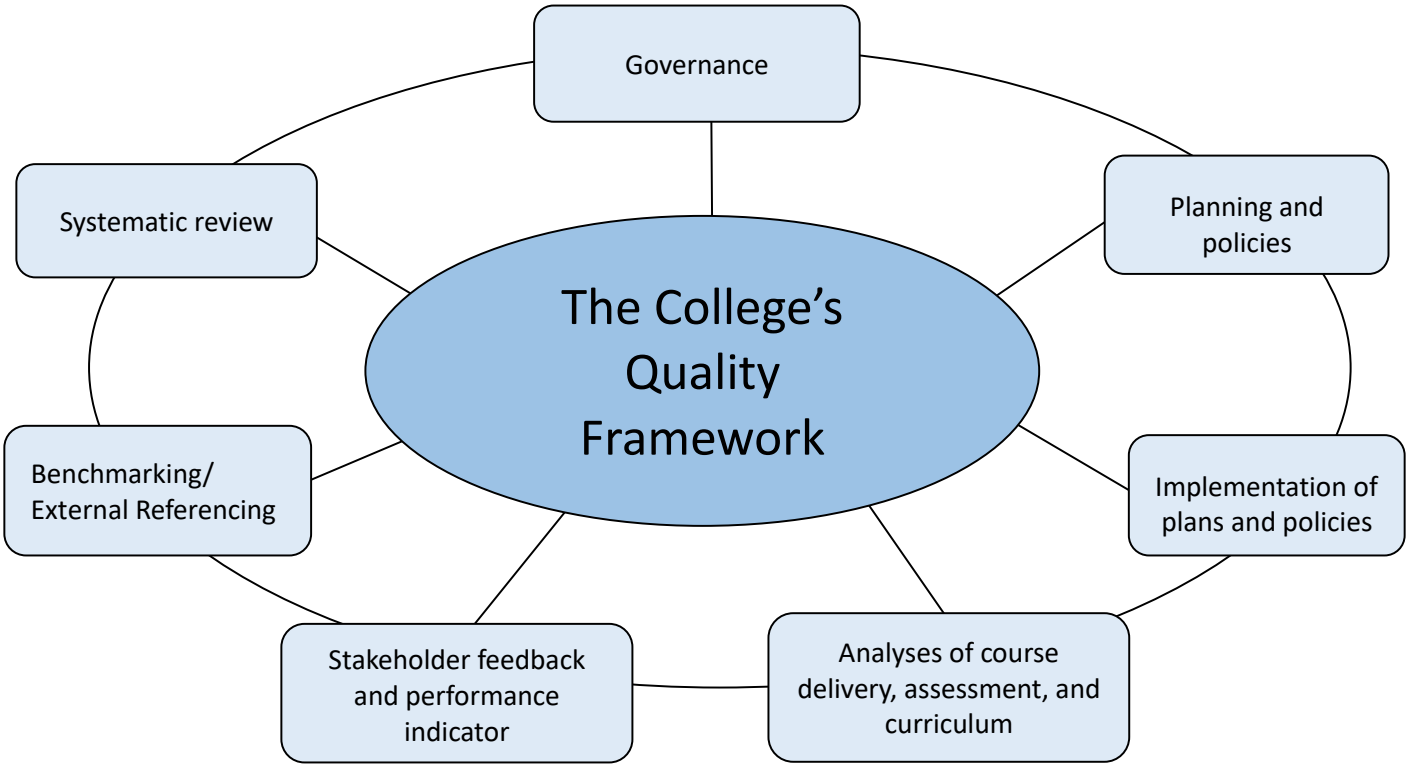
Quality Framework

Purpose

This policy provides a clear framework for Asia Pacific International College Pty Ltd, Higher Education Leadership Institute Pty Ltd and ECA Higher Education Institute Pty Ltd trading as ECA College of Health Sciences (hereafter collectively and individually referred to as 'the College') to assure the quality of their operations and academic outcomes. Quality assurance refers to the planning, policies, attitudes, actions and procedures necessary to ensure that quality is maintained and enhanced[1]. It requires not only actions internal to the College, but also the involvement of external parties.

It involves the governance of the College; strategic and business planning, including risk management; development and dissemination of policies and procedures; course design and evaluation; systems of review involving the collection and use of feedback from stakeholders; the collation and analysis of statistical data (metrics); moderation of assessment and benchmarking activity.



The *Higher Education Standards Framework 2021* (HESF) "provides a model framework which higher education providers can apply for the internal monitoring, quality assurance and quality improvement of their higher education activities" [2]. Therefore, with reference to this framework and examples of best practice in the independent higher education sector, the College has designed this quality framework to provide a robust and coordinated approach to quality enhancement which embraces "all of institution" in order to foster a continuous quality improvement approach that is integrated into the College's strategic planning and risk management processes and clearly aligned to the College's strategic and operational objectives.

The College maintains an evidence-based compliance and self-assurance program against the HESF, the ESOS Act, the National Code and other applicable requirements. Compliance is monitored throughout the year through governance reporting, internal audits, risk and obligations registers, course and service reviews, data analysis and external referencing. Any lapse or emerging risk is recorded, assigned, corrected and reported to the appropriate governance body. The Board of Directors receives an annual assurance on compliance and the effectiveness of corrective actions. The College will implement the 2026 HESF amendments in

[1] Woodhouse, D. (2009). Putting the 'A' into quality. Australian Universities Quality Agency, Melbourne.
[2] Higher Education Standards Framework (Threshold Standards) 2021 <https://www.legislation.gov.au/Details/F2021L00488>.

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accordance with their applicable commencement dates, including the racism-related standards from 1 January 2027 and the governance amendments for non-university providers from 1 July 2027.

This Framework applies to all higher education operations, courses, delivery locations and modes, students, staff, governance bodies, shared services and third-party arrangements of each College. It establishes the institution-wide system through which the College assures academic standards, student outcomes, regulatory compliance, service quality and continuous improvement.

