

Quality Assurance Framework

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Related Documents	Higher Education Standards Framework (2021) Governance Charter Delegations of Authority Strategic Plan Marketing Plan Risk Management Plan Policy Framework Policy and Procedure Register Academic Continuous Improvement Policy Academic Continuous Improvement Procedure Course Design Policy Course Design Procedure External Moderation and Benchmarking Policy External Moderation and Benchmarking Procedure Internal Assessment Moderation Policy and Procedure ESOS Compliance Framework
HESF (Threshold Standards) 2021	1.3.5; 1.4.1; 1.4.2; 1.4.3; 1.4.4; 5.1.1; 5.1.2; 5.1.3; 5.3.1; 5.3.2; 5.3.3; 5.3.4; 5.3.7; 6.2
Policy Visibility	Internal

1. Overview

The Australian Institute of Higher Education Pty Ltd ('the Institute') has established this Quality Assurance Framework to assure the quality of its operations and its academic outcomes. Quality assurance refers to the planning, policies, attitudes, actions, and procedures necessary to ensure that quality is being maintained and enhanced. It requires actions internal to the Institute but will also include the involvement of external bodies.

It involves the governance of the Institute; 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.

With reference to the Higher Education Standards Framework and examples of best practice in the non-self-accrediting higher education sector, the Institute has designed this Quality Assurance Framework to provide a robust and coordinated

approach to quality assurance which embraces “all of the Institute” in order to foster a continuous quality improvement approach that is integrated into the Institute’s strategic planning and risk management methodology and clearly aligned to the Institute’s strategic and operational objectives.

2. Governance

2.1 Overview

The cornerstone of the Institute’s quality assurance framework is the integrated system of operational and academic governance outlined in its *Governance Charter*.

The *Governance Charter* provides a solid foundation for management and oversight of the Institute through a series of interlinking boards and committees (‘governance bodies’) with specific responsibilities and terms of reference. Membership of each governance body is designed to provide a basis for informed and independent advice at all levels of the Institute’s operations, both corporate and academic.

The corporate governing body (Board of Directors) puts in place the necessary delegations to effectively govern the academic aspects of the Institute as well as facilitating the smooth day-to-day operations of the Institute by senior management. Refer to the *Delegations of Authority* for a list of delegations.

2.2 Review of governance structure, membership of governance bodies, and delegations

Periodically the Board of Directors undertakes a review to assess the effectiveness of the overall governance structure of the Institute and any delegations it has made in order to identify any improvements that might enhance the overall effectiveness of the organisation’s corporate and academic governance. This may be an external or internal review. The Board of Directors will engage suitably qualified individuals who are independent of the Institute to assist in the review.

The review will consider whether:

- a. the overall governance structure and the type and number of governance bodies is appropriate for the size and mission of the Institute,
- b. the terms of reference for each governance body are appropriate and clearly understood,
- c. the number and categories of membership of each of the governance bodies is appropriate to achieve its functions,
- d. the balance and type of members is the optimum to achieve the Institute’s strategic objectives,

- e. that the delegations currently in place are appropriate and meet the ongoing operational needs of the Institute, and
- f. any other matters determined by the Board of Directors.

The Board of Directors shall consider the outcomes of the review and cause to be implemented any recommendations arising.

3. Planning and Review

3.1 Overview

The Institute engages in a structured regimen of planning through a series of linked plans that are reviewed and updated regularly. This planning process not only allows the Institute to focus on its operations but also provides a framework of ownership and accountability for Institute staff.

3.2 Strategic Planning

The Higher Education Standards Framework (Threshold Standards) 2021 requires under Section 6.2 Corporate Monitoring and Accountability that a higher education provider is able to demonstrate, and the corporate governing body assures itself, that the provider is operating effectively and sustainably. As such, the Institute maintains a strategic plan, which is approved by the governing body, is well understood by stakeholders and indicates that the provider has clarity about its future directions.

To this end, the Board of Directors develops a Strategic Plan and budget to create a culture that is forward- looking rather than reactive, promote unity of purpose, and to clearly articulate the Institute's enduring mission and near-term strategic directions.

The Strategic Plan and budget are developed through the following process:

- Key stakeholders are consulted in the development of the Strategic Plan and budget.
- The current Strategic Plan and budget is reviewed.
- The Institute's mission and goals are reviewed to ensure that they reinforce the Institute's vision and 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 Institute'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 person and a timeframe set for achievement.
- A draft Strategic Plan and budget is prepared.
- Feedback on the draft Strategic Plan and budget is sought from key stakeholders.
- The Academic Board is consulted on academic aspects of the Strategic Plan and budget.
- Based on this feedback a final draft of the Strategic Plan and budget is prepared for approval by the Board of Directors.
- The approved Strategic Business Plan and budget is communicated with stakeholders (as per section 3.6 below).

