

QUALITY ASSURANCE FRAMEWORK

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Relevant legislation or external requirements	National Code of Practice for Providers of Education and Training to Overseas Students 2018 (National Code) Higher Education Standards Framework (Threshold Standards) 2021 HESFs: (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, 5.3.5, 5.3.6, 5.3.7, 6.2, 6.3) Education Services for Overseas Students Act 2000 (Cth) (ESOS Act) Education Services for Overseas Students Regulations 2019 (Cth) (ESOS Regulations) Corporations Act 2001 (Cth) (Corporations Act) Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS) requirements Australian Qualifications Framework (AQF)
Related ASA Documents	Governance Charter Delegations of Authority Policy and Procedure Policy Framework Benchmarking Policy Benchmarking Procedure Course Design and Development Policy Course Design and Development Procedure Course Discontinuation and Teach Out Policy and Procedure Staff Recruitment and Selection Policy Staff Recruitment and Selection Procedure Sessional Academic Staff Employment Policy Staff Professional Development Policy Staff Professional Development Procedure Staff Performance Management Policy Staff Performance Management Procedure Critical Incident Policy Critical Incident Procedure Critical Incident Management Plan Business Continuity Policy Business Continuity Plan Work, Health, and Safety Policy Work, Health, and Safety Procedure Student Support Framework Records and Information Management Policy and Procedure Information Technology Policy and Procedure Student Support, Wellbeing, and Health Policy and Procedure Student Grievance Policy Student Grievance Procedure Academic Freedom Policy and Procedure Learning Resources Policy and Procedure Workforce Planning Policy and Procedure Sexual Assault and Sexual Harassment Policy and Procedure Student Code of Conduct Student Assessment Policy

	Student Assessment Procedure Moderation Policy Moderation Procedure
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1. Purpose

This Framework articulates the ASA Institute of Higher Education's (**ASA's**) commitment to quality assurance and continuous improvement in order to provide high quality courses and a sustainable and effective business.

This Framework identifies the processes to be followed to ensure that quality is assured, and that continuous improvement is data driven and informed.

2. Scope

This Framework applies to all ASA applicants, students, staff, directors, officers, external appointees on any ASA board or committee, volunteers, and contractors.

3. Principles

- ASA is committed to the establishment, maintenance, and continuous improvement of all aspects of:
 - student experience
 - business and financial planning and management
 - quality academic outcomes
 - maintenance of the academic integrity of results and courses
 - quality governance and oversight within ASA.
- The importance of inclusion of student representation within its deliberative and decision-making processes and the encouragement of students to participate in these processes.
- The importance of individual and collective responsibility by all staff and governance bodies for quality outcomes and continuous improvement.
- Judgements of quality and evaluations of outcomes are based on quantitative and qualitative data, including stakeholder feedback, internal data that is subject to analysis, and external referencing that ensures targets are aspirational and supported by best-practice methods.
- The connection of areas of risk to opportunity for excellence, so that best practice controls for risks can often lead to improved quality in processes and outcomes.
- That strong quality assurance practices and processes will exceed regulatory compliance requirements.

4. Definitions

Term	Definition
academic governance	A subset of the overall governance of a higher education provider. Academic governance deals with the framework that regulates providers' academic decisions and quality assurance. Academic governance includes the policies, processes, definitions of roles, relationships, systems, strategies, and resources that ensure academic standards and continuous improvement in academic activities. It is concerned with the integrity and quality of the core higher education activities of teaching, research, and scholarship.
academic integrity	Academic integrity means: a. acting with honesty, fairness and responsibility in learning, teaching, and research, b. honesty in acknowledging others' ideas, text and data presented in one's own work, or one's own previous work when re-used, c. fairness and honesty in staff and student dealings with one another and d. striving for objectivity in academic decision-making, which includes: i. not accepting inducements that may influence a decision and ii. declaring possible conflicts of interest so that these can be recorded, assessed, and managed.
business departments	Business departments are divisions within a business that specialise in offering certain services that contribute to the overall functionality of the business. Each department within a business serves a unique, specialised role and operates under a set organisational structure of the business owner's choice.
comparators	An organisation, activity, etc. that is used to judge the performance of another similar organisation or activity.
competent scrutiny	The careful and detailed examination of something to get information about it, by a body or person having the necessary ability, knowledge, or skills to do it successfully.
continuous improvement	The ongoing improvement of products, services, or processes through incremental and breakthrough improvements. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once.
corporate governance	Corporate governance is 'the framework of rules, relationships, systems and processes within and by which authority is exercised and controlled in corporations'. It encompasses the mechanisms by which companies, and those in control, are held to account.
delegated authority	Authority that has been given to a person or body from a higher level.
external referencing	External referencing means a process through which a higher education provider compares an aspect of its operations with an external comparator(s) e.g., comparing the design of a course of study and/or student achievement of learning outcomes with that of a course from another provider.
freedom of intellectual inquiry	The principles of intellectual inquiry and academic freedom confer the right to pursue knowledge wherever it may lead, and they acknowledge the right to teach, research, publish, develop curricula, assess, discuss, and debate free from unreasonable restriction or undue interference where this aligns with their qualifications or role.
governance bodies	Any board or committee within the Governance Charter, with the exclusion of the Student Representative Committee. Governance bodies will have delegated authority to oversee specific governance processes.
grievances	Grievances are concerns, problems, or complaints that staff or students raise with the provider.
independent expert	An independent expert means a person with no material current or prior business or personal relationship with the sponsor, who is engaged to a

