practice examples

The AUQA Good Practice database provides a number of examples related to annual data reporting. Unfortunately, as yet, the good practice database has no examples of good practice in strategic planning for NSAI. The following examples are from large institutions and have been developed to suit the achievement of the educational objectives and operating culture of each University. Elements of good practice may be derived from both models.

Deakin University. Deakin University in Melbourne has an extensive and well developed integrated planning, resourcing and quality framework.

Strategic and operational planning processes have been implemented to ensure that every aspect of Deakin University's activities is emphatically focused on advancing the University's mission, goals and core commitments. The creation of this process has provided the University with a comprehensive quality framework.

More detailed information is available from:

www.deakin.edu.au/vc/planning-reporting.php

The Deakin approach to strategic planning is comprehensive and has been developed to suit the needs of the organisation.

Queensland University of Technology. The goal of Queensland University of Technology's (QUT's) planning framework is to ensure that strategic planning is directed towards the attainment of the University's mission and ambitions. QUT operates a strategic planning cycle which involves four major levels:

- QUT Institutional Plan (QUT Blueprint) which sets the directions for the entire University
- five-year strategic planning for top-level functions
- three-year planning and budgeting for organisational units and some functional activities
- individual staff performance planning and review in the context of University and organisational unit plans.

For further information on these see the web site:

http://www.mopp.qut.edu.au/A/A_02_02.jsp

QUT has cultivated a culture of integrated and multilevel planning, performance and reporting over a period of many years. The support and commitment of QUT Council and senior management to the strategic planning process has been instrumental in nurturing that culture. The development of the QUT Blueprint in 2003 allowed a realignment of the planning framework to link the University's top-level plans more directly to strategic priorities, and to clarify through faculty and division planning the contributions that these areas make to strategic priorities. A suite of KPIs supporting the strategic priorities of the QUT Blueprint have focused the University's efforts since 2004, and by cascading these indicators to faculty and division level the contributions of these areas can be measured.

3. Use of Data

Requirements of the *Guidelines*

Section 17.6.2 of the *Guidelines* states:

17.6.2 The academic board and/or course advisory committees consider and act on relevant data such as teaching evaluations, student feedback, student attrition, progress rates, grade distributions, course completions and graduate satisfaction.

The type of supporting information required for registration of a HEP includes:

- **Details of survey tools and examples of data collected and analysed to enhance quality.**

Discussion

Quality assurance is increasingly focussed on quality outcomes and standards rather than inputs and processes (although these continue to be important). A focus on standards requires use of objective data. The data specified in Section 17.6.2 are of three types:

- student and graduate evaluations
- a suite of viability indicators routinely used in the university sector which include access and participation, attrition, retention and success rates
- grade distributions for subjects and courses.

NSAIs do not have a tradition of generally available extensive and robust data nor have they traditionally been participants in HE sector-wide surveys. Other types of quantitative data of general use and applicability include the student and staff profile of the institution, budgetary and financial information and trends, usage statistics and evaluation of services and research outputs. Information standards require a great deal of immediate attention. Institutions need data for self-knowledge, so they know how well they are performing, so they can plan and act to improve, and so they can evaluate the effect of such actions.

Relationship with the Quality Audit Factors

Aspects of the use of data for quality improvement are included as parts of QAF2 and QAF4:

- Student and graduate evaluations are encapsulated in QAF2.5 'monitoring student satisfaction and acting on feedback' and QAF2.6 'Monitoring graduate and employer satisfaction and acting on feedback'.
- Some viability indicators are explicitly included in QAF2.1 'monitoring admission and progress to maintain standards', and in general terms, QAF2.4 'student achievement consistent with educational objectives'.
- Grade distributions and the measurement and analysis of student achievements are not explicitly mentioned in the QAFs, but could be generally considered under QAF 2.4 'student achievement consistent with educational objectives' and QAF4.2 'QA processes collect evidence in relation to educational objectives'.

The first ten audit reports of NSAI were generally critical of the limited use of data relating to student satisfaction, of the lack of standard evaluation instruments and of the lack of evidence of continuous improvement arising from actions taken on student feedback. They made little mention of grade distribution data (because whilst this is related to consistency, it rarely gives evidence of standards achieved in relation to other institutions or external factors).

Key issues

1. **Evidence based.** An evidence based approach to planning and implementation is needed, where decisions are made using the available data. This can include trend data and benchmarking data shared between other providers and benchmarking groups.
2. **Regular reporting.** Data reports need to be produced and analysed regularly, at least annually, in order to identify strengths and areas for improvement in the performance of courses and other aspects of the student experience. Such data may form a subset of the Key Performance Indicators used to measure institutional and educational objectives.
3. **Developing KPIS.** Once a planning framework has been established a suite of key performance indicators needs to be developed which measures the outputs and achievement of the educational objectives and directions of the organisation. These KPIs should be regularly monitored by the Academic Board in its governance role.
4. **Trends and comparisons.** The data reports should allow for trends over time and for comparisons between cohorts of students, such as domestic and international, and courses and faculties (if appropriate).
5. **Standard reports and instruments.** Where possible an institution should make use of standard reports and instruments, if possible those used sector-wide or under

development by industry bodies or discipline groups, in order to minimise busy work, eliminate duplication and enable comparisons to be made both within and between institutions.

