



QUALITY ASSURANCE FRAMEWORK

QUA-STA-01

1	Policy statement and principles	2
	<i>1.1.1 Compliance, continuous improvement and quality assurance</i>	<i>2</i>
	<i>1.1.2 Policy.....</i>	<i>3</i>
	<i>1.1.3 Systems</i>	<i>5</i>
	<i>1.1.4 People</i>	<i>5</i>
	<i>1.1.5 Data</i>	<i>5</i>
	<i>1.1.6 Benchmarking</i>	<i>5</i>
2	Scope	8
3	Roles and responsibilities	8
4	Definitions	11
5	Procedures.....	12
	5.1 The QMS and Continuous Improvement Methodology	12
	<i>5.1.1 The purpose of the QMS and Continuous Improvement Methodology</i>	<i>12</i>
	<i>5.1.2 When to apply the QMS and the Continuous Improvement Methodology</i>	<i>13</i>
	<i>5.1.3 Applying the Continuous Improvement Methodology</i>	<i>13</i>
	5.2 Policy	15
	<i>5.2.1 Development.....</i>	<i>15</i>
	<i>5.2.2 Review</i>	<i>16</i>
	<i>5.2.3 Publishing and version control</i>	<i>17</i>
	<i>5.2.4 Communication, implementation, and monitoring</i>	<i>17</i>
	<i>5.2.5 Rescinding a policy document.....</i>	<i>18</i>
	5.3 Benchmarking.....	18
	5.4 External moderation of assessment (EMA)	18
6	Guidelines	20
7	Appendix 1: QMS and CIM Diagrams	21
8	Appendix 2: Policy Review Flowchart	22
9	Document status and governance	23
10	Document history	24

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. Anyone printing this document should refer to the website/College policy suite for the latest version.

ABN: 50 360 319 774 TEQSA Provider ID: PRV12064 CRICOS Provider Code: 02664K

Objects of Excelsia College

Motivated by the Christian faith, as expressed by the Apostles' Creed and Nicene Creed, with fidelity to the Scriptures as the Word of God, the objects of the College are the advancement of the Christian faith and higher education.

1 Policy statement and principles

The College acknowledges that a fit-for-purpose, transparent, systematic and robust Quality Assurance Framework is essential to sustaining continuous improvement of its governance functions, including compliance with higher education legislative instruments, as a means to enhance its educational offerings, as well as safeguard the self-accrediting authority of the College. The purpose of this Framework is to provide a uniform institutional apparatus that aligns the strategic and operational plans that facilitate the achievement of the vision, mission, and values of the College, to quality assurance and continuous improvement.

College quality assurance is underpinned by the Quality Management System (QMS), an integrated apparatus which unites people and processes through a common understanding and vocabulary of quality assurance. The QMS ensures alignment with the College's vision, mission, values and reference points. It enables the College to identify, measure, control and improve the various core processes that will ultimately lead to a culture of evidence-based high performance and institutional maturity. The QMS enables the College to innovate, improve, and make an impact.

There are two key aspects to the College's QMS (see Appendix 1):

- i. The overarching QMS which brings together the integrated tools of the College including:
 - a. The foundations of the College's mission, vision and values; excellence in governance and leadership; and risk-mitigating and evidence-based practice
 - b. the five pillars of policy, systems, people, data, and benchmarks
 - c. the KPIs of design, delivery, support, and advancement
 - d. the references points including regulation and standards, and the strategic plan
 - e. overarching alignment and accountability throughout the system.
- ii. The 6-Step Continuous Improvement Methodology (CIM), which sets out a non-linear stepped process for ensuring the KPIs of design, delivery, support and advancement are met.

The Quality Assurance Framework is supported by the Quality Assurance and Improvement Plan, governance and policy frameworks, a suite of plans, and ongoing internal reviews by independent experts.

1.1.1 Compliance, continuous improvement and quality assurance

- i. Strategic Goal 5 of the College is to ensure culture and practices of continuous quality improvement and innovation.

- ii. The 6-Step Continuous Improvement Methodology (CIM) provides the mechanism by which the College ensures a culture and practices of continuous quality improvement and innovation through a commitment to:
 - a. quality assurance and continuous quality improvement based upon the Higher Education Standards Framework (HESF) and other relevant legislation
 - b. supporting staff and students in creating a vibrant learning community based on the principles of academic quality assurance
 - c. providing education and training as part of the implementation and maintenance of compliance, continuous improvement and quality assurance
 - d. delivering professional development to enhance the capabilities of staff, and performance review and development planning to empower and engage staff in best practice
 - e. regular reviews and self-assessment of standards, organisational performance against plans and policies, and the effectiveness of quality processes, taking into account external input, student and staff feedback, and benchmarking outcomes, to identify performance gaps and opportunities for continuous improvement.

1.1.2 Policy

- i. All College policy documents should be consistent with student, staff and stakeholder needs, be internally aligned with other College policy documents, the strategic goals of the College and its values, be externally aligned to and comply with the HESF and other relevant legislation and standards and be consistent with good practice in the higher education sector.
- ii. A new policy document should only be introduced when:
 - a. it is not sufficient to add sections to an existing policy document
 - b. the relevant approving authority approves a proposal to develop the new policy.
- iii. Policy documents of the College will be scheduled for review on a regular basis, with three years representing a typical review period, and five years being the maximum review period allowable. Review periods should be set to allow adequate time for coherent policy revision and unhurried implementation of any new procedures.
- iv. All policies are stored in a secure system, are version controlled and readily available to relevant stakeholders via SharePoint and the College website.
- v. Policy document revisions may be editorial, minor, or major.
 - a. An editorial revision:
 - is an update that does not impact the policy title or its core content
 - does not require endorsement or approval by the relevant governing bodies when it occurs as part of an unscheduled review
 - may include:
 - corrections of stylistic or formatting errors or to clarify wording
 - updating terms, unit names, titles, or links

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. Anyone printing this document should refer to the website/College policy suite for the latest version.