Term	Definition
	substantial extent in the business of rendering opinions regarding the value of assets of the type held by the company, and who is qualified to perform such work.
interim monitoring	Interim monitoring means collecting data on a regular, frequent basis to observe and check the progress or quality of (something) over a period of time. Interim monitoring complements the collection of data at the end of a strategy or program.
mitigate	To make (something bad) less severe, serious, or painful.
moderation	Moderation is a quality assurance methodology, controlling processes and activities such as peer review that aim to assure: 1. Consistency or comparability, appropriateness, and fairness of assessment judgments; and 2. The validity and reliability of assessment tasks, criteria, and standards; Moderation of assessment processes establishes comparability of standards of student performance across, for example, different markers, locations, subjects, providers and/or courses of study.
oversight	To have oversight is to have the responsibility for making sure that it works efficiently and correctly.
peer review	A review that is completed of professional work by others working in the same field.
policy suite	A policy suite is the entire connected series of documents that encompass frameworks, policies, procedures, plans, guidelines, and forms.
provider	For ASA, this means the Higher Education Provider, which can be a school, institute, or college. Universities and university colleges also provide higher education services but are not generally referred to as 'providers'.
quality assurance	The maintenance of a desired level of quality in a service or product. OR The statement asserting that quality has been checked and found to be maintained.
regulatory compliance requirement	A requirement that is mandatory for a company, and may result in a fine or penalty, including loss of registration or license if breached.
residual risk	Residual risk is the risk that remains after efforts to identify and eliminate some or all types of risk have been made.
review	A formal assessment of something with the intention of making improvements if necessary.
risk	The possibility of loss, damage, or other adverse or unwelcome circumstance.
risk management	Risk management means a coordinated activity (or activities) to direct and control ASA with regard to risk.
Senior Management team	A group of senior operational staff who report to the CEO and have specific functional responsibilities within ASA. The Senior Management team consists of: • Chief Executive Officer/Principal • Academic Dean • Director International Recruitment • Director Learning and Innovation • Director Quality and Compliance • Director Student Experience
stakeholder	A person with an interest or concern in something. A stakeholder may not have power, but they will be affected by changes in processes or requirements.
student representation	Student representation is a means of amplifying the student voice through the active engagement of students on committees, boards, and advisory groups

Term	Definition
study period	A study period is a defined period of time in which teaching is delivered. This includes teaching and assessment activities.
terms of reference	A Terms of Reference (ToR) document establishes a particular board or committee and details the specific authority that board or committee has to oversee a delegated area of responsibility.

5. Quality Assurance Elements

ASA clearly sets goals and targets that specify required levels of quality and has multiple levels of review embedded in operational and governance cycles. This ensures that processes and standards are monitored and evaluated to accurately determine performance, with increasing levels of objectivity and expertise.

5.1 Defining Quality

Strategic planning includes relevant governance bodies, Senior Management, and consideration of sector and business demands. Determining targets, goals, and standards are an essential feature of planning and act to define quality.

Clear communication of priorities and expectations is essential in supporting high-quality performance. ASA organises planning, monitoring, and evaluation of quality around specific elements:

1. Students
2. Corporate Management
3. Academic Activities
4. Governance

These four key areas align with areas of Risk Management and are covered by policy documentation to specify minimum standards required by ASA, which all meet or exceed regulatory standards.

5.2 Evaluating Performance

There are three levels of review for each element that has specific standards or determinants of quality.

- i. **Operational** or managerial **reviews** which are completed by staff that have ownership of the processes or outputs/ outcomes of the element being evaluated.
- ii. **Internal reviews** which are completed by internal staff who are removed from operational actions or delivery of elements.
- iii. **External**, or independent **reviews** and audits which are completed by independent experts who can demonstrate objectivity. These experts must be experienced in best practice models and able to draw on a depth of methodologies or processes.

Reviews are scheduled to proactively collect, analyse, and report on data to inform continuous improvement actions. A scheduled review may happen:

- at a specific point within or after a study period,
- on a quarterly or six-monthly basis,
- annually or on a cycle that spans 2-5 years.

Additional, or amended, schedules for reviews may be scheduled or triggered by specific events such as:

- Requests by a governance body or Senior Management
- Changes to legislation
- Significant operational changes
- Changes in the direction of ASA
- Outcomes of reviews and audits
- Substantial changes in practice across the tertiary sector

Operational reviews can involve adjustment to processes and inputs in real-time to respond proactively and dynamically to arising needs or implement continuous improvement as soon as opportunities are recognised. These reviews are also the most regularly implemented, by reviewers that have the closest connection to the element. Examples can include unit reviews completed by teaching staff at the end of a study period presented to the Academic Dean and the Board of Examiners, grade distribution reports to the Academic Board, monthly reporting on cashflow by the Finance Manager to the CEO, or student feedback from internal student surveys to determine satisfaction with particular units or lecturers.

Internal reviews are completed by staff who are aware of provider context and detail but are not tasked with delivery of outcomes relating to the review. These reviews will provide reports to governance bodies or Senior Management. Reviews may involve stakeholder consultation and input, particularly when formulating recommendations to increase quality. Examples can include Quarterly Report to the Academic Board, quarterly financial statements by the Finance Manager to the CEO, or reviews to determine if a governance body has fulfilled their Terms of Reference during a set period. The *Internal Review Policy and Procedure* includes further information on the timing, scope and conduct of these reviews.

External reviews are performed through the engagement of an independent expert. These reviews may focus on courses, financial compliance, or governance processes. Documentation and interviews with relevant staff are commonly completed to inform the reviewer of key facts and evidence to form their judgements. The approval of resulting reports and any relevant action plans to address recommendations are provided to the governance body who commissioned the review. These reviews are less frequent yet remain essential components of cyclical quality assurance mechanisms.

5.2.1 Evidence-based evaluation

Evaluations of quality must reference the criteria for success. The success criteria will vary depending upon the element of quality being assessed, and will be explicitly included the planning stage.

Evidence may be quantitative or qualitative or require a mixture of data types. It is important that indicators of quality are measurable and as objective as possible. Care should be taken to ensure that quality indicators are comparable across implementation periods so that progress can be measured in similar terms. The ability to reference indicators externally with comparators or regulatory requirements must also be considered when defining measurement strategies.

It is acknowledged that there can be differences of view regarding best-practice or methodology to achieve a desired outcome. Where features of a quality element are subject to differing views; the governance bodies or Senior Management should consider all presented viewpoints and select a position which aligns with the judgment of members and the context of ASA.

The presentation of data and information is critically important to informed decision-making. ASA staff must ensure that feedback is appropriately de-identified to protect students and encourage continued communication. ASA staff should carefully consider the purpose of any reviews and reports and structure them to enable the audience to fulfil their role effectively. Additional guidance or requests can be made by those receiving reports or by Senior Management to build staff skills.