6. **Action for improvement.** Consideration of data should lead to agreed and documented actions, with clear allocation of responsibility, resources and timelines in order to improve standards, course outcomes and student satisfaction.
7. **Completing the feedback loop.** Students should be advised of changes made in response to their feedback, even if that cohort does not benefit directly. This helps prevent survey fatigue and improves satisfaction.

Good practice examples

The AUQA Good Practice database provides a number of examples related to annual data reporting.

The Auckland University of Technology. The process of Programme Annual Reporting and Quality Assurance in place at the Auckland University of Technology is listed at:

http://www.auqa.edu.au/gp/search/detail.php?gp_id=2913

This is a faculty-based annual reporting process which aims to understand the state of each of the institution's courses and to focus on continuous improvement of learning and teaching. It is a manual process which is time-consuming but which uses a set template to enable comparisons between courses and over time. The templates are seen as key documents in quality assurance and audit.

University of Technology Sydney. A second example of an Online Business Intelligence and Scorecard to Monitor Course Quality, in operation by the University of Technology Sydney is listed at:

http://www.auqa.edu.au/gp/search/detail.php?gp_id=2768

The scorecard, using Cognos data cubes, provides a wide range of performance data to managers and staff on students (demand, load, satisfaction, success, etc), graduates (satisfaction, employment, etc), and courses (quality, viability), as well as research and staffing; and supports the UTS Key Performance Indicators (KPIs). A major initiative of the project is the UTS Course Performance Report (CPR), which provides annual tracking of the performance of degree courses against agreed standards (benchmarks) and targets. This example is also pertinent to Section 6.

4. Academic Policies

Requirements of the *Guidelines*

Section 17.6.3 of the *Guidelines* states:

17.6.3 The academic governance arrangements provide for the development, dissemination and monitoring of academic policies related to academic standards.

The type of supporting information required for registration of a HEP includes:

- ***Copies of key academic policies endorsed by academic governing body including student admissions, recognition of prior learning (RPL) and credit transfer, student progress and exclusion, assessment, academic appeals, student conduct, graduation, course approvals and course reviews.***

Discussion

The determination and approval of academic policy is seen as a key function of the Academic Board. The academic policies listed in Section 17.6.3 of the *Guidelines* are numerous and cover four main areas:

- Course approval and review
- Student conduct and appeals
- Policies on student admission, progression and graduation
- Assessment.

In many cases, sub-committees of the Academic Board are responsible for recommending such policies to Academic Board for approval. For example, there are often specialist sub-committees to deal with course approvals and reviews, or with teaching and learning matters. Generally, a number of policies may be collated to form a student handbook or a handbook for course approval processes, or these may be provided on an organisation's intranet.

Such policies form a partial subset of those required for compliance with ESOS and the National Code. Other academic policies include those relating to assessment and internal and external assessment processes, articulation and credit transfer between VET and HE, professional staff development, academic staff appraisal and workload policies.

Academic policies generally form a large component of an organisation's policy framework the academic policy component of which is overseen by Academic Board. Most policies have review and approval mechanisms built in and are generally updated on a five year cycle.

In higher education, many institutions build on policies from other institutions. If the provider is to do this, it is recommended that the provider mention the policy's origin. The borrower should ensure that the policy reflects its current and correct organisational details.

Many providers are building policy registers in their intranets for all staff to access, which is helpful, but policies need to be relevant and up to date. The challenge with any policy framework is in the implementation of policy and this is particularly so within NSAI and in informing and implementing policy given a large dependence on an industry-based and part-time teaching workforce. It is important that all academic staff are aware of the institution's main teaching and learning policies.

Ensuring the quality and currency of policies and procedures is often achieved by recording on each policy the policy owner, the approval committee, the approval date and its review date. This information is often provided on the cover page of the policy or procedure or contained within the policy register.

Relationship with the Quality Audit Factors

The presence of adequate academic policies is implied in QAF2 'Achieving Effectiveness in Teaching, Learning and other Core Functions' but is not explicit. QAF2.1 requires the institution to monitor admission and progress, and QAF2.3 for the institution to take full responsibility for all its courses. QAF2.4 is very broad requiring the institution to have processes in place to ensure that 'student achievement is consistent with its stated objectives' which will inevitably include measurement of that achievement through assessment.

Nonetheless the QAFs are not explicit in specifying policies for course approval and review, student conduct and appeals, graduation or assessment. The first ten AUQA Audit reports of NSAI were particularly concerned with various aspects of assessment, including feedback on assessment, formative assessment and external moderation. Student conduct and appeals were not a major audit focus. Course approval and review is seen as a fundamental part of the institution's quality management system, but for NSAI, the process of course accreditation has been undertaken by the Government Accrediting Authorities (GAAs).

Key Issues

1. **Writing good policy.** It is essential that policies be easily understood, written in plain language and unambiguous. As a suite, policies should be comprehensive, while minimising gaps and overlaps. Good policy statements are pithy statements of principle, which are distinct from procedures, with items that are likely to change (such as fees) in a separate schedule.

Policies for an institution need to be collated in a policy register or handbook, often electronic, with careful version control and approval procedures: as already discussed, academic policies are usually delegated to the Academic Board. Policies should be regularly reviewed on an appropriate schedule.