ABN: 50 360 319 774 TEQSA Provider ID: PRV12064 CRICOS Provider Code: 02664K

- adding, removing or updating links to new/rescinded related documents.

b. A minor revision:

- is a change to a policy document to:
 - reflect changes in the College's organisational structure or systems
 - reflect changes to external regulatory or legislative documents; or
 - to resolve inconsistency between policy documents
- does not otherwise change the requirements of stakeholders
- when it occurs as part of an unscheduled review, is required to undergo the formal Policy Review Procedure and may be approved by the endorsing body. Where the document does not have an endorsing body, it may be approved by the Quality Assurance and Improvement Committee
- may affect sections such as:
 - Roles and Responsibilities
 - Procedures
 - Guidelines
 - Appendices.

c. A major revision:

- is an update that changes the substance of the policy or its title
- when it occurs as part of an unscheduled review, is required to undergo the formal Policy Review Procedure, including formal endorsement by the endorsing body (if applicable) and approval by the approving authority
- may affect framework sections such as:
 - Policy Statement and Principles
 - Scope.

- vi. Amendment to a policy rising from an unscheduled review does not change the date by which the document must be reviewed as part of its formal review cycle.
- vii. Policies and procedures will continue in force until they are replaced or rescinded.
- viii. Stakeholders impacted by the implementation of a new policy, or amendments to an existing policy, receive appropriate notification and training by the relevant Responsible Officer.
- ix. Breaches of policy that do not include academic, research, student or staff misconduct are
 - a. reported to the Quality Office and captured in the Policy Compliance Monitoring Register
 - b. reviewed by the Quality Assurance and Improvement Committee, which will determine remedial action, time frames and responsible staff involved in rectifying the matter.
- x. Breaches of policy that include academic, research, student or staff misconduct shall be reported and handled in accordance with the relevant misconduct policy.

- xi. All College policies published internally and externally shall meet the College branding and editorial standards.

1.1.3 Systems

- i. The College is supported by multiple integrated systems to ensure the design, delivery, support and advancement of its mission and vision. All systems are documented in College policy and procedures and are regularly reviewed with an eye to continuous improvement.

1.1.4 People

- i. The College seeks to ensure that its people are equipped and empowered to achieve the design, delivery, support, and advancement KPIs of the College. People in the College include:
 - general staff
 - academic or teaching staff
 - students
 - members of governing bodies
 - contractors
 - visitors to the College.

1.1.5 Data

- i. Data is used to monitor College practices and evaluate College performance including in the areas of teaching, learning, scholarship and governance.
- ii. The College seeks to ensure that sound and appropriate data management is undertaken at every level at the College in accordance with the *Privacy Act 1988* and the College's Privacy and Information Framework.

1.1.6 Benchmarking

- i. The College recognises and accepts its obligation to ensure high standards of performance in teaching, learning, research, scholarship, and governance. Benchmarking with appropriate partners enables the College to compare and evaluate its performance and, in so doing, monitor standards, support good practice and make systematic quality improvements. As such, the College encourages benchmarking with comparable institutions as a means of improving performance and assuring standards.
- ii. The College's approach to benchmarking is supported by the Quality Assurance and Improvement Plan.
- iii. The College engages in two types of benchmarking to identify areas for improvement:
 - a. whole-of-institution benchmarking: a comparison of the institutional processes and practices of other higher education providers
 - b. school/department-specific benchmarking: a comparison of one or more aspects of a school/department with the same dimensions of another provider.

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. Anyone printing this document should refer to the website/College policy suite for the latest version.

ABN: 50 360 319 774 TEQSA Provider ID: PRV12064 CRICOS Provider Code: 02664K

- iv. The College encourages a planned and systematic approach to benchmarking with a range of higher education providers as a means of continuous improvement of its performance against the HESF.
- v. Benchmarking projects undertaken by the College and any individual Schools will:
 - a. serve the mutual interests and benefits of all parties
 - b. support the College's mission, vision, values, goals and strategic priorities
 - c. have defined goals, outcomes, and activities
 - d. be oriented towards learning from good practice and quickly implementing potential improvements
 - e. be cost effective in terms of both time and required resources
 - f. establish procedures regarding the exchange, use, and publication of information
 - g. where possible, be conducted with partners that:
 - have compatible missions, visions, values and objectives
 - are of comparable size
 - have a similar mix of disciplines, degrees and academic activities.
- vi. All benchmarking partnerships will be governed by a memorandum of understanding (MoU) that specifies:
 - a. the aims and scope of the benchmarking project
 - b. the extent to which data will be shared between the partners
 - c. the extent of confidentiality with those not party to the agreement. In particular, there is a need for confidentiality when there are 'commercial in confidence' situations between partners
 - d. how the partners will agree the area(s) for potential improvement
 - e. how the parties will handle any publications emerging from the benchmarking, including limits on the publication of outcomes
 - f. a process to allow either partner to withdraw from the benchmarking project if there is:
 - a change in strategic priorities
 - an emerging situation that brings the benchmarking partners into competition, or
 - a turnover of staff which changes available staff resources and expertise.
- vii. Project findings and implementation plans will be discussed in relevant committees and will be noted in committee minutes and reports.

- viii. Implementation plans should describe the actions arising from benchmarking reports, including the identification of responsibilities, resources and timelines.
- ix. Progress against implementation plans will be regularly monitored by the Director of Quality. Progress towards implementing improvements based on benchmarking projects, and their effect on outcomes, will also be made public as appropriate.