5.2.2 Feedback from Stakeholders

Stakeholder feedback is an important aspect of quality assurance and evaluation. Stakeholders are well placed to determine whether delivery of quality has occurred and where improvements would generate further benefit or increase quality.

Students are the most important part of ASA and as such are regularly requested to provide feedback and information. Student feedback is commonly collected through internal and external (e.g., Unit Feedback Survey, Student Experience Survey, Quality Indicators of Learning and Teaching) surveys, meetings and qualitative communication with students, and the Student Representative Committee. Additionally, student performance indicators can act as feedback, informing ASA where quality is being delivered and identifying areas requiring improvement.

Operational staff have an important role in providing feedback regarding operational efficiencies, clarity of communication (goals, documentation, and processes), and required resourcing.

Feedback, guidance, and recommendations are sought from governing bodies to provide external, objective expertise into discussions on quality and to ensure that ASA practice is of the highest quality.

5.2.3 External referencing

ASA continues to be committed to exceeding the quality and compliance requirements set by regulators. Senior Management will ensure that all reviews and amendments to internal documents, and operational processes maintain compliance with regulatory and legislative requirements. If lapses in compliance are identified through any evaluation they will be rectified immediately, and ASA will seek to mitigate any impacts on students or the integrity of conferred awards.

Benchmarking and other external referencing activities, including peer-review and moderation, are important processes that inform evaluation of performance. External referencing may be completed for all or part of the elements of quality and may be varied to suit the level and scope of any reviews. Reviews that are cyclical or have been initiated due to a possible or identified lapse in compliance must include external referencing.

External referencing activities should seek to utilise comparators that are high quality, that is, who are performing above sector norms in the element of quality being reviewed. ASA will contribute to benchmarking requests and projects, where feasible, in addition to its own quality assurance needs. Involvement in sector projects promotes collegiality and fosters whole-of-sector collaboration which improves quality.

Further information and detail regarding benchmarking activities are provided in the *Benchmarking Policy* and associated procedure and the *Policy Framework*.

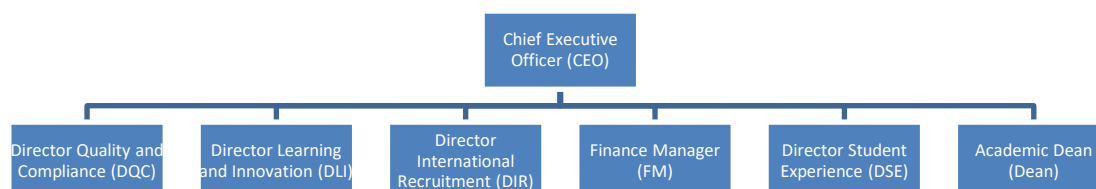
5.3 Operational and Governance Oversight

The organisational structure is implemented and managed by the Chief Executive Officer (**CEO**) through delegated authority from the Board of Directors. Senior Management consists of operational staff who report directly to the CEO and assist in managing the staff and operations of ASA. Members of Senior Management have the relevant skills and experience to implement, lead,

manage, and review quality within their areas of responsibility as denoted by their Position Descriptions and the following policy documents:

- Staff Recruitment and Selection Policy and associated procedure
- Staff Professional Development Policy and associated procedure
- Staff Performance Management Policy and associated procedure

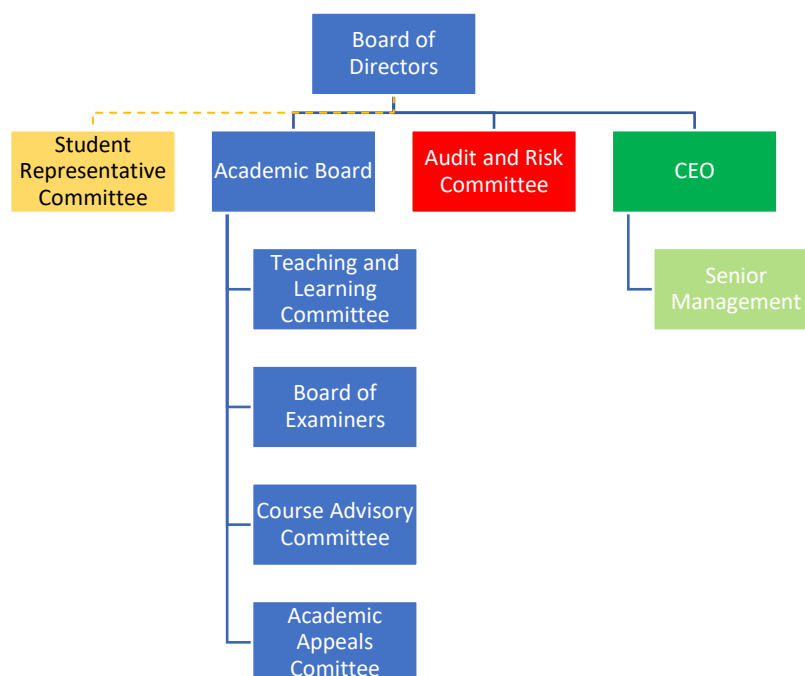
Figure 1: ASA's Operational Structure



The governance structure and reporting lines are explicitly authorised and defined within the *Governance Charter*. The Charter sets out the terms of reference for these committees and the required skills and experience to be collectively demonstrated by each governance body.

Figure 2 is provided overleaf.

Figure 2: ASA's Governance Structure



5.4 Communication

Clear, consistent, and constructive communication is a determining factor in the level of quality able to be sought and achieved.

The information compiled and reviewed as part of the planning process must be communicated effectively to decision-makers in order to reach judgements that support and drive progress towards targets and goals of suitable quality. Evaluations of efficacy of implemented actions or strategies rely on clear reporting through lines of delegated authority. The frequency and detail required in reports should be indicated at the start of projects or within decisions. These may vary depending on progress and formative assessments of quality.

Previous feedback or submissions by stakeholders that inform improvements or recommendations must be communicated to relevant parties to demonstrate how feedback was used and reinforce the value and purpose of providing feedback.

The expected level of quality and its defining characteristics must be explicitly communicated in a manner appropriate to the audience. Communication to governance bodies, staff, students, and other parties will vary and account for different levels of knowledge, experiences, expected contribution to stated goals, and access to confidential information.