2. **Consultation in the development of academic policy.** In the development of good policy it is imperative that all relevant stakeholder groups are consulted, particularly academic staff and (where relevant) students. The most effective policy has generally been developed through a robust consultation process.
3. **Student input and rights.** Academic policies should be designed with student input where possible, usually through membership of appropriate committees. Academic policies should safeguard the rights of students, for example through grand-parenting or 'no-disadvantage' clauses, whereby a student or equity group may be exempt from a policy for a certain period. The policies should also provide for recourse to an external impartial body.
4. **Course approval and review.** Policies for course approval and review form a key element of an institution's Quality Management System. Courses need to be designed in relation to learning outcomes, and course review based on data. Course review is normally annual or after each graduation cycle, with a major review every five years. NSAs need to have internal processes for cyclical review of programs for accreditation by the GAAs as well as processes to satisfy professional accreditation requirements of associations such as Nursing Boards, Teacher Registration Boards and the CPA.
5. **Student conduct and appeals.** An institution should have a student code of conduct or student charter which expresses mutual obligations between students and the institution.

Policy and procedures for student conduct and appeals should also comply with ESOS requirements, including due process, natural justice, fair advertising and provision for external arbitration.

6. **Admission, progression and graduation.** These are key aspects of the student lifecycle which must align with the requirements of the academic standards for various levels of the Australian Qualifications Framework (AQF):

<http://www.aqf.edu.au/Publications/tabid/196/Default.aspx#handbook>

and with ESOS guidelines if applicable.

7. **Assessment.** Assessment is the prime responsibility of the awarding institution in assuring academic standards. Assessment is an area which requires further attention by NSAs. Some of the desired features of assessment policy include:

- assessment is related to the measurement of learning outcomes
- there is formative as well as summative assessment sufficiently early in teaching periods for student improvement
- technologically assisted assessment is used
- there are links to academic integrity and anti-plagiarism policy
- external moderation is used.

Good practice examples

The Good Practice Database provides a number of examples in relation to the four types of academic policy as outlined in the Discussion. These are discussed below under each heading.

Course approval and review

The AUQA Good Practice database provides a number of examples related to academic policy.

Swinburne University of Technology. Course approval at Swinburne is cited as good practice, with a program of approval and reaccreditation over a five-year cycle. At reaccreditation, program performance data must be provided for parameters such as demand, load, progression, attrition, student and graduate satisfaction, and employment and further study outcomes.

http://www.auqa.edu.au/gp/search/detail.php?gp_id=3062

<http://policies.swinburne.edu.au/ppdonline/default.aspx?mode=glossary&word=Accreditation>

University of Southern Queensland. The program reaccreditation policy at the University of Southern Queensland has similarities but occurs on a seven-year cycle with a mid-term report and end-of-term review.

http://www.auqa.edu.au/gp/search/detail.php?gp_id=123

Student Conduct and Appeals

Guidance for policy in this area is contained in a Universities Australia document (2005):

http://www.universitiesaustralia.edu.au/content.asp?page=/policies_programs/teaching_learning/guidelines/index.htm

Admission, Progression and Graduation

The Australian Technology Network of Universities has produced a Standards Framework which has been adapted and customised by each of the five institutions. This example from Curtin University includes statements of intent by the University aligned with responsibilities, practices and policy documents. Policies related to the student life cycle are included in Standard 4 (students):

www.curtin.edu.my/T&L/doc/Curtin_Academic_Standards_Guide.pdf

Assessment

The University of South Australia has an extensive assessment manual which includes consideration of examinations, moderation, practicum and field placement as well as academic integrity (plagiarism):

<http://www.unisa.edu.au/policies/manual/default.asp>

5. Stakeholder feedback

Requirements of the *Guidelines*

Section 17.6.4 of the *Guidelines* states:

17.6.4 The institution has effective mechanisms to collect regular, valid and reliable feedback from stakeholders, such as students, graduates, staff and employers of graduates and effective mechanisms are in place to ensure that the feedback is acted upon to bring about improvements.

The type of supporting information required for registration of a HEP includes:

- ***Details of survey tools and examples of data collected and analysed to enhance quality***
- ***Examples of improvements made as a result of quality assurance processes (for existing institutions).***

Discussion

Most NSAI are relatively small and student-focussed and pride themselves on knowing their students and providing individual student support, leading to a quality student experience (Winchester, 2009). However, their feedback processes are often relatively informal. The first ten audit reports of NSAI showed that most institutions did not have common evaluation instruments or standard reports either for the measurement of student satisfaction or for stakeholder input. While a couple of NSAI were commended for their relationships with industry, more often recommendations were made for institutions to develop formal processes and regular surveys of their broad stakeholder groups.

Furthermore, in a number of cases the audit reports included recommendations for regular and systematic feedback to both staff and students as part of the cycle of continuous improvement.

Two of the first group of NSAI to be audited by AUQA received commendations for the use of particular evaluations of students or graduates. In neither case is information on these surveys publicly available on the institutions' websites. This is a large area for improvement within many NSAI.

Feedback can be collected in a variety of ways, and it is important that the results of surveys are integrated into the academic and other activities of the NSAI to develop continuous improvement loops. Many NSAI providers are only just beginning to use student feedback instruments, and to consider the continuous improvement benefits in surveying student cohorts. Further, only a few (generally larger) NSAI have considered or used the well established SAI survey tools such as the Australian Course Experience Questionnaire <http://www.graduatecareers.com.au/content/view/full/870> and the Graduate Destination Survey <http://www.graduatecareers.com.au/content/view/full/868> . In some organisations the small size of the student body does not encourage the use of formal survey tools, and feedback in these cases is less formally structured, for example in course committees or focus groups. It is important that the Academic Board is playing an active monitoring role in feedback, is aware of students' feedback and emerging themes; and is able to direct the correct resources and attention to implement plans for improvement.