External moderation of assessment

- x. External moderation of assessment (EMA) is a quality assurance process involving external experts assessing the consistency or comparability of student performance, the appropriateness and fairness of assessment judgements, and the validity and reliability of assessment tasks, criteria and standards across, for example, different markers, locations, subjects, providers and/or courses of study.
- xi. The College is committed to the undertaking of EMA as a critical component of academic quality assurance processes. EMA ensures:
 - a. comparability of the College's academic standards with those of the higher education sector as a whole
 - b. that College assessment results are able to be defended within the broader context of higher education
 - c. judgements made by College academic staff members are consistent with those made by their peers in comparable programs.
- xii. Excelsia aims to foster and uphold the ERoS Practice Principles regarding External Moderation of Assessment (Bedford et al., 2016):
 - a. **Effective:** Supports both the quality enhancement and quality assurance of courses and units
 - b. **Efficient:** Efficiently enables the external referencing of assessment methods and grading of students' attainment of learning outcomes across comparable courses of study
 - c. **Transparent and open:** The process engages multiple perspectives and facilitates critical and open dialogue between teaching staff across comparable courses to support consensus building around standards of student learning outcomes
 - d. **Capability building:** Contributes to the professional development of participating staff and discipline communities of practice
 - e. **Sustainable:** Provides sustainable end-to-end process for external referencing that can be operationalised and used routinely by participating institutions.
- xiii. External Moderation of Assessment is separate to processes associated with the external examination of master (AQF Level 9) and doctoral (AQF Level 10) research theses. Policies and procedures relating to these can be found in FRA-RES-02 Research Framework.

2 Scope

This policy framework applies to all College governing bodies and internal stakeholders.

3 Roles and responsibilities

The following stakeholders have a responsibility in relation to this policy framework.

Role	Responsibility
Academic Board	<ul style="list-style-type: none">• overseeing compliance, management of risks, and quality assurance in relation to all aspects of academic governance of the College: learning and teaching; scholarship; research and research training; and academic support.
Board of Directors	<ul style="list-style-type: none">• ensuring the College's compliance with the relevant legislation• managing risks in accordance with College policies and procedures• ensuring that the quality of the College's operations is assessed on an ongoing basis in order to be assured that it operates effectively and sustainably to achieve its goals• ensuring that it receives adequate reporting on compliance, risk management, continuous improvement, and quality assurance matters.
Chief Strategy Officer and Director of Quality	<ul style="list-style-type: none">• chairing the Quality Assurance and Improvement Committee which has operational responsibility for the Quality Assurance Framework• implementing, monitoring and reviewing the Quality Assurance Framework• overseeing the storage, version control, and scheduled review of all policies and procedures• monitoring legislation, regulations, codes, guidelines and other compliance matters for any changes or new requirements• monitoring internal policy and processes to ensure the currency and relevance of compliance procedures and practices• preparing reports for governing bodies on matters in relation to compliance, continuous improvement and quality assurance• providing advice to relevant staff on the above matters.
Heads of School	<ul style="list-style-type: none">• are responsible and accountable to the Chief Academic Officer for quality assurance, quality improvement and compliance with relevant higher education standards within their respective Schools and courses of study.
Management Committee	<ul style="list-style-type: none">• overseeing the implementation of the Quality Assurance Framework to achieve compliance, continuous improvement and quality assurance throughout the College, particularly in relation to financial management, information and communications technology, human resources, safety and security, and facilities

	<ul style="list-style-type: none"> • addressing non-compliance through existing management processes.
Manager, Regulation and Accreditation	<ul style="list-style-type: none"> • overseeing and managing annual EMA processes • operating as the College’s principal liaison officer for MoUs to manage and oversee the College’s fulfilment of its obligations • maintaining the currency of the EMA Schedule • monitoring, coordinating and providing operational advice on external moderation practices • monitoring, coordinating and providing operational advice on benchmarking projects and activities.
Provost	<ul style="list-style-type: none"> • overseeing the overall development and implementation of the QMS • liaising with TEQSA in relation to high level regulatory matters • overseeing compliance with relevant higher education standards, continuous improvement and quality assurance.
Quality and Compliance Coordinator	<ul style="list-style-type: none"> • maintaining the Document Management System (DMS) • ensuring effective version-control and storage of policy documents • archiving all replaced or rescinded policy documents • liaising with responsible officers and approving authorities to ensure timely and effective revision and updating of frameworks, policies, procedures and other documents in the DMS • ensuring policy documents are managed for relevance and adequacy in response to changes in standards, regulations and legislation; external review; and stakeholder feedback • reviewing draft documents prior to and post submission to approving authorities to ensure consistency and compliance with legislative, regulatory, academic and industry standards • sending a copy of the revised approved policy document to the Responsible Officer, together with the details of the file name and path in the DMS, and a reminder of the Responsible Officer’s responsibility to communicate the changes to relevant staff and students, and to withdraw all earlier versions from circulation • identifying policy gaps and recommending a plan to close the loop • identifying gaps where standards are not adequately covered and closing the loop • publishing relevant policy documents to the College website and internal system to ensure they are available electronically in current version to staff and students as needed • liaising with the Director of Quality on all responsibilities above, where necessary.