Quality principles and continuous improvement cycle

Quality principles

The College applies the following principles across its academic and corporate activities:

- Quality is student-centred and focused on the achievement of learning outcomes, student success and a positive student experience.
- The College operates lawfully, ethically, responsibly and sustainably, and promotes an equitable, safe, inclusive and culturally responsive environment.
- Accountabilities for quality are clearly assigned across the Board of Directors, Academic Board, management, committees and operational areas.
- Decisions are evidence-based and informed by reliable data, risk, stakeholder feedback, external reference points and professional or disciplinary expectations.
- Students and staff have meaningful and supported opportunities to participate in planning, review and decision-making on matters that affect them.
- External referencing and independent review are used to test standards, identify good practice and support improvement.
- The College remains accountable for quality and compliance where services or educational activities are delivered through shared services, education agents or other parties.
- Improvement actions are documented, assigned, resourced, monitored to completion and evaluated for effectiveness.

Quality cycle

The College applies a documented Plan-Implement-Monitor-Review-Improve cycle to strategies, courses, policies, services and improvement initiatives:

- Plan: define intended outcomes, standards, responsibilities, resources, risks, measures and approval requirements.
- Implement: communicate and apply approved plans, policies, courses and controls consistently across locations, modes and cohorts.
- Monitor: collect and analyse performance, compliance, risk, student outcome and stakeholder information against targets and external reference points.
- Review: evaluate effectiveness, identify root causes, test findings through governance scrutiny and external input where appropriate.
- Improve: approve and implement corrective or enhancement actions, close the feedback loop and confirm whether intended outcomes have been achieved.

Governance

Overview

The cornerstone of the College's Quality Framework is the integrated system of corporate and academic governance set out in the Governance Charter. The Charter clearly delineates the roles of the Board of Directors, the Academic Board, management and committees. The Board of Directors remains accountable for the College's purpose, strategy, performance, risk management, culture, compliance and sustainability, while the Academic Board provides independent and competent oversight of academic standards and quality.

Governance bodies operate under approved terms of reference, delegations and reporting arrangements. Their membership is designed to provide the collective skills, experience, independence of mind and diversity of perspectives required for the College's purpose and scale. Conflicts of interest are declared and managed, members receive appropriate induction and development, and

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true and complete records are maintained of governance business, decisions and actions.

The Board of Directors establishes and monitors delegations, receives timely and evidence-based advice, and assures itself that the College is operating lawfully, ethically, effectively and sustainably. This includes oversight of financial viability, business continuity and tuition protection, institutional risk appetite, academic governance, student outcomes, workforce capability, third-party arrangements, regulatory compliance and the implementation of agreed corrective actions.

Governance accountabilities and assurance

The Board of Directors actively oversees and is accountable for the College's strategy, performance, risk management, culture and compliance. It receives assurance that:

- the College and its governing bodies comply with applicable legislation, regulatory instruments, constitutions, governance charters and delegations;
- realistic strategic, academic, financial and student outcome targets are established, monitored and supported by corrective action where performance falls below expectations;
- financial reporting is materially accurate, safeguards and controls are effective, and sufficient resources are available to sustain the quality of higher education and protect students;
- material risks, complaints, critical incidents, misconduct, academic and research integrity matters, and lapses in compliance are monitored and their underlying causes addressed; and
- qualifications are awarded legitimately and records, data and public information are accurate, complete, current and appropriately controlled.

Academic governance

The Academic Board provides independent, transparent and accountable oversight of teaching, learning, scholarship, research and research training, as applicable. Academic oversight includes:

- setting and monitoring institutional benchmarks for academic quality, student outcomes and academic standards;
- developing, approving, monitoring and reviewing academic policies and their effectiveness;
- critically scrutinising and advising on the approval, accreditation, amendment, monitoring and review of courses and qualifications;
- maintaining oversight of academic and research integrity, assessment standards, external referencing and educational innovation;
- confirming that academic delegations are clearly documented, understood, exercised appropriately and periodically reviewed; and
- reporting to the Board of Directors on the quality of teaching, learning, research and research training and on actions required to address material academic risks or underperformance.

Consultation, inclusion and institutional culture

The College actively seeks to understand and respond to the legitimate needs and expectations of students, staff and other affected stakeholders through structured and ongoing engagement. Students and staff are provided meaningful, supported and appropriate opportunities to participate in academic governance, institutional planning, review and decision-making.

The Board of Directors and Academic Board promote a culture in which freedom of speech and academic freedom are upheld, academic and research standards are protected, and students, staff and visitors are treated equitably. The College maintains policies, practices and transparent complaints processes that promote cultural safety and prevent and respond to racism, including racism towards Aboriginal and Torres Strait Islander peoples, antisemitism, Islamophobia and other forms of racial discrimination or vilification relevant to the College community.

Educational policies and practices support participation and decision-making by Aboriginal and Torres Strait Islander peoples and are respectful of Aboriginal and Torres Strait Islander knowledge and cultures. Complaints and appeals processes are designed and periodically reviewed with student and staff input, including people with relevant lived experience, to ensure they are accessible, easy to navigate, culturally safe and minimise administrative barriers.

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Review of governance structure, membership, and delegations

At least once every seven years, or earlier where risk, regulatory change or governance performance warrants it, the Board of Directors commissions a suitably qualified and independent review of the effectiveness of the governing body, academic governance processes, governance structures and delegations. The findings are considered by a competent body or officer, agreed actions are assigned and implemented, and progress is monitored to completion.

The review will consider whether:

- the overall governance structure and the type and number of governance bodies is appropriate for the size and mission of the College.
- the terms of reference for each governance body are appropriate and clearly understood;
- the number and categories of membership of each of the governance bodies is appropriate to achieve its functions;
- the balance and type of members is the optimum to achieve the College's strategic objectives;
- that the delegations currently in place are appropriate and meet the ongoing operational needs of the College;
- the effectiveness of corporate and academic governance processes;
- any other matters determined by the Board of Directors.