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

The action plan to achieve strategic objectives is monitored, and where necessary updated, by the Executive Leadership team and a report is provided to the Board of Directors. Where actions have not been completed in the agreed timeframe, the report will clearly explain why objectives have not been met or have changed and what remedial action has been or will be undertaken to achieve the strategic objective.

The *Strategic Plan* and budget are updated on an annual basis. The updated plan is approved by the Board of Directors.

During the final year of the life of the *Strategic Plan* and budget, a new plan is developed for approval by the Board of Directors.

3.3 Marketing Planning

A *Marketing Plan* is developed to ensure that the Institute's total marketing effort is integrated, that its products and services continue to meet and satisfy customers' needs, and that enrolment targets are met.

The *Marketing Plan* is developed by the marketing team, endorsed by the Executive Leadership team and approved by the Board of Directors.

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

- an analysis of the Institute's target market,
- an analysis of the Institute's current product range,

- an analysis of the Institute's main competitors,
- an analysis of the Institute's competitive advantage,
- enrolment targets,
- key marketing strategies,
- an action plan to achieve the enrolment targets, and
- proposed marketing budget.

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

The action plan to achieve enrolment targets is monitored, and where necessary updated by the Marketing team and the Executive Leadership team and a report provided to the Board of Directors for review. The report analyses the effectiveness of the marketing strategies undertaken to date. Where marketing strategies have not delivered the forecast number of enrolments, the report will clearly explain what remedial action has been, or will be, undertaken to achieve enrolment targets.

3.4 Budget Review

The Institute undertakes a budget review to support the day-to-day running of the Institute and enable senior management and the Board of Directors to measure performance. Budget reviews will be based on projections of student enrolments, staffing plans, and requirements for facilities and resources for each course offered by the Institute aligned with the strategic objectives and enrolment targets outlined in the Strategic Plan and budget.

The budget reviews will be updated after the census date in each teaching period by the Executive Leadership team and a report provided to the Board of Directors. The report will analyse actual operational performance against the budget. The report will explain any significant variances from the budget and the effect this will have on the operations of the business. The report will clearly explain what remedial action has been or will be undertaken to achieve the budget and/or maintain the financial viability of the Institute.

3.5 Risk Management Planning

The Higher Education Standards Framework (Threshold Standards) 2021 requires under Section 6.2 Corporate Monitoring and Accountability that a higher education provider's governing body regularly monitors potential risks to the Institute's higher education operations and develops strategies to mitigate risks that may eventuate.

Consequently, the Institute develops a Risk Management Plan to systematically identify, analyse, evaluate, monitor and minimise risk.

The Institute 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 in the agreed timeframes,
- the integrity of its decisions and processes, and
- the safety, security and health of staff, students and visitors.

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 Institute and supports continuous improvement of the Institute's operations,
- provides a reporting framework to assist with meeting corporate governance requirements, and
- allows for more structured and accountable business planning.

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

The Executive Leadership team will create a Risk Management Plan and update it tri-annually for approval by the Board of Directors. Risks relating to academic matters will be reported to the Academic Board.

For each category of risk it faces, the Risk Management Plan will assess the potential consequences and likelihood of an adverse event. Suggested risk mitigation strategies will then be determined for managing risks with the greatest resources devoted to those risks considered to present a very high or extreme risk as opposed to those risks that are considered to be less consequential.

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 Institute 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, and

- accepting the risk without taking any action to avoid it, but monitoring the risk and ensuring that the Institute has the financial and other capacities to cover associated losses and disruptions.

The Risk Management Plan is reviewed by the Executive Leadership team. During the review an assessment is made of the effectiveness of the risk mitigation strategies proposed for managing and minimising risks that may impact on the operations of the Institute. Based on this review and assessment an updated Risk Management Plan is developed and published.

The Risk Management Plan is approved by the Board of Directors.

3.6 Dissemination of Plans

To gain maximum benefit from the planning process, it is imperative that relevant information relating to planning is disseminated to various stakeholders in a regular and timely manner.