Quality Assurance and Improvement Committee	<ul style="list-style-type: none"> • ensuring ongoing monitoring and reviewing of compliance, continuous improvement and quality assurance activities at the College • reporting on internal reviews to ensure that the College is effectively monitoring, measuring, evaluating, reflecting on and improving its performance against its plans and policies • advising Management Committee and Academic Board on the outcomes of continuous quality improvement processes within the College.
Responsible Officer (RO)	<ul style="list-style-type: none"> • liaising with the Quality and Compliance Coordinator to write, revise and update policy documents under their responsibility in agreed standard formats • submitting new, updated or revised policy documents to the relevant endorsing and/or approving authority • communicating any approved document changes to relevant staff and students, withdrawing all earlier versions from circulation, and ensuring any necessary stakeholder training is undertaken • monitoring and documenting the effectiveness and compliance of all policies and procedures within their scope of responsibility • reporting any breaches of policy or incidents of non-compliance, and the remedial action taken to address them, including any ongoing non-compliance or risk issues • evaluating any risk treatments identified and making recommendations with respect to new and existing policies and procedures to appropriate approving authorities • maintaining a sound knowledge of their designated policy area and conveying advice of new policy or changes to existing ones to the Director of Quality • taking all reasonable steps to ensure the security and/or confidentiality of the document and its appropriate use by designated user(s) for designated purposes only.
Staff	<ul style="list-style-type: none"> • responsible and accountable to their supervisor for implementing the College’s Quality Management System, quality assurance and improvement processes, and processes for compliance with higher education standards as they pertain to their work and area of operation.
Students and other members of the College community	<ul style="list-style-type: none"> • contributing to quality assurance and improvement at the College in the context of their respective activities and engagements. This may include through student feedback forms, unit evaluations, Student Representative Council, or membership on College committees.

4 Definitions

For the purpose of this policy framework, the following definitions apply.

Term	Definition
approving authority	The College governing body who owns the policy and is responsible for reviewing, implementing, and monitoring it. This will usually be Management Committee or Board of Directors (for operational matters) and Learning and Teaching Committee or Academic Board (for academic matters).
benchmark	A point of external reference against which an aspect of the College can be compared and measured.
benchmarking	A structured and formal comparison of an aspect of the College against the same aspect at one or more higher education providers.
compliance	Adhering to relevant legislation, policies, regulations, and obligations.
Document Management System (DMS)	The main tool to manage the College policy suite, documenting all metadata in relation to College policy documents including the current revision status of documents, endorsing/approving authorities, revision history, and review date.
external moderation of assessment (EMA)	External moderation of assessment (EMA) is a quality assurance process involving external experts assessing the consistency or comparability of student performance, the appropriateness and fairness of assessment judgements, and the validity and reliability of assessment tasks, criteria and standards across, for example, different markers, locations, subjects, providers and/or courses of study.
framework	A document combining policy, procedure, guidelines and other relevant information around one area of College strategy and operations.
guideline	Further information on how to achieve best-practice outcomes related to a policy or procedure. Guidelines are not mandatory in nature.
handbook	A detailed guide for a specific audience relating to a niche operational area.
policy	A statement of principles or obligations that comply with all relevant legislation and on which the College bases its approach to an area of activity. It is a College-wide instrument governing all administrative, operational and academic functions of the College, and is approved by the appropriate delegated authority.
policy document	Any document that contributes to the governance of the College and includes: framework, policy, procedure, guideline, handbook, manual, template, form. The College's suite of policy documents provides a context for the development, implementation, monitoring, and review of policy and its integral role in governance and quality assurance. All policy documents are part of a structured hierarchy that govern the College activities and align them to the

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. Anyone printing this document should refer to the website/College policy suite for the latest version.

ABN: 50 360 319 774 TEQSA Provider ID: PRV12064 CRICOS Provider Code: 02664K

	College’s objectives. Policies, procedures, and guidelines are captured in frameworks that are regularly benchmarked, reviewed, endorsed and approved through an appropriate approving authority in the College’s governance structure.
procedure	Operational rules or instructions that set out the processes of achieving policy principles. They are consistent with the policies that sit above them. They may be College-wide or specific to a department.
quality assurance	A process or set of processes used to demonstrate or validate quality.
Quality Management System (QMS)	An integrated apparatus which unites people and processes through a common understanding (and vocabulary) of quality assurance.
Responsible Officer (RO)	The individual to which the approving authority delegates responsibility of a policy to ensure its review, communication, implementation, and monitoring.
self-accrediting authority	The authority granted to an institution by TEQSA to accredit some or all of its courses. Providers who self-accredit their courses of study are accountable for interpreting the requirements of the Higher Education Standards Framework (Threshold Standards) 2021 (HESF) and ensuring throughout the development, approval, delivery and discontinuance of a course of study that the HESF will be appropriately applied and met.

5 Procedures

This framework contains procedures in relation to implementing the Quality Management System and 6-Step Continuous Improvement Methodology, policy, benchmarking, and external moderation of assessment.

5.1 The QMS and Continuous Improvement Methodology

5.1.1 The purpose of the QMS and Continuous Improvement Methodology

The College’s Quality Management System (QMS) is an integrated tool which unites us and our processes through a common understanding (and vocabulary) of quality assurance. The QMS ensures our work aligns with the College’s mission, values and reference points, and enables the College to identify, measure, control and improve the various core business processes that will ultimately lead to improved performance and student satisfaction.

Incorporating the Quality Management System (QMS) into our daily work offers numerous benefits, including:

- **Alignment:** The QMS ensures that our work consistently aligns with Excelsia College’s mission, vision, and values, and with regulatory and accreditation requirements.
- **Consultation:** It promotes collaboration and open communication among staff, students, and external stakeholders, fostering a culture of shared knowledge, feedback, and continuous improvement.

