

# Quality Framework

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## Purpose

Federation University Australia is committed to quality assurance and continuous improvement across its federated network of campuses and partner-provider institutions. The [Quality Framework](#) describes the approach to quality assurance by embedding principles of good practice in quality management in accordance with the statutory quality standards of its regulatory bodies through a system of mature quality assurance processes, compliance auditing and the capture and implementation of continuous improvement.

The University is bound by regulatory and legislative frameworks that guide our educational practice, both federal and state based. This [Quality Framework](#) outlines the University's approach to compliance with the requirements stipulated within these regulatory and legislative requirements for all University courses delivered to domestic and international students and requirements for partner providers delivering Federation University courses.

The Regulatory Point of Contact enables the University to consolidate and monitor all queries to the University's regulatory bodies: Australian Skills Quality Authority ASQA, the Tertiary Education Quality and Standards Agency (TEQSA), the Victorian Registration and Qualifications Authority (VRQA) and the Department of Jobs, Skills, Industry and Regions (DJSIR) to one contact point within the University.

The University will provide a quality tertiary education experience that inspires its students to succeed, serves its regions and communities, and is international in its outlook and impact.

## Scope

This document applies to all organisational units, campuses, staff and functions of the University, inclusive of the entire University community including students and partners of the University located locally, interstate and overseas, and is supported by the University's Strategic Plan.

This procedure does not encompass the regulations or requirements of licensing or accrediting bodies.

## Legislative context

- Federation University Australia Act 2010
- Higher Education Standards Framework (HESF 2021)
- Standards for Registered Training Organisations RTO 2025
- National Code of Practice for Providers of Education and Training to Overseas Students 2018 ( National Code 2018)
- Education Services for Overseas Students Act 2000 (ESOS)
- ESOS Regulations 2019
- ESOS (Registration Charges) Act 1997
- ESOS (TPS Levies) Act 2012

The statutory requirements of the following regulatory bodies are adhered to:

- Australia Skills Quality Authority ASQA
- Victorian Registration Qualifications Authority (VRQA)
- Tertiary Education Quality and Standards Agency (TEQSA)
- Department Jobs, Skills, Industry and Regions; VET Funding Contract

## Definitions

| Term           | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Academic Board | <p>The principal academic body of the University whose purpose is twofold: firstly, to provide academic oversight of prescribed academic courses and units of study of higher education and VET in the University; and secondly to provide advice to Council on the conduct and content of those courses and units.</p> <p>Specific responsibilities in the context of this <a href="#">Quality Framework</a> are:</p> <ul style="list-style-type: none"><li>• creating awareness of and providing leadership in relation to contemporary educational issues;</li><li>• establishing a quality assurance framework for learning, teaching and research;</li><li>• recommending and reporting to the Vice-Chancellor on matters relating to learning, teaching and research;</li></ul> |