Many NSAI are currently grappling with the challenge of establishing and building alumni associations and creating processes to capture this important group's feedback. Many NSAI are considering better ways to develop networks with their alumni and some providers are now using social networking such as *Facebook*, as a low cost and effective networking tool.

Relationship with the Quality Audit Factors

The QAFs include explicitly the monitoring of student satisfaction at QAF2.5, graduate and employer satisfaction at QAF2.6 and feedback from the broader group of stakeholders including staff, graduates, employers and practitioners at QAF4.4. The provision of feedback is explicitly expected as part of continuous quality improvement.

Key Issues

1. **Survey tools.** Survey tools need to be validated and replicable. Student evaluations generally comprise separate but related surveys of the subject and of the teacher. Subject and teacher evaluations allow immediate improvement whereas whole of course surveys are necessarily lagged. In addition, a number of surveys which are used across the university sector could be usefully extended to the NSAI. These include the Graduate Course Experience Questionnaire, the Graduate Destination Survey and the Australian Universities Survey of Student Engagement.
2. **Feedback loops.** It is expected that the collated results of surveys would be analysed and would form part of the data suite considered by Academic Board or appropriate sub-committees. Students should be told regularly of any improvements made as a

result of feedback. This can be by way of newsletters, student portals or course and unit outlines.

Good practice examples

The AUQA Good Practice database provides a number of examples related to stakeholder surveys and feedback.

Information on both the Graduate Destination Survey and Course Experience Questionnaire can be found at the Graduate Careers Australia website:

<http://www.graduatecareers.com.au/>

Student surveys

Edith Cowan University. Edith Cowan University uses a Unit and Teaching Evaluation Instrument:

http://www.auqa.edu.au/gp/search/detail.php?gp_id=2114

The instrument is a single, machine-readable instrument to provide an ongoing source of information about units and their teaching. It is used as a diagnostic tool, enabling staff to identify the strengths and weaknesses in the unit and their teaching, and regular reports are also used to monitor units and their teaching over time.

University of Tasmania. The University of Tasmania uses a similar Student Evaluation of Teaching and Learning but which has three elements, unit evaluations, teacher evaluations and course evaluations used for Honours and postgraduate coursework programs, where numbers in individual units are small. Questionnaires are analysed twice a year and results are posted on the website.

http://www.auqa.edu.au/gp/search/detail.php?gp_id=2313

Many other universities have similar systems in place.

Stakeholder evaluations

The AUQA Good Practice database provides a number of examples related to evaluations of stakeholder satisfaction.

Curtin University of Technology. Curtin uses a system known as eVALUate, which provides a suite of surveys to provide student, employer and graduate feedback. Feedback loops to students are embedded in the process. The system is available for inter-institutional benchmarking.

http://www.auqa.edu.au/gp/search/detail.php?gp_id=3089

The University of Newcastle. The University of Newcastle surveys staff using the Your Voice Staff Climate Survey:

http://www.auqa.edu.au/gp/search/detail.php?gp_id=3027

The Newcastle staff survey was used to gain staff input in a time of rapid structural change. Two surveys were conducted in 2003 and 2007 and a further survey will be conducted in 2010. Feedback was provided via an Action Plan to ensure improvements were tracked.

6. Benchmarking Academic Performance

Requirements of the *Guidelines*

Section 17.6.5 of the *Guidelines* states:

17.6.5 The institution has mechanisms for benchmarking its academic performance against other appropriate higher education institutions to identify and act upon areas requiring improvement.

The type of supporting information required for registration of a HEP includes:

- ***Examples of improvements made as a result of quality assurance processes (for existing institutions).***

Discussion

Benchmarking is a much-overused word. Garlick and Pryor (2004) state drily that many in the Higher Education sector seem to see benchmarking as a 'rather superficial tick-a-box template approach based around performance indicators'. They prefer a definition based on a learning process drawing on work by Jackson and Lund (2000:6):

Benchmarking is, first and foremost, a learning process structured so as to enable those engaging in the process to compare their services/activities/products in order to identify their comparative strengths and weaknesses as a basis for self improvement and/or self-regulation.

The challenge for NSAI lies both in the general lack of institution-wide data (see Section 3), and in the competitive commercial environment which may be antithetical to alliances between similar institutions to allow sharing of potentially sensitive indicators.

Many challenges are evident for NSAI in benchmarking, the lack of data being one. NSAI and industry groups are moving towards natural benchmarking groups where there is some homogeneity of structure or purpose. As benchmarking relationships have a large element of trust in their implementation, an element of co-opetition (cooperation and competition) is occurring with providers forming benchmarking partnerships in areas where they are not competing. Benchmarking is an area for improvement across the NSAI sector.

The regular reaccreditation process carried out by GAAs has elements of a discipline-based benchmarking process through the use of external peers. However, these processes are not

necessarily data-rich and comparisons may be relatively informal and based on individual knowledge rather than systematic.

Challenges are also emerging between NSAs endeavouring to establish benchmarking partnerships with universities and in some cases these partnerships are beginning to be established and emerge. A small number of providers are looking internationally and into other industries to develop their respective approaches to benchmarking.