- **Action-Oriented:** The QMS empowers us to take action based on evidence, ensuring that when we carry out our work we do so with a comprehensive understanding of the task and how it connects to the broader picture of the College's activities.
- **Assessment:** It emphasises the importance of regular evaluation, helping us gauge the effectiveness of our processes.
- **Connection:** Through the QMS, we establish collaboration with our colleagues and between stakeholders, improving communication, and forming strong links between our work and the broader goals of the College.
- **Accountability:** It creates a framework for tracking and taking responsibility for our actions, ensuring we meet our objectives through systematic, evidence-based reporting.
- **Added value:** Using the QMS enhances the value of our work, making it more purposeful and efficient.
- **Confidence building:** The QMS instils confidence in the quality of the College's processes and outcomes.
- **Professional growth:** Embracing the QMS is a commitment to our own professional development and contributes to the College's long-term success.

5.1.2 When to apply the QMS and the Continuous Improvement Methodology

The QMS is integrated into College workflows, processes and governance structures. Some examples of where it should be applied include, but are not limited to:

- **Review, assessment and/or improvement of:**
 - courses, units or CUOs
 - policies, procedures, guidelines, forms, or templates
 - compliance
 - governance
 - risk mitigation.
- **Research and development of:**
 - courses, units or CUOs
 - policy, procedures, guidelines, forms, or templates
 - workflow processes
 - strategies including learning and teaching, marketing, acquisition, risk-mitigation, and governance.

5.1.3 Applying the Continuous Improvement Methodology

The Continuous Improvement Methodology is a non-linear stepped process for ensuring the KPIs of design, delivery, support and advancement are met. Its steps are: Align, Consult, Act, Assess, Connect, and Account. Guidance on applying each step can be found below.

a. Align

- i. The project seeking to meet a design, delivery, support or advancement KPI should be aligned to and informed by the mission of the College and the reference points of the QMS, namely:
 - a. HESF Threshold Standards (2021)
 - b. Australian Qualifications Framework
 - c. the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (National Code 2018)
 - d. relevant professional standards
 - e. the College Strategic Plan
- ii. Alignment should occur throughout the project lifecycle.

b. Consult

- i. Relevant internal and external stakeholders of a project should be consulted for expertise, understanding, and feedback.
- ii. Stakeholders may include but are not limited to:
 - a. TEQSA
 - b. staff
 - c. students
 - d. specific departments
 - e. College governing bodies
 - f. similar tertiary education institutions for benchmarking purposes
 - g. external accreditation authorities.

c. Act

- i. Action should be taken by the relevant stakeholders. There should be understanding regarding the desired outcomes, how those outcomes will be achieved and measured, and the stakeholders responsible and accountable.

d. Assess

- i. Assessment, including reviewing, monitoring and improving the project should be undertaken. Assessment should:
 - a. be evidence-based
 - b. ensure alignment to relevant reference points
 - c. include the five pillars of policy, systems, people, data and benchmarks
 - d. include an action plan for areas of risk-mitigation and improvement.

e. Connect

- i. To connect stakeholders and the College community to the project:
 - a. it should be communicated through Community Meetings, internal newsletters, meetings of governing bodies, and/or other College initiatives
 - b. stakeholders should be invited to collaborate in its implementation
 - c. stakeholders should be invited to give feedback.

f. Account

- i. The project progress and outcomes should be reported using evidence to governing bodies of the College and relevant stakeholders. Reporting should address:
 - a. how the project aligns to reference points
 - b. who has been consulted during the project
 - c. project aims and how those outcomes have been achieved with reference to data and evidence
 - d. how the project has been or is continuing to be monitored, assessed and improved
 - e. how monitoring, reviews, benchmarking and feedback are being used to mitigate future risks
 - f. any closing-the-loop reports as necessary.

5.2 Policy

5.2.1 Development

The need for new policy and/or procedures may be identified by any relevant person, governing body, or external stakeholder. Catalysts for the development of a new policy and/or procedures may include: changes to the external regulatory or operating environment; changes to government policy, funding and/or strategic directions; change in the strategic priorities and/or directions of the College; identified inconsistencies across Schools and/or other organisational units with respect to operational and/or educational practices; new initiatives and innovations implemented within or across College organisational or academic units.

A new policy document should only be introduced when it is not sufficient to add sections to an existing policy document. The College's current policy suite should be checked prior to policy development or review to ensure consistency and prevent duplication.

- i. A proposal for a new policy should be submitted to the relevant approving authority. It is recommended that the staff member writing the proposal work with the Quality Office during this process. The proposal should outline:
 - a. how the policy ensures the College's compliance with the HESF and other relevant legislation, how the policy addresses a stakeholder need, and how it aligns with the College mission, vision, and values
 - b. policy benchmarking from other similar providers
 - c. the relevant approving authority, Responsible Officer, and other stakeholders, e.g. endorsing body
 - d. whether the policy will be internal or external
 - e. the position of the policy within the College's policy frameworks
 - f. which stakeholders will be consulted during the development process
 - g. a plan for how the policy will be implemented, monitored, and breaches captured
 - h. the development timeline.

- ii. Once the proposal for the policy development is approved, the Responsible Officer should consult relevant stakeholders and work with the Quality Office to write the policy using the appropriate template.
- iii. Once the policy is finalised, the Responsible Officer of the policy should submit it to the relevant governing bodies for endorsement and/or approval with a completed Policy Document Approval Cover Page.