|                               |                                                                                                                                                                                                                                                                                                                                                                                 |
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|                               | <ul style="list-style-type: none"> <li>regularly reviewing and evaluating the performance of the Academic Board and reporting outcomes to Council.</li> </ul> <p>Academic Board is supported in these duties by its Standing Committees. Please refer to <a href="#">Academic Board standing committees   Federation University</a> for further detail on these committees.</p> |
| Act                           | Federation University Australia Act 2010 provides the legislative framework that the University is required to operate under.                                                                                                                                                                                                                                                   |
| Benchmarking                  | The process of measuring and monitoring outcomes against predetermined (usually best practice) standards.                                                                                                                                                                                                                                                                       |
| Continuous improvement        | The ongoing process of change for the purpose of improvement to practices and processes.                                                                                                                                                                                                                                                                                        |
| Council                       | The Council is the governing authority of the University and is responsible for the direction and superintendence of the University.                                                                                                                                                                                                                                            |
| Institutes and Schools        | Federation University Australia has a number of Academic Organisational Units - <a href="#">click here for details</a> .                                                                                                                                                                                                                                                        |
| Governance                    | The processes by which the University is controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direct and control exercised in the organisation (Standards Australia AS 8000-2003/ Amdt 1-2004).                                                                                                                                   |
| Onshore Students              | A person holding an Australian student visa and is defined as an 'Overseas Student' in the ESOS Act.                                                                                                                                                                                                                                                                            |
| Partner-provider organisation | Educational institution providing courses and units of the University through an approved Education Agreement.                                                                                                                                                                                                                                                                  |
| Policy                        | A formal statement of principle that regulates University operations                                                                                                                                                                                                                                                                                                            |
| Procedure                     | Describes the operational processes/steps to be adhered to in order to maintain effective adherence to the prescribed principles outlined in the associated policy.                                                                                                                                                                                                             |
| Quality assurance             | The program of activities to ensure products and services are of the desired quality.                                                                                                                                                                                                                                                                                           |
| Quality framework             | The system in which activities used to carry out Quality Control, Quality Assurance and Continuous Improvement are completed at the University.                                                                                                                                                                                                                                 |
| Quality cycle                 | The cyclic process of planning, quality improvement, quality control, quality and data reporting and quality improvement, including but not limited to benchmarking, audits, reviews and program, course and units review.                                                                                                                                                      |
| Regulation                    | Made by Council under a University Statute to regulate interpretation and implementation of the Statute.                                                                                                                                                                                                                                                                        |
| Regulator Standards           | The Higher Education Standards Framework (TEQSA) and the Australian Skills Quality Authority ASQA under the National Vocational Education and Training Regulator Act 2011, Victorian Registration and Qualifications Authority (VRQA).                                                                                                                                          |

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Standing Committees | Permanent committees established under and reporting to Council - refer <a href="#">Academic Board standing committees   Federation University</a> .                                                                                                                                                                                                                                                                                                                                           |
| Statute             | The subordinate legislations related to the governance of the internal affairs of the University under the Federation University Australia Act 2010 (as listed in Part 5 Section 29 of the Act). Statutes can only be made, amended, or revoked by Council and must be approved by the relevant State Minister with responsibility for tertiary education. A University Statute comes into operation on the day on which the Minister approves it (unless otherwise specified in the Statute). |

## Framework Context

Federation University Australia is established under the Federation University Australia Act 2010. Under the Act, the decision making powers of the University lie with Council as its governing body, Academic Board and the Vice-Chancellor. The University is responsible to comply with the statutory requirements as listed under Legislative Context.

The University [Quality Framework](#) in conjunction with regulatory and legislative requirements at the University has two objectives:

1. To comply with the Federation University Australia Act 2010 and the decision- making powers of the University that lie with Council as its governing body, Academic Board and the Vice-Chancellor complying with the statutory requirements as listed under Legislative Context
2. To maintain University compliance with regulatory and legislative requirements to ensure continuing registration and certification as a Self-Accrediting Institution and as a Registered Training Organisation

## University Governance Structure

| UNIVERSITY GOVERNANCE                                                           |                                                          |
|---------------------------------------------------------------------------------|----------------------------------------------------------|
| Council and Standing Committees of Council                                      |                                                          |
| MANAGEMENT/OPERATIONS                                                           | ACADEMIC GOVERNANCE                                      |
| Vice-Chancellor                                                                 | Academic Board and Standing Committees of Academic Board |
| Vice-Chancellor Senior Team (VCST)                                              |                                                          |
| Operational Leadership (Executive Deans, Heads of Operational Areas, Directors) |                                                          |
| All employees                                                                   |                                                          |
| Students and other members                                                      |                                                          |

This tripartite governance structure in which management and academic board contribute to academic decision-making, within the context of Council's overall responsibility and decisions ensures a clear distinction between governance and management responsibilities and clear separation between corporate and academic governance.