Relationship with the Quality Audit Factors

QAF4.3 identifies benchmarking as part of the institution's quality assurance processes and requires the institution to consider and evaluate 'the quality of outcomes achieved (including rates of student retention, graduation, and employment or transition to further education), where appropriate by benchmarking these against appropriate comparators. It takes steps to improve these outcomes, as needed, at the whole-of-institution level, the organisational unit level, or both.' The QAFs, as with the *Guidelines* therefore have a clear focus on comparison for the sake of improvement.

The first ten audit reports of NSAs contained a significant number of recommendations for NSAs to commence or introduce benchmarking processes.

Key Issues

1. **Reliable comparative data.** The basis of benchmarking is reliable, valid and consistent data. This is an area which needs improvement at a sector and discipline level.
2. **Trust and building relationships.** To a large degree any benchmarking relationship is based on trust and mutual benefit. Finding and establishing benchmarking relationships between providers can be a major achievement in building a benchmarking relationship.
3. **Benchmarking for improvement.** Benchmarking needs to be undertaken with quality improvement in mind. This requires very close specification of the focus, indicators, strategies and dissemination of results, as well as tracking of outcomes.
4. **Demonstrating improvement.** A key focus of the *Guidelines* and of auditing for continuous improvement is the demonstrable production of results from the benchmarking process. A simple example is discipline-specific benchmarking where

an external review of a discipline by peers leads to recommendations, an action plan and improvement.

Good practice examples

The AUQA Good Practice database contains an example related to benchmarking.

Griffith University. Griffith University has adopted a benchmarking-driven approach to quality assurance and improvement:

http://www.auqa.edu.au/gp/search/detail.php?gp_id=3096

Griffith undertakes benchmarking at four levels: the HE sector, as whole of institution, discipline-specific and standards-based (e.g. from professional bodies). The University's approach to benchmarking has evolved substantially since its inception. Areas undertaking benchmarking typically decide: the benchmarking approach; its focus; improvement areas; strategies; comparisons; key learning(s); good practice indicators; resource indicators; and ways of disseminating the information.

7. Consistent Academic Standards

Requirements of the *Guidelines*

Section 17.6.6 of the *Guidelines* states:

17.6.6 The institution takes full responsibility for and ensures consistent standards for all courses which lead to a qualification it awards, including through specific strategies to monitor courses delivered offshore and those delivered through agents if relevant.

The type of supporting information required for registration of a HEP includes:

- ***Policies and procedures to assure quality of all courses including those delivered by agents and those delivered offshore (if relevant), such as policies and procedures relating to course consistency or equivalence and moderation of assessment.***

Discussion

Much of the discussion in this manual has been about academic standards in general. This guideline is particularly concerned with the consistency of standards across locations and teaching modes. Consistent standards are required for all courses which may be offered in a variety of ways, including courses provided offshore, through partners and through distance and flexible education. This requirement is clearly related to Section 4: Academic Policies of various types (including Assessment) and to the requirements of the ESOS Act. There are a number of intervention points when working to ensure course consistency, including the underlying course approval and review process (Section 4), control over curriculum and assessment, but also over admission requirements (Section 4) staff appointments and qualifications, and through feedback from stakeholders (Section 5).

While courses can be appropriately customised for the cohort and region of delivery, and the student experience may differ (e.g. a regional student studying in flexible mode will have a different student experience from one studying on a large metropolitan campus) they should achieve the same learning outcomes in both knowledge and skills.

The ESOS Act and the National Code have extensive requirements, set out in 15 standards for the consumer protection of international students studying in Australia, including the standard of marketing material, control and training of agents and requirements for both the policy framework and operational reporting.

Relationship with the Quality Audit Factors

QAF2.3 uses almost identical terminology to this requirement, and also makes specific mention of flexible delivery and technologically mediated instruction. Furthermore it states that 'where a course is delivered through a collaborative arrangement, the nature of that arrangement is clearly explained to prospective students'. The first ten audit reports of NSAI offered relatively little exploration of QAF2.3, although there were two commendations for effective systems of moderation.

Key Issues

1. **Measurement of equivalence.** Equivalence is multi-faceted and ranges from admission requirements to staffing qualifications. The evidence for equivalence comes not only from equivalent inputs and processes but also from outcomes as measured by analysis of cohorts e.g. international/domestic students.
2. **Legal compliance.** It is important that the policies and processes relating to international students, whether offshore or onshore, comply with State and Federal legislation relating to CRICOS, ESOS and the National Code and with requirements of GAAs. Penalties for non-compliance can be severe.
3. **Institutional academic oversight.** The offering of an institution's courses by partners or in other locations should be subject to the academic policy framework controlled by the Academic Board. It is highly recommended that all course approval processes follow the same mechanisms within the institution and that contracts are managed centrally for quality assurance purposes.

Good practice examples

The AUQA Good Practice database provides a number of examples related to standards and equivalence across locations. The three examples below apply to different circumstances including onshore and offshore delivery and delivery through partners and flexible delivery.

The University of Newcastle. The University of Newcastle has a policy framework for equivalence of standards at different locations and through partnerships and flexible delivery.

http://www.auqa.edu.au/gp/search/detail.php?gp_id=3031

Equivalence is maintained in a number of ways including:

- teaching staff employed by the partner must supply their CV to the University for approval;
- high standard and common format of course outlines;
- a site visit by the Program Convenor or nominee no less than twice a year in different teaching terms;
- common processes for assessment;
- examinations and assessment items sampled and moderated.