Feedback and guidance on the effectiveness of implemented strategies and processes is sought from all stakeholders to ensure that monitoring data includes the experiences and views of students. All academic staff will have access to feedback on their teaching to support the enhancement of these activities.

Reviews and reporting on the effectiveness of plans or processes need to communicate whether quality has been assured and what factors impacted the level of quality achieved. Evaluations of quality must be timely to support future planning and provide relevant data that has been analysed to drive decision making.

5.5 Quality Assurance Continuum

Delivering and building on quality is a continuous process and should deliver increasing quality over time as multiple assurance cycles are implemented. The following steps outline the key aspects of improving quality at ASA:

Stage 1

- **Review** historical and current outcomes, strategies, performance against targets, and feedback so that reports to stakeholders provide appropriate information and enable oversight where required.

Stage 2

- **Reference** external sources of requirements, performance indicators, processes, and strategies to promote quality.
- **Celebrate** success and identify effective strategies or causal factors for replication and retention.
- **Identify needs** for improvement or gaps in data. Note what strategies did not return adequate impact or improvements for resource investment.

Stage 3

- **Consider** future **contexts**, particularly areas that are in flux, such as industry requirements.
- **Consider innovative** processes or new methodology, particularly from sector best-practice or high performers.
- **Formulate recommendations** for continuous improvement. Include stakeholders and competent scrutiny.

Stage 4

- **Apply recommendations** for continuous improvement to planning and preparation.
- **Set and communicate goals** and new targets that require improvement in outcomes and processes.

Stage 5

- **Implement** changes and adjust implementation and plans to suit operational and arising needs.

Stage 6

- **Monitor** and collect data on processes and outcomes. This includes stakeholder feedback.

Stage 1 (again)

- **Review** historical and current outcomes (repeat steps).

Figure 3 is provided overleaf.

Figure 3: Quality Assurance Continuum.



6. Students

Students are centered in all planning. ASA's core business is to provide students with a high-quality educational experience that enables them to succeed in a career based on their field of study. ASA has strategic planning and goals that focus on ensuring students are appropriately supported, both holistically and academically, are satisfied with their educational experience, are able to participate or be represented in academic governance processes, and have effective processes to resolve grievances if they occur.

6.1 Quality Standards relating to Students

ASA sets standards and defines quality for elements relating to students in the following ways:

- ASA Vision and Values Statement
- Risk Management Framework, and associated policy, and procedure and included Risk Appetite
- Risk Register
- Strategic Plan
- Policy documentation within the following categories sets out ASA's expectations and operational processes:
 - Governance (GOV)
 - Students (STU)
 - Business Interruption (BUS)
 - Financial (FIN)
 - Human Resources (HR)
 - Operational and Strategic (OPS)

6.2 Student Quality Assurance mechanisms:

ASA reviews the performance of ASA against the set expectations through the following mechanisms:

- i. **Operational reviews**
 - Student surveys (each study period, reported to Director of Student Experience, Learning and Teaching Committee, and Academic Board)
 - Reports from the Student Representative Council (ongoing, reported to Director of Student Experience, Teaching and Learning Committee, and Academic Board)
- ii. **Internal reviews**
 - The Academic Board and the Audit and Risk Committee review internal and external factors that could lead to a loss of quality for students and ensure these risks are identified and managed in an ongoing manner. (ongoing, reported by CEO or others, Learning and Teaching Committee, and Academic Board)
 - The Risk Register identifies initial risk and residual risk for seven (7) categories. Risk categories that impact student quality are Reputational and Political and Academic. All risk categories and risks are considered by the Academic Board and the Audit and Risk Committee to ensure that there is no ongoing or emerging risk to students' quality. In the event that risks are not mitigated or controlled effectively, the issue is escalated to the Board of Directors.

- The *Registrar's Report* which includes data and analysis on student requests, complaints, appeals, SASH or critical incidents and withdrawal / cancellation, for each Quarter is presented to the Academic Board and the Board of Directors.
 - Internal Reviews as described by the Internal Review Policy and Procedure, which reviews the compliance of ASA against each specific HESFs over a three-year period.
 - *Annual Academic Report* is a report on student academic outcomes that includes analysis by cohort and other factors, and is presented to the Academic Board and the Board of Directors on an annual basis.
- iii. **External reviews**
- Quality Indicators for Learning and Teaching (**QILT**) surveys, particularly the Student Experience Survey (each year)
 - Corporate and Academic Governance reviews

7. Corporate Management

7.1 Quality Standards relating to Corporate Management

ASA sets standards and defines quality for elements relating to Corporate Management in the following ways:

- ASA Vision and Values Statement
- Risk Management Framework, and associated policy, and procedure and included Risk Appetite
- Risk Register
- Financial Plan
- Strategic Plan, Business Plan, and Marketing Plan
- Policy documentation within the following categories sets out ASA's expectations and operational processes:
 - Governance (GOV)
 - Students (STU)
 - Business Interruption (BUS)
 - Financial (FIN)
 - Human Resources (HR)
 - Operational and Strategic (OPS)

7.2 Quality Assurance Mechanisms relating to Corporate Management

The quality of Corporate Management will be assessed through a number of planning and progress reporting mechanisms. In addition, the Internal Reviews as described by the *Internal Review Policy and Procedure*, which reviews the compliance of ASA against each specific HESFs over a three-year period, some of which relate to Corporate Management.

7.2.1 Operational and Strategic Elements

Best-practice business models create and maintain 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. Strategic Plans and reports against the progress of such plans provide assurance that the provider is operating effectively and sustainably. Additionally, the creation of

such a document supports clear communication to stakeholders and set expectations of what quality performance will look like and include progress goals to outline achievement paths.

To this end, the Board of Directors approves a Strategic Plan and budget to create a culture that is proactive, has unity of purpose, and clearly articulate and contribute to the mission and near-term strategic goals of ASA.