In addition to the periodic independent review, governance bodies undertake regular self-assessment of their performance, membership, skills, diversity, attendance, decision-making and committee effectiveness. Outcomes inform succession planning, induction, professional development and continuous improvement of governance practice.

Planning and review

Overview

The College maintains an integrated planning and review system that links purpose and strategy with academic quality, student outcomes, financial sustainability, workforce, infrastructure, risk, compliance and resource allocation. Each plan identifies responsibilities, targets, measures, timeframes and reporting requirements and is reviewed using the College's quality cycle.

Strategic planning

The Board of Directors approves and maintains a current Strategic Plan that clearly communicates the College's purpose, future direction and priorities. The plan is informed by consultation with students, staff and other stakeholders, analysis of the operating environment, regulatory obligations, institutional risks and opportunities, and realistic assumptions about enrolments, resources and capability.

The Strategic Plan establishes measurable objectives and performance targets for academic quality, student participation and outcomes, workforce capability, financial viability, growth, infrastructure, culture, risk and compliance. Supporting operational plans translate these objectives into accountable actions and resource commitments.

The *Strategic Plan* is developed through the following process:

- Key stakeholders are consulted in the development of the *Strategic Business Plan*.
- The current *Strategic Plan* (if one exists) is reviewed.
- The College's vision and mission are reviewed to ensure that they reinforce the College's philosophy.
- A review of the Environmental Situation Analysis and the S.W.O.T Analysis is undertaken by senior management (with other stakeholders as appropriate).
- Being mindful of the business environment and the College's strengths and opportunities, key strategic directions are set for the organisation, as well as enrolment targets.
- An action plan is developed to achieve the strategic objectives.
- Each action is allocated to responsible persons and timeframes set for achievement.
- Measures of success are determined for each strategic objective.
- A draft *Strategic Plan* is prepared.
- Feedback on the draft *Strategic Plan* is sought from key stakeholders.
- The Academic Board is consulted on academic aspects of the *Strategic Business Plan*.

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- Based on this feedback a final draft of the *Strategic Plan* is prepared for approval by the Board of Directors.
- The approved *Strategic Plan* is communicated with stakeholders.

The *Strategic Plan* is regularly reviewed to ensure that strategic objectives are being realised and that responsible persons are held accountable for achieving the actions allocated to them within the agreed timeframe.

The Executive Management monitors progress against strategic objectives and performance measures and reports regularly to the Board of Directors. Reports explain material variances, emerging risks and changed assumptions, identify corrective action and confirm whether prior actions have been completed and effective.

The Strategic Plan is reviewed at least annually and refreshed or replaced before the end of its approved term. The Board of Directors receives an annual evaluation of overall performance against the plan, including outcomes achieved, unresolved actions and implications for future priorities and resources.

Marketing, recruitment and education agents

The College maintains a Marketing and Recruitment Plan that supports sustainable enrolment objectives while protecting students and the integrity and reputation of Australian higher education. Marketing and recruitment practices comply with the HESF, Australian Consumer Law, the ESOS Act and National Code Standards 1, 2, 4 and 7, as applicable.

The plan is developed by the responsible marketing and recruitment functions, reviewed by senior management and approved through the College's governance arrangements. It includes controls for the approval, currency and monitoring of published information, recruitment channels, education agents and performance against enrolment quality and integrity indicators.

The *Marketing Plan* will set out strategies to achieve the enrolments targets outlined in the Strategic Plan and will include:

- an analysis of the College's marketplace and customers;
- an analysis of the College's current product range;
- an analysis of the College's main competitors;
- an analysis of the College's competitive advantage;
- enrolment targets;
- key marketing strategies;
- an action plan to achieve the enrolment targets;
- proposed marketing budget.

The *Marketing Plan* is reviewed regularly to ensure that marketing strategies continue to meet changing situations.

Marketing and recruitment performance is monitored against approved targets, conversion and attrition indicators, student profile and risk information, complaints, agent performance and regulatory requirements. Reports to management and the Board of Directors identify ineffective or high-risk strategies and the corrective action required.

All marketing, recruitment and pre-enrolment information must be comprehensive, current, accurate and not false or misleading. Information for overseas students must include the College's CRICOS registered name and number where required and must enable informed decisions about entry requirements, course content, modes and locations, placements, fees, support, refund arrangements and third-party delivery.

Education agents are engaged under written agreements, recorded in PRISMS, risk assessed and monitored. The College maintains evidence of agent due diligence, training, conflicts of interest, recruitment activity, corrective action and termination decisions, and records information about education agent commissions as required by the ESOS framework. The College does not pay or provide a commission for an onshore transfer except where an express exception in National Code Standards 4.7 and 4.8 applies.

Financial planning

The College undertakes integrated financial planning to demonstrate that it is financially viable and has sufficient financial and other resources to meet the HESF, achieve its objectives and sustain the quality of higher education. Forecasts are based on transparent assumptions about enrolments, staffing, facilities, technology, student support, course delivery, professional accreditation and regulatory obligations.

The Chief Financial Officer and Chief Executive Officer are responsible for preparing budgets, forecasts and financial scenarios for approval and oversight by the Board of Directors in accordance with delegated authority.

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Financial position, performance, cash flow and material variances are monitored regularly by management, the Audit and Risk Committee and the Board of Directors. Reporting addresses the effect of variances on students and operations, the adequacy of financial controls and safeguards, tuition protection and business continuity arrangements, and corrective action required to maintain viability and quality.

Risk Management Framework and Risk Register

The Board of Directors proactively oversees risks to the achievement of the College's purpose, strategy, academic standards, student outcomes, social licence and regulatory standing. The Risk Management Framework defines the College's risk appetite, responsibilities, escalation thresholds, assurance mechanisms and reporting requirements.

The College maintains an institutional Risk Register, supported by operational and specialist registers where appropriate, to identify, assess, control, monitor and report material risks. Risk assessment considers likelihood, consequence, velocity, control effectiveness, residual exposure and the impact on students and other stakeholders.