The University of South Australia. The University of South Australia has a comprehensive management system in place for quality assurance and equivalence of standards in transnational education:

http://www.auqa.edu.au/gp/search/detail.php?gp_id=1894

Quality assurance begins with the business development process and is then subsumed by the teaching and learning framework. Particular attention is paid to parity of academic and English language proficiency entry standards.

Central Queensland University. CQUniversity has developed an ESOS Manual which draws together all policies and procedures required for the institution to comply with the ESOS Act and National Code, and applies particularly to partnerships onshore involving the teaching of international students:

http://www.auqa.edu.au/gp/search/detail.php?gp_id=2583

The CQUniversity ESOS Manual includes clearly articulated duties for each partner in a 'Roles and Responsibilities' document that outlines communication protocols, standards of service and processes for teaching and assessment.

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Appendix A

Guidelines for the registration of non self-accrediting higher education institutions and the accreditation of their course/s (relating to National Protocols A and B)

Requirements

These sections provide details of the requirements which must be met for:

- registration of a non self-accrediting higher education institution (see Section 17);
- accreditation of a higher education course (see Section 18); and
- mutual recognition of a non self-accrediting higher education institution and its course/s in a
- secondary jurisdiction (see Section 19).

The requirements elaborate on the criteria presented in the *National Protocols for Higher Education Approval Processes*. The number of the relevant criterion or criteria in the National Protocols from which the requirements are derived is listed in brackets after the heading for each sub-section. Sections 17 to 19 also provide details about evidence to be presented by initial applicants in order to demonstrate that the requirements are met.

The requirements in Sections 17 to 19 have been written with a focus on outcomes and therefore some forms of evidence may not apply directly to green-field institutions, organisations moving into education provision for the first time, institutions moving into a new field of study/qualification level, or institutions moving from vocational education and training courses into higher education delivery for the first time. In these cases, it is essential for detailed plans to be submitted to provide evidence that planning has taken account of the requirements which must be met and that appropriate policies, procedures and financial and human resources are in place to support the achievement of those requirements. Assessment panels will need to be confident that there is sufficient evidence to indicate all requirements will be met in a reasonable period of time after establishment of the institution and/or its course/s.

17. Requirements for the registration of a non self-accrediting higher education institution

17.1 Fitness and legality (A1)³

Expected outcome: There is a legally accountable and reputable entity responsible for all higher education courses and delivery.

17.1.1 The institution is a legally constituted entity established and/or recognised by or under an Australian legislative instrument.

17.1.2 The applicant and the senior officers of the institution demonstrate that they are 'fit and proper' persons. (see Appendix 3)

17.1.3 The applicant discloses all details of the history of the entity, its predecessors and related entities, and its history of prior applications for approval to deliver education, and any prior involvement in education delivery indicates a track record of compliance and quality education provision.

17.1.4 The applicant undertakes to comply with relevant State/Territory and Commonwealth laws and regulatory requirements.

Evidence to be provided by initial applicants includes:

- Australian Business Number (ABN) of the institution
 - Australian Company Number (ACN), where relevant
- ³ Refers to the criteria or criterion in the *National Protocols for Higher Education Approval Processes* which relate to the requirements that follow.
- Copy of the certificate of registration of the company and business/trade name, where relevant
 - If an association, copy of certificate of incorporation and/or other documentation related to incorporation
 - If a statutory body, details of establishing legislation
 - Copy of constitution or equivalent
 - Details of the owner/s, shareholders (and their proportional shareholdings), members or directors (as relevant)
 - Copies of contracts with agents and/or other organisations involved in the delivery of the applicant's services in the primary jurisdiction and/or offshore (as relevant)
 - A signed declaration against the fit and proper person requirements in Appendix 3
 - A statement of previous history of the entity, its predecessors and related entities, and its history as any type of education institution, including all successful and unsuccessful applications for approval, both within Australia and overseas

- Declaration of compliance with key State/Territory and Commonwealth laws and regulatory requirements.

17.2 Goals and culture of the institution (A2, A3)

Expected outcome: The institution contributes to higher education outcomes in Australia and has a commitment to free intellectual inquiry.

17.2.1 Legal and public documentation of the institution clearly articulates a purpose focused towards higher education delivery even if this is not the only focus of the institution.

17.2.2 The mission and goals of the institution and its programs can be mapped broadly against the goals of Australian higher education as stated in Part 1 (Introduction) of the *National Protocols for Higher Education Approval Processes* and no goal of the institution is incompatible with the goals of Australian higher education.

17.2.3 The institution has policies, procedures and practices in place which encourage academic integrity and honesty as well as free intellectual inquiry in the teaching, research (if relevant) and scholarship activities of the institution.

Evidence to be provided by initial applicants includes:

- Statement of mission and goals for institution, together with a record of their approval by the relevant body
- Public documentation such as website, prospectus and advertising material of the institution, showing mission, purpose and programs
- Explanation of how the mission and goals of the institution and its programs map against the goals of Australian higher education
- Copies of academic policies and procedures which relate to academic integrity and honesty, and free intellectual inquiry with examples of how these policies are implemented and understood by staff.

17.3 Corporate governance (A5, B1)

Expected outcome: The institution is well-governed.

17.3.1 The institution has a legally constituted governing body which has responsibility for oversight of all of the institution's activities including conferral of its higher education awards and the delegation of academic governance to an appropriate body (see requirements under 17.6 below).