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

- a. The current Strategic Plan and budget is reviewed.
- b. Key stakeholders are consulted in the development of the Strategic Plan and budget.
- c. The mission and goals are reviewed to ensure that they reinforce ASA's vision and philosophy.
- d. A review of the Environmental Situation Analysis and the S.W.O.T Analysis is undertaken by Senior Management (with other stakeholders as appropriate).
- e. Key strategic directions are set for the organisation, being mindful of the business environment and ASA's strengths and opportunities.
- f. An action plan is developed to achieve the strategic objectives.
- g. Each action is allocated to responsible persons and a timeframe set for achievement.
- h. A draft Strategic Plan and budget is prepared.
- i. Feedback on the draft Strategic Plan and budget is sought from key stakeholders.
- j. The Academic Board is consulted on academic aspects of the Strategic Plan and budget.
- k. Based on this feedback a final draft of the Strategic Plan and budget is prepared for approval by the Board of Directors.
- l. The approved Strategic Plan and budget is communicated with stakeholders.

The Strategic Plan and budget is 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 progress against the Strategic Plan is monitored, and where necessary updated, by the Senior Management team and the CEO who provides a *Strategic Plan Progress Report* 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. New plans are developed and implemented as required to meet management needs.

7.2.2 Marketing Elements

A Marketing Plan is developed to ensure that ASA'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 Director of International Recruitment, endorsed by the CEO 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 ASA's target market;

- an analysis of ASA's current product range;
- an analysis of ASA's main competitors;
- an analysis of ASA'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. A *Marketing Report* is presented regularly to the Board of Directors to provide progress reports against the stated goals.

Additional policy suite documents, such as the *Agent Management Policy and Procedure*, may be reviewed and amended to ensure appropriate standards are being maintained.

The action plan to achieve enrolment targets is monitored, and where necessary updated by the Director International Recruitment and the Senior Management 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.

7.2.3 Financial Management

The CEO and Finance Manager analyse the performance of the organisation against the budget on a monthly basis to support the day-to-day running of ASA and enable senior management and the Board of Directors to measure performance. Budget reporting is based on projections of student enrolments, staffing plans, and requirements for facilities and resources for each course offered by ASA aligned with the strategic objectives and enrolment targets outlined in the Strategic Plan and budget.

Financial reports and updates against the budget are provided to the CEO on a monthly basis by the Finance Manager. The Board of Directors is provided with quarterly reporting against the budget targets. 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 ASA.

7.2.4 Risk Management

The regular monitoring of risks, the mitigation or management strategies, and resulting residual risk is essential for good governance and is required by the HESFs Standard 6.2.

ASA develops and maintains a Risk Register to systematically identify, analyse, evaluate, monitor, and manage risk. The Audit and Risk Committee oversees the risk management processes and provides advice and recommendations to the Board of Directors.

ASA faces risks that can be categorised as follows:

- Academic Quality
- Business Interruption
- Financial
- Human Resources
- Operational and Strategic

- Quality and Regulatory
- Student (Political & Reputational)

The 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 ASA and supports continuous improvement of ASA'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 ASA and therefore forms an integral part of the overall planning for the organisation.

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 manage the threat posed by identified risks. Risk mitigation includes:

- measures aimed at avoiding 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 ASA 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 ASA has the financial and other capacities to cover associated losses and disruptions.

The Risk Register is reviewed by the Senior Management 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 ASA. Based on this review and assessment an updated Risk Register is updated. External reviews of risk management will be carried out as directed by the Board of Directors.

The CEO will report on Risk through a *Risk Update Report* which indicates recent changes to residual risk, new risks, and risks that are above the stated Risk Appetite as stated in the *Risk Management Framework*. Reports on risk will be presented at every ordinary Board of Directors meeting and excerpts relating to academic risk, including a focused risk report will be presented on the same frequency to the Academic Board.

The policy documents relating to Risk Management are approved by the Board of Directors. The updated Risk Management Framework and Risk Register are reviewed and approved by the Board of Directors.

7.2.5 Workforce Planning

Workforce planning is undertaken by the CEO and Academic Dean to ensure that the present and future demands for different types of staff are in place to match demand with supply. The Workforce Plan includes the strategic context and objectives for ensuring that sufficient, appropriately qualified leaders and operational/support staff are in place to achieve ASA's higher education objectives and achieve expected student learning outcomes in accordance with its scale of operations.

The Workforce Plan also includes current and planned staff profiles for administration and academic functions of ASA.

The Workforce Plan is reviewed and updated annually by the CEO and reported to the Board of Directors in line with the Governance Charter.

7.2.6 Technology Planning

To manage its technology infrastructure ASA develops and maintains a *Cyber Security Framework, Records and Information Management Policy and Procedure*, and the *Learning Resources Policy and Procedure* to detail the Information Communications Technology (ICT) infrastructure and software systems that support its operations.

ASA also develops and maintains a *Business Continuity Plan* and associated policy, *Critical Incident Management Plan*, the associated policy, and the associated procedure, *Risk Management Framework* and associated policy, which includes a Risk Appetite Statement and a separate *Risk Register* which includes mitigation strategies in the event of extended service outages for its ICT infrastructure.

8. Academic Activities

The Academic Board is the principal academic body of ASA and has authority delegated from the Board of Directors for academic governance and policy. The Academic Board is the principal advisory body on all matters relating to and affecting the quality of learning, teaching, and scholarship at ASA. The Academic Board assures the academic experiences of students and the quality of each course of study leading to a higher education award.

8.1 Quality Standards relating to Academic Activities

ASA sets standards and defines quality for elements relating to Academic Activities in the following ways:

- ASA Vision and Values Statement
- Risk Management Framework, and associated policy, and procedure and included Risk Appetite
- Risk Register
- Strategic Plan
- Teaching and Learning Plan
- Policy documentation within the following categories sets out ASA's expectations and operational processes:
 - Governance (GOV)
 - Students (STU)
 - Business Interruption (BUS)
 - Financial (FIN)

- Human Resources (HR)
- Operational and Strategic (OPS)

8.2 Quality Assurance Mechanisms relating to Academic Activities

The Board of Directors retains accountability for the operation of the Academic Board and for the use of any delegated authority.

Academic Activities will be assessed through a number of planning and progress reporting mechanisms. In addition, the Internal Reviews as described by *the Internal Review Policy and Procedure*, reviews the compliance of ASA against each specific HESFs over a three-year period.