## Framework Statement

The University's quality framework is whole-of-institution, linking strategic principles and strategic directions with planning and best practice in quality management.

| University Principle | Demonstrated through the <a href="#">Quality Framework</a> by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Excellence           | <ul style="list-style-type: none"> <li>Implementing quality control processes to ensure the minimum standards required by the Regulators are achieved.</li> <li>Adopting agreed methodologies to capture, record and evaluate key outcomes to enable appropriate management responses.</li> <li>Providing clear and consistent leadership in the implementation and maintenance of quality systems.</li> <li>Establishing quality assurance processes to ensure that university activities are being completed or delivered in a consistent and timely manner. This includes the reporting of the results of all reviews, audits, feedback, and complaints to the relevant standing committee.</li> </ul>                                                                |
| Relevance            | <ul style="list-style-type: none"> <li>Utilising a planned approach with measurable controls and processes.</li> <li>Ensuring a consistent institutional approach across all operational areas in measured areas of quality control.</li> <li>All employees are responsible and accountable to their supervisor, for implementing the University's quality system, quality assurance and improvement processes, and for compliance with relevant standards as they pertain to each employee's work and area of operation.</li> <li>Students and other members of the University community also have a responsibility to contribute to quality assurance and improvement at the University.</li> </ul>                                                                    |
| Inclusive            | <ul style="list-style-type: none"> <li>Ensuring each phase of the academic experience is underpinned by current relevant University policy, procedure and relevant legislation.</li> <li>Aligning all functional, organisational unit and individual staff member plans with the current Strategic Plan, in particular its goals and priorities.</li> <li>Ensuring employee operations are well managed and human resources are appropriate.</li> <li>Implementing appropriate professional development and scholarship to ensure academic quality and integrity is maintained.</li> <li>Providing a safe and well maintained environment across all organisational units which are sufficiently and equitably resourced (physical and electronic resources).</li> </ul> |
| Empowering           | <ul style="list-style-type: none"> <li>Providing opportunities for appropriate internal and external involvement in the maintenance of quality and standards, including through the use of feedback from students, graduates, employers, staff and other stakeholders.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Innovative and agile | <ul style="list-style-type: none"> <li>Offer creative solutions that enable quality and compliance through structure, stability and a growth mindset.</li> <li>Support the process of turning ideas into actions by assisting the university community to determine the impact of Quality Assurance and regulatory requirements on projects.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                  |

- Implement established business processes while proactively enabling change.

## Quality Cycle - Continuous Improvement

The University, with the support of Quality Assurance Services actively plans for quality assurance of the University as well as seeking opportunities to enhance best practice through continuous improvement.

Federation University Australia has adopted the Continuous Improvement Cycle of Plan, Do, Review and Improve to drive the process for self-review, reflection, continuous improvement and accountability to assure internal and external accreditation, registration and relevant audits.

Federation University's quality approach is aligned to the relevant regulatory standards, the student lifecycle, and the University's Strategic objectives and outcomes. The University has documented policies and procedures that provide clear instruction on how the [Quality Framework](#) is implemented across the University and its Partner Provider teaching locations. Compliance with all regulatory frameworks, is a university-wide effort, commitment and responsibility.



## Quality Assurance and Review Process

### A - Internal Quality Audits

Plan, conduct and report on audits

|    | Activity                           | Responsibility                             | Steps                                                                                                                                                                                                                                                   |
|----|------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <b>Plan</b> Internal Quality audit | Senior Manager, Quality Assurance Services | <p>The Internal Quality Audit schedule is developed and released quarterly, in consultation with relevant stakeholders taking into account:</p> <ol style="list-style-type: none"> <li>1. Previous internal audit and external audit results</li> </ol> |

|    |                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|    |                        |                            | <ol style="list-style-type: none"> <li>2. Internal and external risk ratings</li> <li>3. Preparation required for forthcoming regulatory and contractual compliance audits including Standards for RTO's - ASQA, Higher Education Standards Framework - TEQSA, VET Funding Contract - HESG and Minimum standards and other requirements for schools - VRQA;</li> <li>4. Operational and procedural changes specifically required by ASQA, TEQSA, VRQA (VCAL) and the VET Funding Contract (HESG) or other standards and contractual obligations as required;</li> <li>5. The Internal Quality Services Audit Schedule is forwarded to the University Governance and Management Committees for noting and distributed to relevant University management</li> </ol> |
| 2. | <b>Conduct Audits.</b> | Quality Assurance Services | <ol style="list-style-type: none"> <li>1. Confirm commencement of audit with relevant stakeholder/s, as per the Internal Quality Audit schedule, two weeks prior to commencement of audit.</li> <li>2. Utilise approved internal checklists/templates for a consistent approach when conducting the audit.</li> <li>3. Finalise and develop the initial audit report for discussion, summarising the findings and any non-compliances on the Non-compliance Register (NCR) template. Provide opportunity for discussion of the audit findings with key stakeholders prior to finalising the audit report, identifying non-compliances, partial compliances, compliances, opportunities for improvement and recommendations.</li> </ol>                            |