17.3.2 The governing body has access to the range of expertise required for effective governance of the institution, including financial expertise, through its membership and/or through external advisors.

17.3.3 The institution has an organisational structure whose reporting arrangements, delegations and inter-relationships are clearly described and which has the necessary positions, structures and arrangements in place to manage all key aspects of a quality higher education institution.

17.3.4 The governing body ensures that all the institution's operations, including its governance, are systematically reviewed and that strategies are implemented to improve institutional performance.

Evidence to be provided by initial applicants includes:

- Terms of reference and membership of governing body, indicating frequency of meetings, allocation of functions, duties of members, lines of responsibility and delegations
- Details of background and expertise of members of governing body
- Details of background and expertise of external advisors to the institution (if relevant)
- The name of the body which will confer higher education awards
- Organisational chart and an explanation of the relationships and reporting lines among key positions and structures which relate to the major institutional governance, management and academic responsibilities
- An explanation of the relationship between the governing body and the academic governance arrangements (see 17.6 below)
- Copies of policies, plans and outcomes for reviews of institutional performance, including an indication of the role of the governing body in these processes.

17.4 Finances and management (A6)

Expected outcome: Quality student learning outcomes are achieved by a well-managed institution with sufficient resources.

17.4.1 The institution has a current strategic plan which is approved by the governing body, is well understood by stakeholders and indicates that the institution has clarity about its future directions.

17.4.2 There are management and administrative systems, policies, procedures and practices in place to ensure that adequate records are maintained and kept secure, and that reporting requirements are met.

17.4.3 The institution has systems and processes which ensure that potential risks are identified and prevented or minimised and that strategies are in place to deal with risks which eventuate.

17.4.4 The financial records for the institution are accurate and independently audited by a qualified auditor.

17.4.5 The institution demonstrates its financial viability and its capacity to sustain quality higher education operations into the future through a range of financial indicators, such as credit rating, cash flow, current ratio (equal to or greater than 1) and debt ratio (equal to or less than 1) or, if necessary, the institution has a financial guarantor with capacity to service the guarantee.

Evidence to be provided by initial applicants includes:

- The institution's current strategic plan covering at least the next three years and details of the planning, dissemination, monitoring and reporting processes associated with the strategic plan
- Information about the institution's financial management system/s and student records management system
- A detailed business plan, incorporating a three year profit and loss projection, sources of funding, capital and asset plan, student enrolments, and risk assessment plan
- Details of financial guarantor (if relevant)
- Financial statements for the last three years presented and independently audited by a qualified auditor in compliance with Australian Accounting Standards.

17.5 Protection of students (A10)

Expected outcome: The rights and interests of students are safeguarded.

17.5.1 The institution has financial and tuition safeguards in place for students, such as membership of an approved Tuition Assurance Scheme, financial underwriting and written course assurance agreements with another institution, should the institution cease to be able to provide a course or cease to operate as a higher education institution.

17.5.2 Students are informed about their contractual arrangements with the institution and have access to information about all charges, conditions, refunds and tuition assurance arrangements.

17.5.3 Students have access to effective grievance procedures which enable them to make complaints about any aspect of the institution's operations without fear of reprisal and which provide access to an independent third party if internal processes fail to resolve the grievance.

Evidence to be provided by initial applicants includes:

- Documents which show the financial and tuition arrangements in place for students in the event of closure of course/s or the entity, such as membership of an approved Tuition Assurance Scheme (TAS), written course assurance agreements from other higher education institutions, bank guarantee or other form of underwriting
- Policy and procedures relating to student grievances, including details of any costs to students

- Information for students published on website and in student handbook regarding grievances, complaints, fees and charges, refunds of fees and tuition assurance arrangements
- Details of any student grievances over the previous three years which have resulted in legal action (for existing institutions).

17.6 Academic governance and quality assurance (A5, B1)

Expected outcome: The institution has a focus on continuous improvement of its teaching and learning to provide quality outcomes for students and academic standards comparable with Australian universities.

17.6.1 The institution has academic governance arrangements, such as a properly constituted academic board and/or course advisory committees, which provide the institution with access to expertise to ensure that standards are comparable with Australian universities.

17.6.2 The academic board and/or course advisory committees consider and act on relevant data such as teaching evaluations, student feedback, student attrition, progress rates, grade distributions, course completions and graduate satisfaction.

17.6.3 The academic governance arrangements provide for the development, dissemination and monitoring of academic policies related to academic standards.

17.6.4 The institution has effective mechanisms to collect regular, valid and reliable feedback from stakeholders, such as students, graduates, staff and employers of graduates, and effective mechanisms are in place to ensure that the feedback is acted upon to bring about improvements.

17.6.5 The institution has mechanisms for benchmarking its academic performance against other appropriate higher education institutions to identify and act upon areas requiring improvement.

17.6.6 The institution takes full responsibility for and ensures consistent standards for all courses which lead to a qualification it awards, including through specific strategies to monitor courses delivered offshore and those delivered through agents if relevant.