5.2.2 Review

a. Types of review

- i. Policy document review may be either:
 - a. Scheduled: a review that takes place as per the review date stated on the document.
 - b. Unscheduled: a review that takes place prior to the review date stated on the document.
- ii. Reasons for an unscheduled review include:
 - a. there is an urgent need to change the document in response to changes in compliance requirements, stakeholder feedback, or governance structures
 - b. a typographical, formatting or otherwise editorial error requires correction
 - c. changes to position titles, departments, related documents need to be implemented.
- iii. Such changes will not change the date for which the document must undergo a formal review.
- iv. Non-urgent changes to a policy document may be noted in the Policy Review Register to be actioned for the next scheduled review.

b. Review process

- i. The Quality and Compliance Coordinator (QCC) monitors and reviews all College policies and related documents with the specific intent of ensuring they are accurate, up to date and published according to College branding and editorial guidelines.
- ii. The QCC forwards an editable version of a policy document to the Responsible Officer (RO). The QCC may include recommendations for updating the policy document.
- iii. The RO will:
 - a. undertake research and benchmarking to identify best practice across the higher education sector
 - b. consult core stakeholders impacted by the policy
 - c. amend the policy document using track changes, with reference to the policy review guidelines provided in the Excelsia College Editorial Style Guide and return it to QCC for first review.
- iv. QCC reviews the amended policy document to make sure it is compliant.
 - a. If the amended policy document is not compliant, the QCC sends the policy document back to the RO with recommendations for compliance. The above steps are completed until the policy document is compliant.

- b. If the amended policy document is compliant, the QCC confirms this with the RO.
- v. The RO forwards the policy document to the relevant governing body with a completed Policy Document Approval Cover Page. If the RO is not a member of the governing body, they should be invited to attend the meeting of the governing body to speak to the changes that are being proposed to the policy document.
 - a. If the policy document requires endorsement from a governing body, it should be submitted to that governing body (i.e. the endorsing body) before being submitted to the approving authority. If the RO is not a member of the endorsing body, they should be invited to attend the meeting of the endorsing body to speak to the changes that are being proposed to the policy document.
- vi. The relevant governing body endorses/approves changes and returns the policy document with any feedback to the RO.
 - a. If the endorsing body or approving authority requires changes prior to endorsement/approval of the policy document, Steps iii. – v. are repeated.
- vii. The RO makes any final required changes to the policy document and forwards it to the QCC for publication.

5.2.3 Publishing and version control

- i. Version numbering for all policy documents is as follows:
 - a. New, approved documents start at 1.0.
 - b. Increment of digit to the left of full stop, e.g. 1.0 to 2.0, indicates a major change approved by the approving authority.
 - c. Increment of digit to the right of the full stop, e.g. 1.0 to 1.1, indicates an approved minor change, an editorial change, or no change following scheduled review.
- ii. The QCC:
 - a. finalises the policy document in preparation for publishing
 - b. publishes the policy document on the Document Management System (DMS) and, if applicable, sends to Marketing for publication on the College website
 - c. stores the new version of the policy document in SharePoint and archives the old version.

5.2.4 Communication, implementation, and monitoring

- i. The Responsible Officer:
 - a. communicates the new policy document to stakeholders, including sending update of changes to Marketing for publishing in the next College newsletter.
 - b. provides training (if required) to relevant stakeholders regarding the policy document
 - c. monitors the implementation of the policy document and logs and reports any breaches or non-compliance issues with a view to improving the policy document.

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. Anyone printing this document should refer to the website/College policy suite for the latest version.

ABN: 50 360 319 774 TEQSA Provider ID: PRV12064 CRICOS Provider Code: 02664K

5.2.5 Rescinding a policy document

To rescind a policy document:

- i. The Responsible Officer of the policy document should consult with the Quality Office the reasons for rescinding. Reasons for rescinding may include but are not limited to:
 - a. The policy document is replicated elsewhere in the College policy suite.
 - b. The policy document is no longer applicable for reasons including legislation or regulation changes, changes to College teaching and learning practices or operational processes.
- ii. With the endorsement of the Quality Office, the Responsible Officer presents a proposal to the approving authority of the policy document that outlines the reasons for rescinding the document.
- iii. The approving authority may either approve the rescinding of the document or else give the Responsible Officer feedback to improve the policy document without rescinding it.
- iv. If the policy document is approved to be rescinded, the Responsible Officer will notify the QCC to update the DMS, Sharepoint and website, and the RO will communicate the rescission to relevant stakeholders.

5.3 Benchmarking

Benchmarking procedures will be determined by the project manager according to each benchmarking project.

5.4 External moderation of assessment (EMA)

a. EMA Procedure

- i. An External Moderation of Assessment (EMA) Schedule is maintained by the Quality Office, which provides both a schedule for when units are due for external moderation of assessment, and a record of when units were last externally moderated. The EMA Schedule provides a baseline plan for maintaining compliance with HESF 5.3.4b: 'Review and improvement activities include regular external referencing of the success of student cohorts against comparable courses of study, including:
 - b. the assessment methods and grading of students' achievement of learning outcomes for selected units of study within courses of study.'
- ii. The College's EMA Schedule is arranged such that all streams in all degrees are externally moderated on at least a seven-yearly basis. High-risk units may be moderated more frequently and take priority over other units scheduled for EMA per the EMA Schedule. High-risk units may include:
 - a. new units being delivered for the first time
 - b. units being delivered by a new lecturer
 - c. units identified by the School or Moderation Committee due to marking inconsistencies and/or atypical grade distribution
 - d. capstone or final-year units