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| 3. | <b>Report on</b><br>Quality Audits                        | Quality Services/<br>Auditee | <ol style="list-style-type: none"> <li>1. Finalise and issue audit report and NCR summary form to nominated stakeholders for applicable audits. Where audit results require a management response, a memo and supporting documentation will be tabled at the appropriate Committee and/or management team for a response/comment and rectification.</li> <li>2. Log identified NCRs onto the Quality NCR Database (where applicable).</li> <li>3. Nominated stakeholder to populate the template with proposed actions/rectifications and returned within the timeframe requested unless otherwise negotiated.</li> <li>4. NCR Summary Forms that are not forwarded to Quality Services within the requested timeframe are followed up and if necessary may be escalated to management / University Governance and Management Committees for action.</li> </ol> |
| 4. | <b>Review</b> non-compliances and proposed rectifications | Quality Services             | <ol style="list-style-type: none"> <li>1. NCRs will be monitored for progress and completion in the proposed timeframe.</li> <li>2. <b>Closing NCRs</b> - When NCR requests have successfully been rectified and evidence of this provided, the NCR will be closed.</li> <li>3. <b>Open/incomplete NCRs</b> - If rectifications are not progressing as outlined in the provided NCR Request after follow up, the audit status may be escalated and reported to the University Governance and Management Committees.</li> <li>4. Where non-compliance has not been rectified, a follow up audit may be scheduled based on risk level.</li> </ol>                                                                                                                                                                                                                 |

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| 5 | <b>Committee and Operational Area Quality Audits</b> | Operational Areas<br><br>University Governance and Management Committees | <ol style="list-style-type: none"> <li>1. Operational Areas are responsible for conducting internal quality audits to monitor compliance with quality assurance practices and processes.</li> <li>2. University Governance and Management Committees can conduct quality assurance audits to monitor the compliance of the committee and operational areas in achieving quality assurance requirements.</li> </ol> <p>Audits are conducted and reported in line with the internal business process of the operational area or committee conducting the audit.</p> |
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## B - International and Partnerships - Compliance Audits

Conducting On/Offshore Education Partner Provider and On Campus Compliance Audits against the ESOS Act 2000 and the Higher Education Standards Framework HESF

The purpose of ESOS and HESF audits is to ensure that the University is compliant with the ESOS Act 2000, the National Code 2018 and the Higher Education Standards Framework (Threshold Standards) 2021. On and offshore partners who deliver University programs to international students will be audited for ESOS and/or HESF compliance.

|    | Activity                                                                                    | Responsibility                             | Steps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|---------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <b>Plan</b> Partner Provider ESOS and HES Audit (On & Off Shore) and on-campus ESOS audits. | Senior Manager, Quality Assurance Services | <ol style="list-style-type: none"> <li>1. At the commencement of each year, mandated auditing and compliance activities for the forthcoming 12 month period are reviewed. An audit schedule is developed in consultation with relevant stakeholders and:               <ol style="list-style-type: none"> <li>a. Using an analysis based on risk, the University decides when, where and who will be involved in each audit. The sources of risk, their consequences and the likelihood that those consequences may occur is taken into consideration.</li> <li>b. The Audit Schedule is developed in consultation</li> </ol> </li> </ol> |