The College faces risks that may affect:

- its reputation, and/or that of its staff and/or stakeholders in regard to the quality of the products and services it provides;
- the achievement of strategic objectives and business plan in the agreed timeframes;
- the integrity of its decisions and processes;
- the safety, security, and well-being of all stakeholders
- its financial viability and financial sustainability
- student load, experience, and outcomes;
- its academic staff profile;
- the achievement of regulatory standing.
- academic quality, academic and research integrity, assessment standards and educational innovation;
- student safety, wellbeing, equity, racism, discrimination, complaints, critical incidents and misconduct;
- third-party and shared service delivery, education agents, work-integrated learning and professional accreditation;
- cybersecurity, privacy, data quality, records, information systems and business continuity; and
- ESOS and CRICOS integrity, including recruitment, admissions, English language evidence, PRISMS reporting, course progress and tuition protection.

Implementation of an integrated and rigorous approach to risk management:

- increases the chances of avoiding costly and unacceptable outcomes, particularly those arising from unexpected events;
- provides a better understanding of issues affecting the College and supports continuous improvement of the College's operations;
- provides a reporting matrix that align with the terms of reference to assist the Academic Board and the Board of Directors to meet its academic governance responsibilities;
- provides a reporting matrix that align with the terms of reference to assist the Board of Directors to meet its corporate governance responsibilities; and
- allows for more structured and accountable business planning.

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

Management reviews and updates risk information on a regular basis and escalates material or out-of-appetite risks promptly. The Audit and Risk Committee scrutinises the effectiveness of controls, assurance and treatment plans and provides advice to the Board of Directors. The Board approves the Risk Management Framework and risk appetite and maintains oversight of the institutional risk profile.

Risk mitigation strategies document what measures need to be put in place to minimise the threat posed by identified risks. Risk mitigation includes:

- measures aimed at avoiding or minimising the risk;
- measures to reduce the threat posed by the risk, either by reducing the likelihood of the risk and/or its consequences;
- measures aimed at improving the capacity of the College and its staff to deal with actualised threats;
- transferring the threat by shifting the risk to another party via, for example, contracting out or insurance cover; and

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- accepting a risk that is outside of our control but monitoring the risk and ensuring that the College has the financial and other capacities to cover associated losses and disruptions.

The institutional Risk Register is reviewed at least quarterly and whenever a material event or change occurs. Reviews assess whether controls and treatments are operating and effective, whether residual ratings remain appropriate, and whether additional action, resources or notification to a regulator is required.

The Board of Directors receives regular risk reports and assurance on the effectiveness of governance, risk management and internal control processes. Significant incidents, trends and control failures are used to improve plans, policies, systems and business continuity arrangements.

Workforce planning

Workforce planning ensures that the College has sufficient appropriately qualified and experienced academic leaders, teaching staff and professional staff to deliver its courses and services at the required standard and scale. The Workforce Plan addresses projected demand, succession, workload, capability, employment mix, scholarly and professional currency, staff development, inclusive recruitment and retention, and diversity of the workforce.

Workforce profiles and risks are monitored by course, discipline, location, delivery mode and function. Academic staffing is assessed against the level and nature of the courses offered, the needs of student cohorts, research and scholarship expectations, professional accreditation requirements and continuity of delivery.

The Workforce Plan is reviewed at least annually. Academic staffing and capability matters are reported to the Academic Board, and material workforce, culture, remuneration and sustainability risks are reported to the Board of Directors.

Learning and Teaching planning

The Learning and Teaching Plan is developed through academic governance and approved by the Academic Board. It sets measurable priorities for course design, teaching quality, assessment, academic integrity, student support, learning resources, educational technology, staff capability and the achievement of learning outcomes. Progress is monitored using student outcome and experience data, peer review, external referencing and evidence of completed improvements, and is reported regularly to the Academic Board.

Scholarship and Research planning

The Scholarship and Research Framework and Plan is developed through academic governance and approved by the Academic Board. It supports teaching informed by advanced knowledge and inquiry, the scholarly and professional currency of academic staff, research and research training where offered, and compliance with research integrity and ethics requirements. Progress, outputs, risks and improvement actions are monitored and reported to the Academic Board.

Technology planning

The College maintains technology and information management plans that ensure systems, infrastructure, learning platforms, digital resources and support services are fit for purpose, accessible, secure, scalable and capable of supporting the College's delivery modes, locations and student cohorts.

Cybersecurity, privacy, data quality, records management, system integrations and disaster recovery are subject to documented controls, testing, monitoring and incident response. Business continuity arrangements prioritise student safety, continuity of learning, access to records and timely communication during a disruption.

Dissemination of plans

Approved plans, performance expectations and review outcomes are communicated to the people responsible for implementation and to affected stakeholders in a timely and accessible form. Communication supports accountability, informed participation and closure of the feedback loop.

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The College maintains current public information about its identity, regulatory status, governance, operations, courses, locations, facilities, student services, third-party arrangements, complaints pathways and contact details in accordance with the HESF and ESOS framework. Public information is subject to ownership, approval, review and version controls to ensure it remains accurate and consistent across websites, handbooks, agreements, agent materials and other channels.

Regulatory compliance and self-assurance

The Quality Team coordinates an obligations and assurance program covering the HESF, TEQSA Act, ESOS Act, ESOS Regulations, National Code, Higher Education Support Act and other applicable requirements. Legislative and regulatory changes are assessed for impact, assigned to responsible owners and translated into policies, systems, training, controls and evidence.

The program includes scheduled and risk-based compliance reviews, testing of key controls, maintenance of evidence and registers, monitoring of regulator conditions and commitments, and verification of data reported through PRISMS, TCSI and other government systems. Potential material changes, reportable events and regulatory breaches are escalated promptly and notified or submitted for approval within required timeframes.

At least annually, the Quality Team consolidates academic, corporate and ESOS assurance into a report for the Academic Board and Board of Directors. The report identifies compliance status, evidence relied upon, gaps, risks, overdue actions and priorities for the next assurance cycle.