- e. units with high attrition rates
 - f. units due to be submitted for accreditation or professional accreditation
 - g. other units identified by the School, LTC and/or Academic Board at their discretion.
- iii. Each academic year, each School reviews the EMA Schedule and recommends any revisions. The School then prepares and submits relevant documentation for selected units for external moderation of assessment.
- iv. The EMA process is undertaken by academics external to the College who are qualified in disciplines associated with the selected units and may be managed through a Memorandum of Understanding (MoU) with a partner institution.
- v. External moderators receive relevant unit documentation and marked copies of representative student assessment tasks from which student-identifying features have been removed. The copies include lecturer feedback and comprise (wherever possible):
- a. samples from all grade levels (e.g., High Distinction, Distinction, Credit, Pass, Fail)
 - b. samples from different types of assessment tasks (e.g., essays, reports, written examinations, journals, etc.) and
 - c. samples from at least three different lecturers.
- vi. Moderators are also provided with all relevant materials for the selected unit. These materials normally include the Course Unit Outline, assessment rubrics, assessment details and instructions, etc.
- vii. External moderators assess such aspects as the comparability of academic standards, the standard of student work, the depth and extent of lecturer comments, and the appropriateness of lecturer judgements.
- viii. External moderators provide a written report to the relevant Head of School (using the TEM-EMA-01 External Moderation of Assessment Report Template) regarding their conclusions. Where EMA is conducted as part of an MoU arrangement with other provider(s), an alternative reporting template may be agreed upon by all parties.
- ix. Heads of School take necessary actions to address the feedback provided and report annually to the Learning and Teaching Committee and Academic Board (via the annual course report) on how findings and outcomes of their EMA processes have been used to mitigate future risks to the quality of the education provided and to guide and evaluate improvements to courses.
- x. The Quality Office in consultation with the CAO compiles a college-wide EMA summary report annually, to be presented to the Learning and Teaching Committee and Academic Board, who review the report within the context of the higher education sector and make recommendations as appropriate.

- xi. The College may, in appropriate circumstances, adopt alternative approaches to fulfilling the requirements of HESF 5.3.4b provided that the ERoS principles continue to be met: Effective, Efficient, Transparent, Capacity Building and Sustainable. The relevant Head of School will outline to the LTC where appropriate circumstances may exist to warrant an alternative approach to EMA. An example is the use of external panel assessors for performance-based units in the performing arts.

b. Appointment of external moderators

Principles and procedures for the appointment of external moderators are as follows.

- i. External moderators must be academics from higher education institutions within Australia.
- ii. External moderators must be academically qualified at least one level above the level of the unit being moderated.
- iii. Heads of School are responsible for identifying and recommending external moderators where the EMA is not being conducted as part of a reciprocal arrangement with other provider(s) with which an MoU has been established.
- iv. External moderators are approved by the Head of School, in consultation with the CAO, Quality Office and People and Culture.
- v. A letter of appointment/contract is issued to each external moderator by People and Culture in consultation with Head of School and the Quality Office except where the EMA is part of an MoU arrangement.
- vi. External moderators will normally be changed at least every three years.

6 Guidelines

The Excelsia College Editorial Style Guide provides guidelines on best practice on how to write policy, including plain English, inclusive language, and policy naming.