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|    |                      |                                                               | <p>with the appropriate stakeholders, which includes the DVC, Global and Engagement and Partner Providers where applicable.</p> <ol style="list-style-type: none"> <li>The Audit Schedule will list the format of the audit to be undertaken. Audits may be a self-assessment/desktop/onsite audit or a combination of two or more formats. While audits are scheduled as annual audits, high risk areas may be audited more frequently than low risk areas.</li> <li>Notification requirements and request for the name/s and details of a contact for the audit to be confirmed.</li> <li>If an onsite audit is planned, the day can be negotiated to suit both auditor and partner or school/section. One month's notice should be the minimum advance notice.</li> <li>Confirmation: date and time of audit is to be recorded on the Audit Schedule.</li> <li>Preliminary preparation: request access to relevant documents, databases etc.</li> </ol> |
| 2. | <b>Conduct</b> Audit | Senior Manager, Quality Assurance Services or Quality Officer | <p>When conducting an ESOS / HESF audit, use the relevant audit template for guidance for areas of required compliance to be audited.</p> <p>The audit templates are:</p> <ol style="list-style-type: none"> <li>ESOS Compliance Self-assessment template (on-campus)</li> <li>Offshore International Partner Provider Annual Audit Template</li> <li>TAFE Partner Provider Annual Audit Template</li> <li>Onshore International Partner Provider Annual Audit Template</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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|    |                                                                    |                                                               | <p>Provide the template to the Partner Provider and / or Schools / Institutes to assist with their preparation.</p> <p>For the desktop audits, meet with University staff, review student management systems, review Partner Provider websites and request materials electronically.</p> <p>Where necessary due to responses in the self-assessment and / or result of a desktop audit a follow-up onsite audit will be conducted even if not listed in the audit schedule.</p> <p>The lead auditor is responsible for an Onsite Audit – Opening Meeting. Meet with the senior Partner Provider and / or School / Institute staff involved in the audit to ensure that they are clear about the processes and activities that will be undertaken by the auditing team.</p> <p>The following should be discussed at the Opening Meeting:</p> <ol style="list-style-type: none"> <li>1. Introduction of the team members</li> <li>2. Audit objectives and scope</li> <li>3. Activities and timetable</li> <li>4. Confirmation for the working area / office accommodation</li> <li>5. Confirmation that access to facilities and records within the scope of the audit are available</li> <li>6. Explanation of the details, timing and purpose of the Feedback Meeting</li> <li>7. Invite any questions about the audit</li> </ol> |
| 3. | <b>Report</b> on International and Partnerships Compliance Audits: | Senior Manager, Quality Assurance Services or Quality Officer | <p>Recording Information:</p> <ol style="list-style-type: none"> <li>1. Notes must be taken when conducting an audit.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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|  |  |  | <ol style="list-style-type: none"> <li>2. Where an area is found to be non-compliant a corrective action will be issued.</li> <li>3. Opportunities for Improvement are recorded.</li> <li>4. Evaluation of Audit Findings: after performing the audit, the auditor will provide feedback. The auditor should allow time at the end of the meeting to look at the findings and analyse the audit outcomes to draw conclusions and provided as part of the feedback. Initial feedback only needs to be provided orally as a documented summary of the findings will be provided later. Oral findings must be consistent with information that will be recorded in the official report.</li> </ol> <p><b>Audit Report Structure</b></p> <p>Upon completion of an audit, a report documenting the findings of the audit must be completed. For Partner Provider audits, clearly itemise findings under each area audited. At the end of each report, in the section titled "Summary of Audit Findings" include the compliant (C), non-compliant (NC) and Opportunities for Improvement (OFI).</p> <p>Append a Non-compliance Rectification request (NCR) to the report.</p> <ul style="list-style-type: none"> <li>• A draft report is sent to the audited party contact so feedback can be provided.</li> </ul> <p>If the audited Partner Provider and / or School / Institute advise that they have rectified the non-compliances listed in the report, do not remove from report. The report reflects a point-in-time audit, an additional note can be added to advise that the non-compliance has been</p> |
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|    |                                                                 |                                                               | <p>addressed. Evidence must be provided.</p> <ol style="list-style-type: none"> <li>1. The Summary of Audit findings or NCR will indicate the timeframe in which a response on corrective actions is required.</li> <li>2. The status and effectiveness of corrective actions taken to remedy non-compliances or in response to improvement opportunities will be monitored.</li> <li>3. A combined Summary of Audit Findings and their current status will be tabled at meetings of the Learning and Teaching Quality Committee.</li> </ol>                                                                                                                                                                     |
| 4. | <b>Review International and Partnerships Compliance Audits:</b> | Senior Manager, Quality Assurance Services or Quality Officer | <ol style="list-style-type: none"> <li>1. Follow up audits should be undertaken if there are a number of non-compliances found. The follow-up audit only needs to be performed in those areas that non-compliances were raised.</li> <li>2. Mechanisms for assistance such as relevant education and support should be provided to stakeholders to assist in achieving compliant results.</li> <li>3. This audit may be conducted as a desktop audit.</li> <li>4. The follow-up audit is planned at time mutually agreed to by all participating parties, once evidence has been provided that rectification of the non-compliance has been implemented and education and support have been provided.</li> </ol> |