The Executive Leadership team will disseminate information to different stakeholder groups to ensure that appropriate information is made available to them by various means while preserving the confidentiality of the Institute. A key component of this strategy will be the articulation of the Institute's mission and goals.

4. Policies and Procedures

4.1 Overview

The Institute has developed an integrated suite of policies, procedures and forms to provide guidance and give certainty to operational processes, both administrative and academic. These documents form an integral part of the overall quality assurance framework.

It is essential that the Institute's policies and procedures are appropriate to the scale and mission of the Institute, properly approved, disseminated throughout the organisation, fully implemented, and systematically reviewed.

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

4.2 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 Institute, or
- a combination of the above.

New policies are developed by the committee or individuals nominated in the Policy Framework. The policy owner will be noted on each policy and in the Policy and Procedure Register.

During the policy development process the policy developer will consider:

- relevant government policy, legislation and regulation,
- existing Institute 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, and
- any other relevant data.

The policy developer will consult with relevant stakeholders during the development process.

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

- approve the policy without amendment,
- approve the policy with specific amendments, and
- refer the policy back to the developers for further work specifying the areas in which the policy is deficient.

Once a policy is approved by the policy owner it is entered into the Policy and Procedure Register and referred to the Executive Leadership team for implementation.

4.3 Policy Review

The Institute's policies are reviewed at least once every 3 years. A review date is set for each policy which allows adequate time for the revision and approval process. All related procedural documents and forms will be reviewed concurrently with the policy. The review date for each policy will be recorded in the Policy and Procedure Register.

The policy review process is initiated by the Head of Quality Assurance and may be delegated to an appropriate body or individual(s).

The policy review process begins with an initial review by the Responsible Officer. They will consider whether the policy:

- is still consistent with best practice,
- requires amendment due to changes in government policy, legislation or regulation, continues to meet stakeholders' needs;
- actually works in practice,
- conflicts or is inconsistent with other policy, and
- leads to any related policies requiring amendment.

Following the initial review a draft revised policy and related procedures and forms (where required) are presented to the Policy Owner for consideration.

The Policy Owner may:

- approve the revised policy without amendment,
- approve the revised policy with specific amendments, or
- Refer the revised policy back to the Responsible Officer for further work specifying the areas in which the policy is deficient.

Once a revised policy is approved by the Policy Owner the Policy and Procedure Register is updated by the Head of Quality Assurance and the revised policy is referred to the Approving Authority for final review and approval.

If the Responsible Officer 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.

Minor editorial updates that do not affect the title or substance of the policy do not need to be formally approved by the Approving Authority. 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 Institute).

4.4 Version Management

All policies are version controlled. The version format will be "year.n". Where a policy is amended within the same year, the policy version will increase by an increment of 1.

A register of all policies and related procedures will be maintained by the Principal (or delegate) and will record:

- The title of the policy and procedure,
- The current version number of each document,
- The policy owner, and
- The next review date.

4.5 Policy Dissemination

It is critical that the current versions of all policies are easily accessible to all relevant stakeholders. It is also important that relevant stakeholders are advised when an existing policy is revised or a new policy is developed.

Policies, procedures and forms are maintained on the Institute's website.

The Executive Leadership team is responsible for policy implementation and dissemination. Staff and students will be initially familiarised with current policies and where to access them through staff induction and student orientation. The Executive Leadership team will ensure that all public policies are published on the website as soon as practicable and that all relevant stakeholders are advised of the new/revised document.

5. Course Monitoring and Review

The Higher Education Standards Framework (Threshold Standards) 2021 require that a higher education provider maintains appropriate academic standards for all the higher education courses it delivers.

The Institute has adopted an Academic Continuous Improvement Policy and related Procedure, and a Course Design Policy, and the Course Monitoring and Review Policy and Procedure to provide a framework for course development and review in the context of continuous quality improvement.

5.1 Course Design and Development

The Institute has developed a comprehensive course development process as detailed in the *Course Design Policy* and related Procedure.

To ensure quality in course design and content, courses are developed in consultation with a Course Advisory and Review Committee which is comprised of members drawn from those individuals with links to professional bodies, peak industry associations and employer groups, academic staff of the Institute, and graduates and/or current students of the Institute.

5.2 Course Monitoring and Review

The methodology for course evaluation is detailed in the Academic Continuous Improvement Policy and related Procedure.

6. Stakeholder Feedback and Statistical Data

It is essential that the Institute's governance bodies consider and act on relevant data such as teaching evaluations, student feedback, student attrition, progress rates, grade distributions, course completions and graduate satisfaction.