8.2.1 Integrity

The Academic Board ensures that staff and students are aware of the expected standards of academic integrity through policy documentation, student learning modules and academic staff induction processes. The Academic Board receives reports after each quarter analysing incidence and trends in academic misconduct and scrutinises strategies to gather and improve data relating to academic integrity. Further detail is contained in the *Academic Integrity Policy*, the *Academic Misconduct Procedure*, and the *Intellectual Property Policy and Procedure*.

The Board of Directors promotes and protects the reputation and interests of ASA by supporting the Academic Board to foster an environment that supports and protects freedom of intellectual inquiry and promotes the wellbeing of students and staff.

8.2.2 Course Design and Development:

To ensure quality in course design and content, courses are developed in consultation with the Course Advisory Committee which is comprised of members with links to professional bodies, peak industry associations and employer groups, academic staff of ASA, and graduates and/or current students. The CAC is responsible for receiving reports and evaluating comprehensive reviews of each course within two to five (2-5) years of accreditation, to ensure that each course is reviewed at least once every 5 years in an accreditation period. ASA operational staff provide regular reports to the Course Advisory Committee to enable this governance body to fulfil its function. Further detail is provided within the *Course Design and Development Policy* and the associated procedure.

8.2.3 Student Success

Student success is closely monitored at ASA, with a number of mechanisms providing early identification and potential root causes where student achievement does not meet planned levels.

- Frequent internal surveys of students and staff, and reports analysing collected data;
- Quarterly academic outcome reporting and analysis;
- Accessible senior academic leaders; and
- Monitoring of student requests, complaints and appeals through the Registrar's Report.

All students must be provided with equitable opportunities to participate and succeed in study. ASA ensures appropriate student support is provided through the following mechanisms:

- Clear, equitable, and appropriate admission processes, requirements, and documentation.
- Orientation programs that meet student needs and the characteristics of the cohorts.
- Early assessment and review of academic progress to inform timely academic support or intervention.

- Fit for purpose facilities and appropriate resourcing for the type and level of courses offered.
- Academic and wellbeing support that supports students equitably.
- Close monitoring of indicators of student performance by the peak academic governing body.

Student support is embedded and integrated throughout policy and process at ASA. Key policy documents that describe support measures include (non-exhaustive):

- *Student Support Framework*
- *Diversity and Equity Policy and Procedure*
- *Student Support, Wellbeing, and Health Policy and Procedure*
- *Learning Resources Policy and Procedure*
- *Student Progression and At Risk Policy*
- *Special Consideration Policy and Procedure*, and
- *Student Grievance Handling Policy*.

8.2.4 Interim Monitoring

The *Governance Charter* describes the authority delegated by the Academic Board to its standing committees to perform interim monitoring and provide high-level reports to enable the Academic Board to assure itself of the maintenance of quality for this element.

The Teaching and Learning Committee has responsibilities to perform regular interim monitoring of matters relating to teaching, learning, and assessment, including resourcing, support, and stakeholder feedback, and report on these matters to the Academic Board to enable maintenance of oversight. The *Governance Charter* explicitly states that the Teaching and Learning Committee is to:

- Perform regular interim monitoring of matters relating to teaching and learning, including resourcing, support, and stakeholder feedback, and report on these matters to the Academic Board to enable maintenance of oversight.
- Monitor and evaluate the effectiveness of learning, teaching, and assessment practices and provide guidance to support academic excellence and improve performance against institutional benchmarks and external standards for academic quality and outcomes.
- Periodically review and report on the student academic support services, academic intervention strategies, transition arrangements, and physical and IT resources provided for students and provide strategies to improve effectiveness as required.

ASA operational staff provide regular reports to the Teaching and Learning Committee to enable this governing body to fulfil its function.

8.2.5 Assessment Moderation

The *Governance Charter* describes the authority delegated by the Academic Board to its standing committees to oversee assessment moderation and provide high-level reports to enable the Academic Board to assure itself of the maintenance of quality for this element.

The Teaching and Learning Committee has responsibilities to oversee assessment moderation, and report on these matters to the Academic Board to enable maintenance of oversight. The *Governance Charter* explicitly states that the Teaching and Learning Committee is to:

- Advise on review and improvement activities include regular external referencing of the success of student cohorts against comparable courses of study, including:
 - a. Monitor progression rates, attrition rates, completion times and rates and, where applicable, comparing different locations of delivery; and
 - b. the assessment methods, alignment with current learning and teaching approaches, and grading of students' achievement of learning outcomes for selected units of study within courses of study.
- Review and ensure fairness and consistency in the procedures for granting credit(s) and evaluate the effectiveness of processes used for assessing student performance and achievement.

ASA operational staff provide regular reports to the Teaching and Learning Committee to enable this governing body to fulfil its function. Further detail is provided within the *Moderation Policy* and the associated procedure.

8.2.6 External Referencing

The *Governance Charter* describes the authority delegated by the Academic Board to its standing committees to oversee external referencing and provide high-level reports to enable the Academic Board to assure itself of the maintenance of quality for this element.

The following table indicates the responsibilities of various governing bodies to ensure that external referencing informs and assures the quality of academic activities.

Table 1: Governing Body and External Referencing

Item	Governance Body
Policy documents	Academic Board
Course design and development	Course Advisory Committee
Student results and grades	Board of Examiners Teaching and Learning Committee
Admissions standards	Academic Board
Granting of credit	Academic Board
Academic Risk	Academic Board Audit and Risk Committee Board of Directors
Academic Appeals	Academic Appeals Committee

ASA operational staff provide regular reports to the relevant governance body(ies) to enable fulfilment of these functions. Further detail is provided within the *Benchmarking Policy* and the associated procedure.

8.2.7 Comprehensive Course Reviews

The *Governance Charter* describes the authority delegated by the Academic Board to its standing committees to oversee comprehensive course reviews and provide high-level reports to enable the Academic Board to assure itself of the maintenance of quality for this element.