Evidence to be provided by initial applicants includes:

- Terms of reference of academic governing body and/or course advisory committees highlighting meeting frequency, sub-committee structure/s, procedures for appointing members, reporting lines, and responsibilities
- Membership of academic governing body and/or course advisory committees, with details of qualifications, current employment, experience and expertise of members
- Copies of key academic policies endorsed by academic governing body, including student admissions, recognition of prior learning (RPL) and credit

transfer, student progress and exclusion, assessment, academic appeals, student conduct, graduation, course approvals and course reviews

- Details of survey tools and examples of data collected and analysed to enhance quality
- Policies and procedures to assure quality of all courses including those delivered by agents and those delivered offshore (if relevant), such as policies and procedures relating to course consistency or equivalence and moderation of assessment
- Examples of improvements made as a result of quality assurance processes (for existing institutions).

17.7 Staffing (A5, A8, B1)

Expected outcome: Students are taught and supported by staff with academic and professional expertise to facilitate quality learning outcomes and who contribute to the advancement of knowledge and understanding.

17.7.1 The numbers, qualifications, experience, expertise and sessional/full-time mix of academic, administrative and support staff are appropriate for the mission, nature, size and complexity of the institution.

17.7.2 The institution verifies the bona fides of the qualifications of its staff.

17.7.3 The institution ensures that the teaching of its courses is normally carried out by academics with relevant qualifications at least one AQF qualification level higher than the level of the course being taught.

17.7.4 There are appropriately experienced academic staff available and clearly identified to provide leadership for key academic tasks such as course development, course coordination and course review.

17.7.5 The institution ensures that academic staff are available for students seeking academic assistance.

17.7.6 The institution has strategies for enhancing teaching quality and other aspects of staff performance, including for sessional staff, such as through staff development and other professional development opportunities.

17.7.7 The institution's policies and practices encapsulate a commitment to the scholarship of teaching and learning including through promotion and appointment processes which reflect an expectation that academic staff are active in scholarship which informs their teaching in all fields in which courses are offered.

17.7.8 Academic staff of the institution, including sessional staff, are actively engaged in scholarship and/or professional practice relevant to the fields in which they teach and at an appropriate level reflecting their seniority and responsibilities.

17.7.9 Academic staff who are principal supervisors of research higher degree students are active in research.

Evidence to be provided by initial applicants includes:

- Details of staff profile, including employment arrangements, length of service, qualifications, background and area/s of responsibility
- Details of procedures used by the institution to verify the bona fides of all qualifications of staff
- Details of staff involved in the development, co-ordination, quality assurance and delivery of the institution's higher education courses
- Student staff ratios
- Copies of policies and procedures relating to the availability of academic staff for consultation with students
- Copies of staffing policies and procedures, including those relating to staff recruitment, appointments, induction, promotions and performance review
- Staff development policy, plans, budget and expenditure, including for sessional staff
- Explanation of how policies and practices show a commitment to the scholarship of teaching and learning, such as through appointments and promotions, the design of courses, student assessment and the promotion of academic honesty, regular course review, monitoring student progress and graduate outcomes, staff development and the recognition of excellence in teaching
- Details of budget allocation and other institutional strategies to support staff in research (if relevant) and scholarship
- Details of involvement by academic staff in various types of scholarly activity, such as membership of a discipline journal editorial board, acting as an anonymous peer reviewer, membership of academic societies, peer recognition (e.g. fellowship of an academy or other awards), and presentation of conference papers
- Details of involvement by academic staff in various types of relevant professional activity integral to the academic's discipline, such as membership of professional societies, consultancy work and creative endeavour
- Copies of documented policies and procedures for appointing supervisors of research students, demonstrating the requirement for principal supervisors to be research active (noting that the definition of research active for this purpose must exclude research student supervision)
- For staff involved in research student supervision, details of a record of successful research student supervision and details of research output, such as research publications and research income.

17.8 Facilities and student services (A9)

Expected outcome: Student learning outcomes are enhanced through access to quality facilities, learning and information resources and support services.

17.8.1 The physical presence of the institution, as a minimum, provides a point of contact for students during normal office hours and is appropriate to the size, nature, mode of delivery and higher education purpose of the institution.

17.8.2 The institution has arrangements to maintain contact with and support students who are remote from the campus, such as through a website, telephone, print and on-line resources, and email.

17.8.3 The institution has facilities, including classrooms, library/information resource centre, laboratories, administrative areas and staff office accommodation, appropriate in scope and quality for the size, mode of delivery and nature of the institution.

17.8.4 The institution provides an appropriate range and quality of student services, such as counselling, academic and career advice, IT support, and student learning assistance.

17.8.5 The institution has measures in place to prevent and detect cheating and plagiarism amongst its students and to deal appropriately with any instances of these practices.

17.8.6 The institution has effective mechanisms to identify students 'at risk' in terms of their academic progress and provides support for such students.

17.8.7 The range and quality of the learning and information resources provided to students by the institution support effective student learning and are appropriate for the size and nature of the institution.

Evidence to be provided by initial applicants includes:

- Details of physical and IT facilities, including accessibility for students
- Details of all student services including information about accessibility for students
- Details of processes for review and improvement of facilities and student services
- Copies of contracts/agreements if services are out-sourced
- Copies of policies on student academic misconduct and plagiarism
- Details about strategies for detecting and dealing with plagiarism
- Details of how 'at risk' students are identified and the academic counselling or other learning assistance and support available to students
- Listings of library holdings, including electronic databases, and details of access to learning resources for students and staff (such as location and opening hours)

- Details of the assistance available to students in developing information literacy and in accessing resources
- Policies on the development and review of learning and information resources, including details of budget available for maintaining and upgrading such resources.