Policies and procedures

Overview

The College maintains an integrated and controlled suite of policies, procedures, guidelines, forms and registers that gives effect to legislative, regulatory, governance and operational requirements. Documents are written clearly, assign accountabilities, identify approval authority and establish workable controls and records.

Policies and procedures must be proportionate to the College's purpose, scale and risk; consistent across the three Colleges where appropriate; implemented in practice; accessible to affected stakeholders; and systematically monitored and reviewed for effectiveness.

In this section the term “policy” includes any associated procedures and forms.

Policy development

The need for new policy may be identified by one of the governance bodies, or another stakeholder.

The triggers for a new policy may include:

- changes to the higher education regulatory framework;
- changes to other regulatory requirements or legislation;
- changes to the external operating environment;
- changes to internal operating procedures;
- a change of policy instigated by the College; or
- a combination of the above.

The Policy Framework specifies the document owner, approval authority, consultation requirements, review cycle and implementation responsibilities. These details are recorded in the relevant document and Policy Register.

During the policy development process the policy developer will consider:

- relevant government policy, legislation and regulation;
- the College’s *Equity and Diversity Policy*;
- existing College policies to ensure that there is no policy overlap and to ensure consistency of style;
- similar documents from relevant external organisations;
- the application of the policy in practice;
- the applicability of the policy to differing circumstances;
- any other relevant data.

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The policy developer consults relevant governance bodies, operational owners, students, staff and other stakeholders proportionate to the subject matter and impact of the policy. Consultation must include affected cohorts and people with relevant lived experience where this is necessary to ensure accessibility, equity, cultural safety or effective implementation.

Draft policy documents and related procedures and forms will be presented to the policy owner for consideration. The policy owner may recommend that:

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

Once the policy owner is satisfied that the document is lawful, coherent, implementable and supported by appropriate consultation and controls, it is submitted to the designated approval authority. Following approval, the Policy Register is updated and implementation actions, communications, training and system changes are assigned.

Policy review

Policies are reviewed according to the cycle set in the Policy Framework and earlier where triggered by legislative or regulatory change, an incident or complaint, audit findings, evidence of ineffective operation, organisational change or material stakeholder feedback. No policy may remain beyond the maximum review period specified in the Policy Framework without documented approval and risk assessment.

The review date and status of each policy are maintained in the Policy Register. Associated procedures, forms, systems, communications and training materials are reviewed at the same time to confirm end-to-end alignment.

The policy owner initiates the review and may appoint a suitably qualified reviewer. The review evaluates compliance, implementation, effectiveness, equity and cultural safety impacts, complaints and incident data, stakeholder experience, external benchmarks and whether the policy has achieved its intended outcomes.

During the policy review process the policy reviewer will consider whether the policy:

- is still consistent with best practice;
- requires amendment due to changes in government policy, legislation or regulation;
- has any adverse impact on diversity and equity;
- continues to meet stakeholders' needs;
- actually works in practice;
- conflicts or is inconsistent with other policy;
- leads to any related policies requiring amendment.
- is supported by current evidence, reliable data and appropriate external reference points;
- has been implemented consistently across Colleges, locations, delivery modes and relevant third-party arrangements; and
- requires changes to systems, forms, agreements, training, communications, delegations or records to remain effective.

Following the policy review a draft revised policy and related procedures and forms are presented to the policy owner for consideration along with details of any changes made. The policy owner may recommend that:

- the revised policy be approved without amendment;
- the revised policy be approved with specific amendments;
- the revised policy is referred back to the policy reviewer for further work specifying the areas in which the policy is deficient.

Once a revised policy is approved, the Policy Register is updated and the document is implemented and disseminated. The policy owner monitors completion of implementation actions and confirms that affected systems, forms, agreements and communications have been updated.

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

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Minor editorial updates that do not affect the title or substance of the policy do not need to be formally approved but simply noted by the policy owner. These include correction of typographical errors or changes to stakeholders (e.g. change of title of government department or organisational structure and positions within the College).

Version management

All policies are version controlled. The version format will be "n.n". Where a policy is amended and requires approval the first digit will increase by an increment of 1 and the second digit will revert to zero. Where minor amendments are made that do not require approval the second digit will increase by an increment of 1.

During the development of a new policy the version number for the first draft will be "0.1". The decimal portion of the version number will increase by an increment of 1 for each subsequent version of the draft policy. When a policy is first approved it will become version "1.0".

A register of all policies and related procedures and forms will be maintained by the Quality Team and will record:

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

Policy dissemination

Current approved policies and procedures are accessible to the students, staff, governance bodies and other stakeholders who need them. Superseded versions are archived and protected from unintended use, and public-facing documents are published where required by law or necessary for informed decision-making.

Controlled documents are maintained in the relevant College repository and, where appropriate, on the public website or student portal. Access controls, metadata, approval records, review dates and links are maintained to support version integrity and auditability.

Management is responsible for implementation within its areas, supported by induction, training, communication and operational controls. The Quality Team coordinates publication and change communication, while document owners verify implementation and monitor effectiveness through the quality cycle.

Course development and review

The College designs, approves, monitors and reviews each course of study so that the qualification is credible, learning outcomes are consistent with the AQF and field of education, admission and progression requirements are appropriate, and students are provided with the teaching, assessment, staffing, resources and support needed to achieve the intended outcomes.

The Courses and Awards Policy and Course Review and Improvement Policy and Procedure establish the academic governance, evidence, consultation, external review, approval and record-keeping requirements for new courses, amendments, monitoring, comprehensive review, accreditation and teach-out.

Course development

Course design and approval involve suitably qualified academic leadership and consultation with students, academic staff, employers, industry, professional bodies and external academic experts appropriate to the discipline and course outcomes. Course Advisory Committees provide independent external input and evidence of the continuing relevance and currency of the course.