## C - Internal Audits and reporting to Audit and Risk Management Committee

Internal Audits are an integral part of the University's Governance framework. The function provides the University Council and Audit and Risk Management Committee with independent and objective assurance that internal controls are operating as intended and that they are adequate to minimise risk and assist the University to achieve its strategic goals.

The Internal Audit function also assists the University to achieve sound managerial review of all of its operations to ensure that activities are being carried as effectively and efficiently as possible.

|   | Activity                                                                                          | Responsibility                                                | Steps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 1 | <b>Plan:</b> Develop 3 - 4 year Strategic Internal Audit Plan and Annual Internal Audit Work Plan | Director, Strategy<br><br>Audit and Risk Management Committee | <ol style="list-style-type: none"> <li>1. A high-level risk-based <b>3 to 4 year rolling Strategic Internal Audit Plan</b> is created and reviewed at least every 6 months. The plan is developed by the internal auditors in consultation with the Vice-Chancellor's Senior Team and other key stakeholders.</li> <li>2. The Vice Chancellor's Senior Team considers the internal audit plan and endorses its presentation to the Audit and Risk Management Committee.</li> <li>3. The Audit and Risk Management Committee approves the Internal Audit Plan. The Audit and Risk Management Committee also approves an annual Internal Audit Work Plan at the commencement of each year that aligns with the internal audit plan.</li> </ol> |
| 2 | <b>Conduct:</b> Determine Internal audit scope and conduct audit                                  | Director, Strategy<br><br>Audit and Risk Management Committee | <ol style="list-style-type: none"> <li>1. The internal auditors scope the audit to be conducted in consultation with key stakeholders</li> <li>2. The Vice Chancellor's Senior Team endorses the scope for presentation to the Audit and Risk Management Committee.</li> <li>3. The Audit and Risk Management Committee reviews and approves the scope of internal audit work to be performed prior to the commencement of audit work.</li> <li>4. The internal auditors interview key stakeholder and gather required information to conduct the audit.</li> </ol>                                                                                                                                                                          |

|   |                                                                         |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 3 | <b>Report:</b> Draft Internal audit reports and submit for approval     | Director, Strategy<br>Audit and Risk Committee | <ol style="list-style-type: none"> <li>1. The Vice-Chancellor's Senior Team reviews and endorses all internal audit reports and advisory review reports before submission to the Audit and Risk Committee for discussion and approval.</li> <li>2. Audit and Risk Committee reviews and approves the internal audit reports and advisory review reports before submission to the University Council. The reviews include discussion on the audit/review findings and recommendations.</li> </ol>                                                                                                                                                                                                                                                                                    |
| 4 | <b>Review:</b> Audit actions and regulatory compliance status briefings | Director, Strategy and Vice-Chancellor         | <ol style="list-style-type: none"> <li>1. At each Audit and Risk Committee meeting, the Associate Director, Risk and Integrity briefs the Committee on the progress of remedial actions to address audit findings and the status of the open internal audit actions.</li> <li>2. The Vice-Chancellor is responsible, on behalf of Academic Board and the Vice-Chancellor's Senior Team to update the Audit and Risk Management Committee on the University's internal governance standing in relation to key regulatory obligations (ie. TEQSA, DJSIR, ASQA, VRQA, ESOS and VAGO). The Director, Governance and Strategy may also be asked to provide additional perspective and commentary from time to time in relation to specific compliance and legal risk matters.</li> </ol> |