The Institute collects a variety of data for analysis including:

- Stakeholder feedback from students, teachers, graduates and employers; and
- A defined set of metrics determined by the Academic Board which may include access and participation, attrition, retention and success rates and grade distributions for units of study and courses.

6.1 Stakeholder Feedback

The Higher Education Standards Framework (Threshold Standards) 2021, Section 5.3 Monitoring, Review and Improvement requires a higher education provider to obtain and act on regular, valid and reliable feedback from stakeholders to improve its higher education operations.

The Institute will seek regular stakeholder feedback through the use of approved survey instruments outlined in the Academic Continuous Improvement Policy and related Procedure or through surveys administered by the Quality Indicators for Learning and Teaching (QILT) team.

6.2 Statistical Data

The collection, analysis, and reporting of statistical data is recognised as a key component of a robust quality management system. The Institute will produce at least annually a set of standard reports on student information and academic outcomes to assist managers and governance bodies to systematically assess how the Institute is performing on key measures of educational performance and to identify areas for improvement through the following process:

- The Academic Board will determine the data to be collected and the processes by which the data are collated and analysed by the Principal.
- The Dean will design standard reports to enable comparisons to be made both within the Institute and against other higher education providers (refer Section 7 – Benchmarking).
- The reports will track trends over time and provide comparisons between cohorts of students (such as domestic and international), different locations, different courses and the various disciplines offered by the Institute.
- The Academic Board will consider the data collected and determine any improvement actions with clear allocation of responsibility, resources and

timelines in order to improve standards, course outcomes and student satisfaction.

- The Dean will develop an annual report for presentation to the Academic Board which will include the recommended improvement actions for the Academic Board's consideration and endorsement.

7. External Referencing (Benchmarking)

7.1 Overview

The Higher Education Standards Framework (Threshold Standards) 2021, Section 5.3 Monitoring, Review and Improvement requires a higher education provider to compare its performance against other appropriate higher education providers to identify and act upon areas requiring improvement.

Benchmarking involves the systematic collection of data and information with a view to making relevant comparisons of aspects of an organisation's performance with peer Institutes.

Benchmarking assists an Institute 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 Institute to other higher education providers in the sector to determine what they are doing better 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, and
- strengthen institutional identity by enhancing the Institute's reputation.

7.2 Benchmarking Process

The External Moderation and Benchmarking Policy and associated Procedure outline the process to be followed for external benchmarking activities.

8. Moderation of Assessment

Moderation is the process of ensuring that assessment validly and reliably measures achievement of expected learning outcomes in a unit of study. The Institute quality assures the assessment process by moderating grades as well as

moderating individual assessment items in accordance with the Internal Assessment Moderation Policy and Procedure.

9. Version Control

This Framework has been endorsed by the Australian Institute of Higher Education Board of Directors as at April 2025 and is reviewed every 3 years. The Framework is published and available on the Australian Institute of Higher Education website <http://www.aih.nsw.edu.au/> under 'Policies and Procedures'.

Change and Version Control				
Version	Authored by	Brief Description of the changes	Date Approved:	Effective Date:
2016.1	Registrar	Revised template	6 July 2016	6 August 2016
2017.1	Registrar	Updated content	7 August 2017	8 August 2017
2019.1	Principal	Updated Policy Owner, Responsible and Contact Officer to Principal. Minor expression updates.	22 November 2019	25 November 2019
2021.1	CEO	Minor updates to amend policy and procedure names, formatting changes.	22 April 2021	26 April 2021
2022.1	CEO	Updated Higher Education Standards Framework [Threshold Standard] 2021	16 June 2022	17 June 2022
2023.1	Compliance and Executive Officer	Reviewed to incorporate accepted recommendations of the External Governance Review and operational changes including: <ul style="list-style-type: none"> - Consistent references to the Delegations of Authority and terms of reference within the Institutional Quality and Governance Framework. - Establishment of the Executive Leadership Team as distinct from the Senior Management Team - Deletion of the Academic Board as one of two approving authorities and deletion of the reference to Contact Officer. 	22 June 2023	29 June 2023



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2024.1	Head of Quality Assurance	General review; incorporation of outstanding recommendations from Academic Board and Board of Directors	18 April 2024	19 April 2024
2025.1	PEO	Updated to more clearly describe the roles of the Responsible Officer, Policy Owner and Approving Authority in the creation or update of policies. Policy Visibility information added to the table on page 1 and other minor updates to process	22 April 2025	23 April 2025