The Course Advisory Committee has responsibilities to oversee comprehensive course reviews, and report on these matters to the Academic Board to enable maintenance of oversight. The *Governance Charter* explicitly states that the Course Advisory Committee is to:

- Receive reports and evaluate comprehensive reviews of each course within two to five (2-5) years of accreditation, to ensure that each course is reviewed at least once every 5 years in an accreditation period. The review should:
 - i. include the design and content of each course of study,

- ii. the expected learning outcomes,
 - iii. the methods for assessment of those outcomes,
 - iv. the extent of students' achievement of learning outcomes,
 - v. emerging developments in the field of education,
 - vi. modes of delivery,
 - vii. the changing needs of students,
 - viii. identified risks to the quality of the course of study; and
 - ix. include external referencing or other benchmarking activities.
- Consider and review course details to ensure they content reflect contemporary best practice, are comparable or superior to similar courses offered by other providers, and incorporate overarching trends in feedback from students and staff.
 - Provide advice and endorse appropriate comprehensive course review reports to the Academic Board to enable maintenance of oversight by the peak academic body.

ASA engages independent experts and ensures operational staff provide reports to the Course Advisory Committee to enable this governing body to fulfil its function.

Further detail is provided within the *Course Design and Development Policy* and associated procedure.

8.2.8 Management of Third-party arrangements

In the event that ASA enters into any third-party delivery arrangements, these will be subject to prior agreement in relation to the monitoring, review and improvement of courses and the performance of the arrangement. Please refer to the *Educational Partnerships Policy* and associated procedure.

9. Governance

The *Governance Charter* provides a solid foundation for management and oversight of ASA 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 ASA's operations, both corporate and academic.

The governing body, the Board of Directors, puts in place the necessary delegations to effectively govern the academic aspects of ASA as well as facilitating the smooth day-to-day operations of ASA by Senior Management. The *Delegations of Authority Policy and Procedure* and *Delegations of Authority Register* provides additional detail.

9.1 Quality Standards relating to Governance

ASA sets standards and defines quality for elements relating to Governance in the following ways:

- Governance Charter
- ASA Vision and Values Statement
- Risk Management Framework, and associated policy and procedure and included Risk Appetite
- Risk Register
- Delegations of Authority Policy and Procedure, including the Delegations Register

- Policy documentation within the following categories sets out ASA's expectations and operational processes:
 - Governance (GOV)
 - Students (STU)
 - Business Interruption (BUS)
 - Financial (FIN)
 - Human Resources (HR)
 - Operational and Strategic (OPS)

9.2 Quality Assurance Mechanisms relating to Governance

Quality governance is essential to the high-quality provision of higher education. The ability of an organisation to self-assure their quality and compliance is central to regulator and consumer confidence.

9.2.1 Policy Suite Development and Review

ASA has developed an integrated policy suite comprising of frameworks, policies, procedures, plans, guidelines, and forms to provide guidance and give certainty to operational processes and inform staff and student expectations. These documents form an integral part of the overall quality assurance framework.

It is essential that the policy documents are appropriate to the scale and mission of ASA, properly approved, disseminated throughout the organisation, fully implemented, and systematically reviewed.

Policy documents are reviewed on either a yearly, or three-year cycle to ensure that they remain contemporary with organisational needs and demonstrate best practice within the sector. Further detail regarding the policy suite is located in the *Policy Framework* and the *Policy Register*.

9.2.2 Self-assessment

Each governing body is required to undertake regular reviews of the fulfillment of their terms of reference and:

- Collaborate with the CEO and the Director Quality and Compliance to participate in internal reviews on a regular basis.
- Identify and prioritise the areas and processes to be improved as identified by reviews.
- Consider the alignment of the internal review schedule with ASA's strategic objectives and priorities.

9.2.3 Operational Reviews

The Board of Directors and the Academic Board will review its own performance and provide a *Self-Assurance Review* once every two years. Reports will be presented alternatively to provide consistent coverage of matters.

Other governance bodies will review their own performance regularly through a *Self-Review Questionnaire* with reports describing the fulfillment, or lack thereof, of their Terms of Reference as per the *Governance Charter*. These reports will be presented to the body members for agreement prior to presentation to the peak body that delegated their authority.

9.2.4 Internal Reviews

Governance compliance will be evaluated through Internal Reviews as described by the *Internal Review Policy and Procedure*, which reviews the compliance of ASA against each specific HESFs over a three-year period.

9.2.5 External reviews

Periodically the Board of Directors undertakes a review to assess the effectiveness of the overall governance structure of ASA 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. The Board of Directors will engage suitably qualified individuals who are independent of ASA to assist in the review.

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 ASA;
- the terms of reference for each governance body is 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 ASA's strategic objectives;
- that the delegations currently in place are appropriate and meet the ongoing operational needs of ASA; and
- any other matters determined by the Board of Directors.

The Board of Directors shall consider the outcomes of the review and carefully consider the arising recommendations. Where the Board of Directors approves an action plan to implement arising recommendations, regular reports must be provided on the progress of implementation. Consultation with the Board of Director's Standing Committees may occur to facilitate these plans for implementation and ensure effectiveness.

10. Relevant HESFs

This document complies with Higher Education Standards Framework which specifies that:

1.3 Orientation and Progression [...]

5. Trends in rates of retention, progression and completion of student cohorts through courses of study are monitored to enable review and improvement.

1.4 Learning Outcomes and Assessment

1. The expected learning outcomes for each course of study are specified, consistent with the level and field of education of the qualification awarded, and informed by national and international comparators.
2. The specified learning outcomes for each course of study encompass discipline-related and generic outcomes, including:
 - a. specific knowledge and skills and their application that characterise the field(s) of education or disciplines involved
 - b. generic skills and their application in the context of the field(s) of education or disciplines involved
 - c. knowledge and skills required for employment and further study related to the course of study, including those required to be eligible to seek registration to practise where applicable, and
 - d. skills in independent and critical thinking suitable for life-long learning.

3. Methods of assessment are consistent with the learning outcomes being assessed, are capable of confirming that all specified learning outcomes are achieved and that grades awarded reflect the level of student attainment.
4. On completion of a course of study, students have demonstrated the learning outcomes specified for the course of study, whether assessed at unit level, course level, or in combination. [...]