Each course is mapped to the AQF, HESF, institutional graduate attributes and, where applicable, professional accreditation or registration standards. Design is externally referenced against comparable courses and considers the coherence of the curriculum, volume of learning, sequencing, assessment, staffing, resources, support, delivery modes and locations, work-integrated learning and the needs of identified student cohorts.

Approval documentation demonstrates how course learning outcomes will be taught, assessed and assured; how admission criteria and credit preserve the integrity of the award; how risks have been assessed; and how the course will remain sustainable over its expected life. Public and pre-enrolment information must be consistent with the approved course and any professional accreditation status.

Course review

Course monitoring and review are conducted in accordance with the Course Review and Improvement Policy and Procedure and the College's quality cycle.

The course evaluation cycle includes annual monitoring, periodic comprehensive review, external referencing and action tracking. Monitoring applies across all delivery locations and modes, including delivery with other parties, and uses data disaggregated by relevant student cohorts.

I. Annual monitoring considers admissions, credit, enrolments, progression, retention, attrition, completion, grades, learning outcome attainment, student feedback, complaints, academic integrity, staffing, resources, work-integrated learning, professional accreditation and risks. Material adverse trends trigger timely investigation and intervention rather than waiting for the next scheduled review.

II. A periodic internal course review, normally at least once every three years, evaluates the continuing quality, relevance and sustainability of the course and progress against previous improvement actions. The review is supported by independent external input and reports to the Academic Board.

- the role of the course within the College's educational profile and its ongoing contribution to the vision, mission and strategic goals of the College;
- the demand for the course (based on enrolment statistics and market research and analysis);
- The impact of similar courses on the College's course offerings by competitor higher education providers;
- review of course aims, structure, subjects, learning objectives, assessment activities, resources, study modes and delivery methods with reference to the AQF level of the course;
- adequacy, currency, and appropriateness of assessment practices and criteria;
- quality of participant and educator support services;
- students performance including progression, attrition, and completion;
- the quality, scope and adequacy of course-related information provided to participants and applicants;
- the quality, scope and adequacy of course-related information provided to participants and applicants;
- analysis of significant trends drawn from participant and educator evaluation and feedback data;
- the systematic collection and analysis of data relating to admission and enrolment statistics, deferral, withdrawal and retention rates, results per subject, graduate employability, feedback from professional bodies and peer review processes.

Course monitoring and review outcomes, risks and improvement plans are reported through the Learning and Teaching Committee to the Academic Board. Actions have named owners, due dates and measures of success and remain open until evidence of completion and effectiveness is accepted.

III. A comprehensive course review is undertaken at least every five years by the Course Advisory Committee, or earlier where risk or accreditation requirements warrant it. The comprehensive course review considers course design, academic standards, student achievement, assessment, staffing, resources, student support, external reference points and the effectiveness of prior improvements.

Delivery with other parties

Before entering or renewing an arrangement for another party to deliver a course, part of a course or a material education service, the College undertakes due diligence and academic, legal, financial, student protection and regulatory risk assessment. The arrangement must be documented, approved under delegation and notified to or approved by TEQSA or another regulator where required.

Written agreements specify academic and operational responsibilities, standards, data and records, student support, complaints, staffing, resources, information security, intellectual property, monitoring, audit access, corrective action, termination and teach-out. The College retains responsibility for compliance and for the quality of the student experience and academic outcomes.

Performance is monitored through agreed indicators, student and staff feedback, site or service reviews, data analysis and periodic audits. Material issues are escalated to the Academic Board and Board of Directors, and corrective action or termination is taken where standards are not met.

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Stakeholder engagement and monitoring of student performance

The College systematically collects, validates, analyses and acts on information about student participation, experience, progress, achievement and outcomes. Governance bodies receive information that is sufficiently timely, disaggregated and contextualised to identify emerging risks, inequities and opportunities for improvement.

Evidence includes student and staff feedback, complaints and appeals, graduate and employer feedback, admissions and credit, academic progress, retention, attrition, completion, learning outcome attainment, grade distributions, academic integrity, support utilisation, professional accreditation outcomes and relevant external reference points.

- Feedback is sought from students, staff, graduates, employers, industry, professional bodies, partners and other affected stakeholders using methods appropriate to the issue and cohort.
- The Academic Board approves institutional benchmarks, thresholds and reporting expectations for academic quality and student outcomes, including the basis for comparison and the action required where performance is below expectation.

Stakeholder feedback

Regular, valid and reliable stakeholder feedback is an essential input to quality assurance and improvement. Engagement is designed to be accessible and inclusive and to provide students and staff with meaningful opportunities to influence matters that affect their learning, work, safety and participation.

The College uses a coordinated mix of surveys, student representation, committees, focus groups, consultations, complaints information, course reviews and direct engagement. Instruments and methods are periodically reviewed for response quality, representativeness, cultural safety and the extent to which findings lead to demonstrable improvement.

- Students are invited to provide feedback on subjects, courses, teaching, support and the broader student experience at planned points in each study period and course lifecycle.
- Academic and professional staff contribute feedback on course delivery, assessment, student needs, systems, resources, risks and improvement opportunities.
- Graduate, employer, industry and professional feedback is collected periodically to test the relevance of courses, graduate outcomes and professional preparation.
- The Dean will review the surveys of students and academic staff, analyse the feedback and summarise any issues raised.
- The Dean will meet formally and informally with academic staff to address any issues raised and to formulate possible strategies for improvement.
- The Dean will review the surveys of graduates and employers, analyse the feedback and summarise any issues raised.
- The Dean will include in their reports to the Learning and Teaching Committee recommendations and strategies for improvement arising from stakeholder feedback.
- All improvements that have been ratified by the Learning and Teaching Committee and approved by the Academic Board will be referred to the Executive Management for implementation.
- Each improvement action will be allocated to a responsible person for completion within an agreed timeframe.
- Outstanding actions will be monitored by the Executive Management until evidence of completion.
- Where amounts not allocated in the budget are required to operationalise the improvement action, the CEO will include it in their report to the Board of Directors in conjunction with a request for additional funding.
- The Dean/ Registrar will table a quarterly report on the status of improvement actions at meetings of the Board of Directors and Academic Board.
- The Dean/ Registrar will ensure that stakeholders are advised of changes made in response to their feedback.