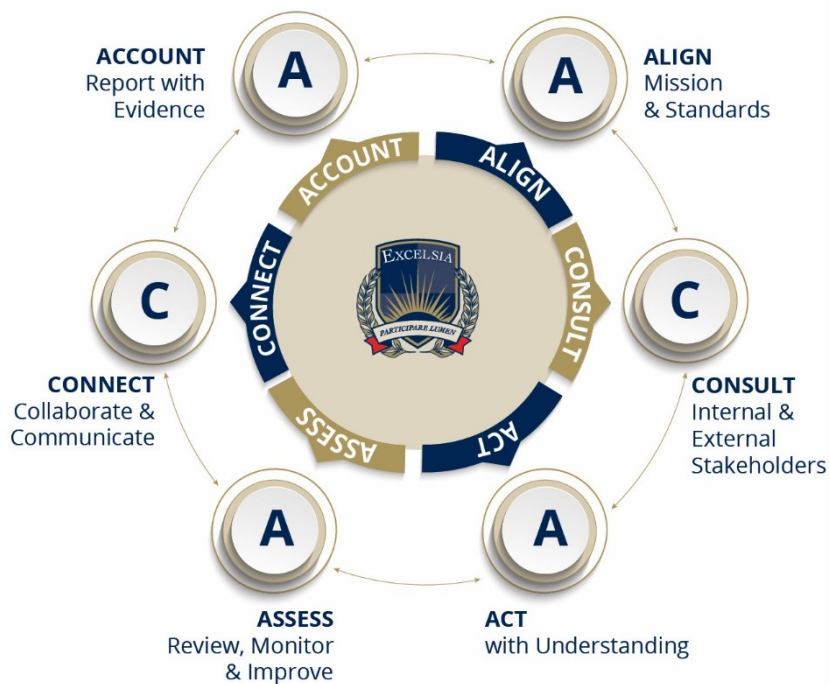
7 Appendix 1: QMS and CIM Diagrams

EXCELSIA'S QUALITY MANAGEMENT SYSTEM



P = Policy S = Systems P = People D = Data B = Benchmarks

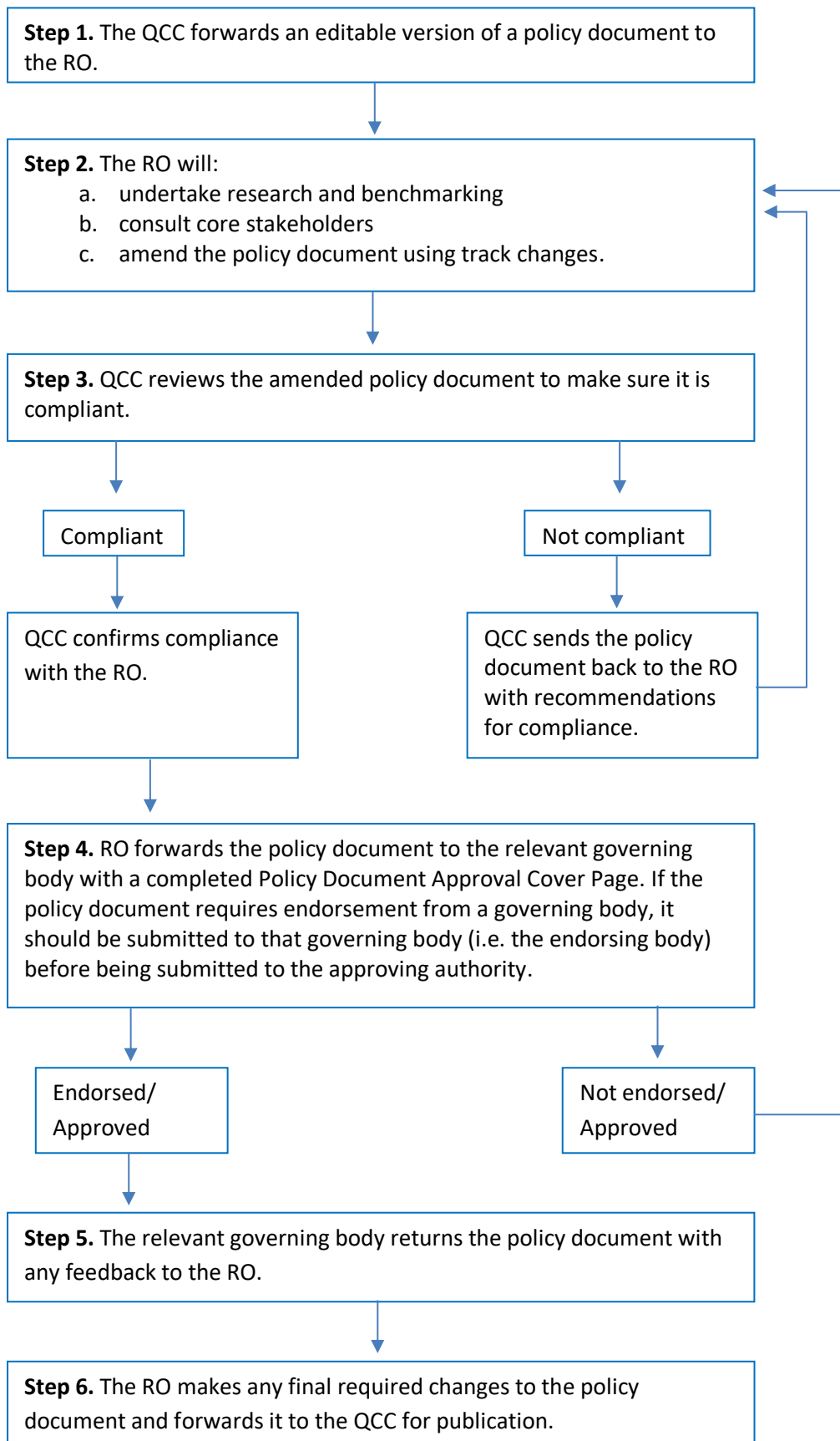
6-STEP CONTINUOUS IMPROVEMENT METHODOLOGY



This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. Anyone printing this document should refer to the website/College policy suite for the latest version.

ABN: 50 360 319 774 TEQSA Provider ID: PRV12064 CRICOS Provider Code: 02664K

8 Appendix 2: Policy Review Flowchart



9 Document status and governance

Responsible Officer	Director of Quality	Date created: September 2023 Date of last review: September 2023
Approving Authority	Board of Directors	Meeting date: 7 December 2023 Agenda item number: 7F
Endorsement	Management Committee	Meeting date: 13 October 2023 Agenda item number: 8.4
	Academic Board	Meeting date: 2 November 2023 Agenda item number: 8.1
Publication	Version 1 (Public)	December 2023
Related documents and references	<p>External documents</p> <p>Australian Code for the Responsible Conduct of Research</p> <p>Australian Qualifications Framework</p> <p>Bedford, S. B., Czech, P., Sefcik, L. T., Smith, J. & Yorke, J. (2016). External Referencing of Standards – ERoS Report. An example of a collaborative end-to-end peer review process for external referencing. Final Project Report. RMIT University, The University of Wollongong, Queensland University of Technology and Curtin University.</p> <p>Higher Education Standards Framework (Threshold Standards) 2021</p> <p>Higher Education Support Act 2003 (Cth)</p> <p>National Code of Practice for Providers of Education and Training to Overseas Students 2018</p> <p>Privacy Act 1988 (Cth)</p> <p>Internal documents</p> <p>FRA-RES-02 Research Framework</p> <p>GOV-01 Governance Charter</p> <p>GOV-STA-04 Information Management and Privacy Framework</p> <p>GUI-STA-03 Editorial Style Guide</p> <p>PLA-GEN-03 Strategic Plan</p> <p>PLA-GEN-04 Learning and Teaching Plan</p> <p>PLA-GEN-12 Scholarship Across the Curriculum Plan</p> <p>PLA-GEN-19 Quality Assurance and Improvement Plan</p>	

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. Anyone printing this document should refer to the website/College policy suite for the latest version.

ABN: 50 360 319 774 TEQSA Provider ID: PRV12064 CRICOS Provider Code: 02664K

	Policy Compliance Monitoring Register Policy Review Register Regulation, Compliance and Quality Assurance Handbook TEM-EMA-01 External Moderation of Assessment Report Template TEM-GOV-04 Policy Document Approval Cover Page Template	
HESF	1.1, 1.2, 1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 4.1, 4.2, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2, 6.3, 7.1, 7.2, 7.3	
Review date	Review of Version 1	December 2026

10 Document history

This framework has been amended as follows:

Version	Approved by and date	Sections amended