5.1 Course Approval and Accreditation

1. There are processes for internal approval of the delivery of a course of study, or, where a provider has authority to self-accredit, internal accreditation, of all courses of study leading to a higher education qualification.
2. Course approval and self-accreditation processes are overseen by peak institutional academic governance processes and they are applied consistently to all courses of study, before the courses are first offered and during re-approval or re-accreditation of the courses.
3. A course of study is approved or accredited, or re-approved or re-accredited, only when:
 - a. the course of study meets, and continues to meet, the applicable Standards of the Higher Education Standards Framework
 - b. the decision to (re-)approve or (re-)accredit a course of study is informed by overarching academic scrutiny of the course of study that is competent to assess the design, delivery and assessment of the course of study independently of the staff directly involved in those aspects of the course, and
 - c. the resources required to deliver the course as approved or accredited will be available when needed.

5.3 Monitoring, Review and Improvement

1. All accredited courses of study are subject to periodic (at least every seven years) comprehensive reviews that are overseen by peak academic governance processes and include external referencing or other benchmarking activities.
2. A comprehensive review includes the design and content of each course of study, the expected learning outcomes, the methods for assessment of those outcomes, the extent of students' achievement of learning outcomes, and also takes account of emerging developments in the field of education, modes of delivery, the changing needs of students and identified risks to the quality of the course of study.
3. Comprehensive reviews of courses of study are informed and supported by regular interim monitoring, of the quality of teaching and supervision of research students, student progress and the overall delivery of units within each course of study.
4. Review and improvement activities include regular external referencing of the success of student cohorts against comparable courses of study, including:
 - a. analyses of progression rates, attrition rates, completion times and rates and, where applicable, comparing different locations of delivery, and
 - b. the assessment methods and grading of students' achievement of learning outcomes for selected units of study within courses of study.
5. All students have opportunities to provide feedback on their educational experiences and student feedback informs institutional monitoring, review and improvement activities.
6. All teachers and supervisors have opportunities to review feedback on their teaching and research supervision and are supported in enhancing these activities.
7. The results of regular interim monitoring, comprehensive reviews, external referencing and student feedback are used to mitigate future risks to the quality of the education provided and to guide and evaluate improvements, including the use of data on student progress and success to inform admission criteria and approaches to course design, teaching, supervision, learning and academic support.

6.2 Corporate Monitoring and Accountability

1. The provider is able to demonstrate, and the corporate governing body assures itself, that the provider is operating effectively and sustainably, including:
 - a. the governing body and the entity comply with the requirements of the legislation under which the provider is established, recognised or incorporated, any other legislative requirements and the entity's constitution or equivalent
 - b. the provider's future directions in higher education have been determined, realistic performance targets have been established, progress against targets is monitored and action is taken to correct underperformance
 - c. the provider is financially viable and applies, and has the capacity to continue to apply, sufficient financial and other resources to maintain the viability of the entity and its business model, to meet and continue to meet the requirements of the Higher Education Standards Framework, to achieve the provider's higher education objectives and performance targets and to sustain the quality of higher education that is offered
 - d. the financial position, financial performance and cash flows of the entity are monitored regularly and understood, financial reporting is materially accurate, financial management meets Australian accounting standards, effective financial safeguards and controls are operating and financial statements are audited independently by a qualified auditor against Australian accounting and auditing standards
 - e. risks to higher education operations have been identified and material risks are being managed and mitigated effectively
 - f. mechanisms for competent academic governance and leadership of higher education provision and other academic activities have been implemented and these are operating according to an institutional academic governance policy framework and are effective in maintaining the quality of higher education offered
 - g. educational policies and practices support participation by Aboriginal and Torres Strait Islander people and are sensitive to Aboriginal and Torres Strait Islander knowledge and cultures
 - h. qualifications are awarded legitimately
 - i. there are credible business continuity plans and adequately resourced financial and tuition safeguards to mitigate disadvantage to students who are unable to progress in a course of study due to unexpected changes to the higher education provider's operations, including if the provider is unable to provide a course of study, ceases to operate as a provider, loses professional accreditation for a course of study or is otherwise not able to offer a course of study
 - j. the occurrence and nature of formal complaints, allegations of misconduct, breaches of academic or research integrity and critical incidents are monitored and action is taken to address underlying causes, and
 - k. lapses in compliance with the Higher Education Standards Framework are identified and monitored, and prompt corrective action is taken.

6.3 Academic Governance

1. Processes and structures are established and responsibilities are assigned that collectively:
 - a. achieve effective academic oversight of the quality of teaching, learning, research and research training
 - b. set and monitor institutional benchmarks for academic quality and outcomes
 - c. establish and maintain academic leadership at an institutional level, consistent with the types and levels of higher education offered, and

- d. provide competent advice to the corporate governing body and management on academic matters, including advice on academic outcomes, policies and practices.
2. Academic oversight assures the quality of teaching, learning, research and research training effectively, including by:
 - a. developing, monitoring and reviewing academic policies and their effectiveness
 - b. confirming that delegations of academic authority are implemented
 - c. critically scrutinising, approving and, if authority to self-accredit is held, accrediting or advising on approving and accrediting, courses of study and their associated qualifications
 - d. maintaining oversight of academic and research integrity, including monitoring of potential risks
 - e. monitoring and initiating action to improve performance against institutional benchmarks for academic quality and outcomes
 - f. critically evaluating the quality and effectiveness of educational innovations or proposals for innovations
 - g. evaluating the effectiveness of institutional monitoring, review and improvement of academic activities, and
 - h. monitoring and reporting to the corporate governing body on the quality of teaching, learning, research and research training.
3. Students have opportunities to participate in academic governance.

11. Version Control

This Framework has been reviewed and approved by the ASA Board of Directors as at December 2023 and is reviewed every three years.

This Framework is published and available on the ASA website

<https://www.asahe.edu.au/policies-and-forms/>.

Change and Version Control				
Version	Authored	Brief Description of the changes	Date Approved:	Effective Date:
2024.2	Quality and Policy Officer	Document formatting updated to reflect change of Trading Name to ASA Institute of Higher Education.	28/06/2024 by CEO	01/07/2024
2024.1	Director Quality and Compliance	Updated continuous improvement diagram, inclusion of greater detail and specificity on QA mechanisms.	02/05/2024	13/05/2024
2023.1	Director Quality and Compliance	Creation of document.	12/12/2023	18/12/2023
Previous version archived. New Policy code and numbering system implemented.				
2020	Staff	Table updated, governance restructure.	4/11/2020	4/11/2020