The College closes the feedback loop by communicating significant findings and actions to relevant stakeholders, while protecting privacy and confidentiality. Improvement actions are evaluated to confirm that the change has addressed the issue and has not created unintended adverse impacts.

Monitoring and analysis of student performance

Student performance and outcome data are produced and reviewed at least each study period, with consolidated annual analysis. Reports enable governance bodies and management to monitor academic standards, student success, regulatory compliance and the effectiveness of admissions, teaching, assessment and support strategies.

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- The Academic Board determines the institutional academic indicators, benchmarks, thresholds and reporting schedule. The Learning and Teaching Committee undertakes detailed analysis and recommends action, while the Academic Board scrutinises findings and provides assurance and advice to the Board of Directors.
- Data are disaggregated, where meaningful and lawful, by course, subject, location, delivery mode, admission pathway and identified student cohorts, including domestic and overseas students and equity groups. Findings are used to improve admissions, transition, teaching, assessment, support and resource allocation.
- Reports use consistent definitions and reliable data and include trends over time, comparisons across internal cohorts and locations, and appropriate external reference points such as QILT, national data, professional accreditation outcomes and benchmarking partners.
- Attrition, progression, retention, completion, student experience and graduate outcome indicators are benchmarked against approved thresholds and relevant external comparators. Variances are interpreted in context and are not treated as satisfactory solely because they are comparable with a weak sector result.
- The reports will track trends over time and provide comparisons between cohorts of students (such as domestic and international), different campuses/ locations, different courses and the various disciplines offered by the College.
- Material adverse trends or unexplained differences between cohorts trigger documented investigation, root-cause analysis and proportionate intervention. The impact of interventions is monitored in subsequent reporting cycles.
- The Learning and Teaching Committee prepares an annual academic quality and student outcomes report for the Academic Board. The report identifies performance against benchmarks, material risks, completed and overdue actions, external referencing outcomes and priorities for the next cycle. The Academic Board reports its assurance and any material concerns to the Board of Directors.

Benchmarking

The College undertakes regular and systematic external referencing to test academic standards, student achievement and the effectiveness of its operations against comparable providers, courses, professional standards and sector data. External referencing is planned, proportionate to risk and used for both assurance and enhancement.

Benchmarking and external referencing use relevant, reliable, recent and sufficiently comparable information. The scope, comparator selection, methodology, limitations, findings, governance consideration and resulting actions are documented so that the activity provides credible evidence rather than a descriptive comparison only.

Benchmarking assists an institution to:

- undertake a self-evaluation of performance and process;
- better understand the processes which underpin organisational performance in an increasingly competitive environment;
- identify strengths and weaknesses in performance;
- measure and compare the College to other higher education providers in the sector to determine what they are doing better (or not) and why;
- develop new improved approaches to enhance best practice;
- obtain data to support decision-making;
- determine actions to improve processes and approaches in order to increase performance;
- strengthen institutional identity by enhancing institutional reputation.

The Academic Board oversees academic benchmarking and external referencing through an approved plan and receives evidence that findings have informed course, assessment and policy improvement. The Board of Directors receives assurance on institution-level benchmarking, performance and material gaps. Records are maintained in a central register and actions are tracked to completion and evaluated for effectiveness.

External referencing includes, as applicable, course and unit design, learning outcomes, assessment methods, samples of graded student work, grading standards, student success and experience, professional accreditation, policies, services and governance processes. Each course is externally referenced at least once between comprehensive reviews, with priority given to units that assure course learning outcomes.

Assessment quality assurance and moderation

Assessment is designed and quality assured to provide valid, reliable, fair and inclusive evidence of student achievement of subject and course learning outcomes at the required AQF level. Assurance includes assessment mapping, pre-assessment validation, moderation of marking and grades, academic integrity controls and periodic external peer review.

The Board of Examiners and relevant academic governance bodies oversee assessment results and standards. Their responsibilities include:

- pre-assessment validation of assessment tasks before first use;
- post-assessment moderation of grades; and
- analysing grade distributions, learning outcome attainment and anomalies across courses, subjects, campuses, delivery modes, cohorts and teaching staff, and initiating investigation where differences are not academically justified.

Pre-assessment validation

Pre-assessment validation confirms that assessment tasks, rubrics and supporting materials are aligned to approved learning outcomes, fit for the level and purpose of the subject, clear and accessible to students, academically rigorous, feasible, secure and designed to support authentic demonstration of learning.

New and materially revised assessment tasks are validated before use. Existing assessment is revalidated on a planned cycle and when monitoring, student feedback, academic integrity risks, generative artificial intelligence, delivery changes or moderation findings indicate that review is required.

- that they align to subject learning outcomes, content assessment requirements listed in the subject outline;
- that they provide consistent results;
- that they are flexible enough to cater for the needs of different learners;
- that they actually work in practice;
- that assessment content and instructions are clearly, comprehensibly and accurately presented;
- that the academic challenge they present the student is consistent with the level of the subject;
- where feasible, assessment tasks within and between subjects are integrated; and
- all relevant resources required for the assessment task are available.

Pre-assessment validation will occur before a subject is first delivered and whenever a subject is modified.

More detail on the pre-assessment validation process can be found in *Assessment Policy*

Post-assessment moderation

Post-assessment moderation is undertaken for selected subjects and assessment tasks each study period using a risk-based schedule. It tests the consistent application of criteria and standards, the reliability of marking and the appropriateness of the assessment and grade outcomes.

Moderation considers representative samples of student work from relevant grades, campuses, delivery modes and teaching groups, including borderline and anomalous results. It focuses on the standard of student achievement and the consistency and validity of academic judgement, rather than seeking a predetermined grade distribution.

The subject moderator will ensure that:

- the standard of achievement is uniform, particularly for subjects being delivered to different groups of students by different staff in different locations;
- assessment is consistent through “double-marking” a sample of submitted tasks.

Where the same subject is offered across different courses, post-assessment moderation will be common across all courses to ensure consistency of standards.

More detail on the post-assessment moderation process can be found in *Assessment Policy*

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External moderation

External peer review of assessment is scheduled so that each course has regular external assurance of assessment methods, marking standards and student achievement, including at least once between comprehensive course reviews. Reviewers are independent, appropriately qualified and selected with regard to disciplinary and course comparability.

External reviewers receive sufficient contextual material and a representative, de-identified sample of student work to judge whether assessment and grading are aligned to learning outcomes and broadly comparable with relevant external standards. Findings, responses and improvement actions are considered through academic governance and retained as evidence.

More detail on the external moderation process can be found in *Assessment Policy*

Keeping students informed

The College provides prospective and current students with comprehensive, current, accurate, accessible and plain-English information needed to make informed decisions and participate successfully in their studies. Information is consistent across marketing, websites, offers, written agreements, handbooks, systems and advice given by staff or education agents.

Information includes admission and English language requirements, credit, course content and outcomes, delivery modes and locations, placements and third-party arrangements, duration, fees and possible changes, refunds, support, complaints and appeals, professional accreditation, academic and course progress requirements, deferral or cancellation, and relevant consequences of changes to the College's operations.

For overseas students, enrolment is formalised through a compliant written agreement and the College maintains controls for CRICOS information, education agents, orientation and support, course progress and duration, transfers, deferral, suspension or cancellation, complaints and appeals, PRISMS reporting and tuition protection. Material changes affecting a student are communicated promptly and any required consent, regulatory approval, teach-out or refund process is implemented.

Shared services and delivery with other parties

Shared service and third-party arrangements are governed by written agreements approved under delegation and supported by due diligence, risk assessment, service standards, data and records requirements, compliance obligations, monitoring, audit rights, escalation, corrective action, termination and continuity provisions. The College remains accountable for compliance, academic quality, student support and the student experience. Performance and material risks are reported to the relevant management and governance bodies, and arrangements are periodically reviewed before renewal.

Monitoring and reporting to governance bodies

Annual reporting matrices and the Governance Calendar translate each governance body's terms of reference and regulatory accountabilities into a scheduled program of reports, decisions and assurance. The Quality Team coordinates the matrices and monitors completeness, timeliness, action closure and escalation. Reports distinguish information, advice, approval and assurance and provide sufficient analysis for informed and reasoned decision-making.

Regular governance reporting includes, as applicable, strategy and financial performance, risk and compliance, academic quality and student outcomes, course monitoring and review, assessment and academic integrity, workforce, student safety and wellbeing, racism and discrimination, complaints and critical incidents, research integrity, third-party and shared services, education agents, ESOS and CRICOS compliance, data quality, business continuity and progress against corrective actions.

Material concerns are escalated outside the normal reporting cycle. Minutes and action records document the evidence considered, decisions made, conflicts managed, responsible owners, due dates and follow-up required.

Associated Documents

- Governance Charter
- Delegations of Authority Register
- Governance Calendar
- Annual Quality Enhancement Summary
- Strategic Plan
- Marketing and Communication Plan
- Financial Plan

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- Risk Management Framework
- Workforce Plan
- Learning and Teaching Plan
- Scholarship and Research Framework and Plan
- Reporting Matrices/ workplan
- Compliance and Material Change Register
- Technology Development and Management Plan
- Library Collection Development Policy
- the College's Policy Register
- Courses and Awards Policy
- Course Review and Improvement Policy and Procedure
- Assessment Policy
- Benchmarking Plan
- Shared Service Agreement (SSA)
- Delegations of Authority Policy
- Regulatory Compliance and Obligations Register
- Academic Integrity Policy and Procedure
- Learning and Teaching Quality Framework.
- Policy Framework
- Student Feedback and Evaluation Policy
- Education Agent Management Policy and Procedure
- Third-Party and Shared Services Register
- Student Outcomes and Academic Quality Reports
- Business Continuity and Disaster Recovery Plans
- Student Complaints and Appeals Policies and Procedures
- Racism Prevention and Response Policy and Action Plan

Relevant legislation

This Framework is to be read and applied in accordance with the following legislation, standards and regulatory instruments, as amended or replaced from time to time:

- Tertiary Education Quality and Standards Agency Act 2011 (Cth).
- Higher Education Standards Framework (Threshold Standards) 2021, including the Higher Education Standards Framework Amendment (Threshold Standards) Instrument 2026. The racism-related amendments apply to registered higher education providers from 1 January 2027 and the governance-related amendments apply to providers in the College's category from 1 July 2027.
- Education Services for Overseas Students Act 2000 (Cth), including amendments made by the Education Legislation Amendment (Integrity and Other Measures) Act 2025.
- Education Services for Overseas Students Regulations 2019 (Cth), including the Education Services for Overseas Students Amendment (Integrity Measures) Regulations 2025 as incorporated into the current Regulations.
- National Code of Practice for Providers of Education and Training to Overseas Students 2018, including the National Code of Practice for Providers of Education and Training to Overseas Students Amendment (Education Agent Commissions) Instrument 2026.
- Higher Education Support Act 2003 (Cth).
- Australian Qualifications Framework, Second Edition 2013.
- National Higher Education Code to Prevent and Respond to Gender-based Violence 2025.

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Version Control

Policy Category	Corporate
Document Owner	General Manager, Higher Education Quality
Responsible Officer	Senior Governance Manager
Approved by	Board of Directors
Next review date	6 August 2028

Version	Change description	Approval date
1.0	New joint policy. Consolidates and supersedes the previously separate APIC, CHS and HELI Quality Frameworks. Full review of previously separated policies across APIC, CHS and HELI. Policy revised to align with changes to the Higher Education Standards Framework Amendment (Threshold Standards) Instrument 2026.	6 August 2026

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