## D - Governance Reviews of University Committees

### Review Process for Council and Standing Committees

Council is required to review its operation and performance in accordance with the standing Council resolution CM5/05/08, Procedure for Assessment of Council Members Performance and Universities Australia 'Voluntary Code of Best Practice for the Governance of Australian Universities'.

In accordance with the standing resolution, Council will undertake a formal assessment of the performance of Council and its Standing Committees on an annual basis and a comprehensive external review at least every five years.

## 1. Standing Committees of Council

|    | Activity                                                                         | Responsibility                                        | Steps                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----|----------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Plan to conduct a review of Standing Committees of Council                       | Executive Officer – Council and Committees of Council | <p>Evaluation form for Assessment of Committee Performance is distributed annually in October to each Standing Committee.</p> <p>A complete listing of the Standing Committees of Council can be found on the Council web site at:</p> <p><a href="#">Council standing committees   Federation University.</a></p> <p>The criteria for the evaluation must align with each Committee's Terms of Reference and responsibilities.</p> |
| 2. | Standing Committee conduct review                                                | Executive Officer – Council and Committees of Council | Once the Standing Committee has conducted its review, responses are collated, de-identified and summarised into a document which is then reviewed by the Committee.                                                                                                                                                                                                                                                                 |
| 3. | Review tabled at Governance and Strategy Committee and Council for consideration | Executive Officer – Council and Committees of Council | The summarised review document from the Standing Committee is sent to the November meeting of Governance & Strategy Committee and then forwarded as soon as practicable thereafter to Council.                                                                                                                                                                                                                                      |
| 4. | Results from the Standing Committee reviews are considered by the Council        | Chancellor                                            | <p>Results from the Standing Committee reviews are considered by the Chair of the Standing Committee and then forwarded to the Governance &amp; Strategy Committee when conducting the annual Terms of Reference review for each standing committee.</p> <p>The Governance &amp; Strategy Committee conducts annual reviews in February of the Terms</p>                                                                            |

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|  |  |  | of Reference of all Council standing committees to ensure currency and relevance. |
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## 2. Council - Annual Review

|    | Activity                                                                               | Responsibility                                                                               | Steps                                                                                                                                                                                                                                                                                                                                                                          |
|----|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Self-evaluation process is issued and completed to assess the committee's performance. | Executive Officer – Council and Committees of Council<br><br>Governance & Strategy Committee | An annual on-line self-evaluation form is made available around the end of November, to all members of Council for the assessment of the committee's performance.<br><br>The Governance and Strategy Committee reviews the content of the survey each September, and forwards to Council at its October meeting for approval prior to the survey going 'live' around November. |
| 2. | Development of a report detailing the results of the surveys                           | Council Secretary                                                                            | Once all members of Council have completed the evaluation, a comprehensive report detailing the results of the individual surveys will be developed.<br><br>This confidential report is provided only to the Chancellor for consideration.                                                                                                                                     |
| 3. | Chancellor reviews and discusses feedback.                                             | Chancellor                                                                                   | The Chancellor will meet with each Council member individually to discuss their feedback.                                                                                                                                                                                                                                                                                      |
| 4. | Responses are collated and tabled at Council for review and discussion                 | Executive Officer – Council and Committees of Council                                        | The collated and de-identified responses are summarised into a document which is then provided to Council at its first meeting of the following year, for review and discussion.                                                                                                                                                                                               |
| 5. | Development of an Action Plan to address findings.                                     | Chancellor                                                                                   | An Action Plan addressing the issues identified is developed and monitored by Council to ensure the implementation of relevant modifications.                                                                                                                                                                                                                                  |

## 3. External Review of Council

|  | Activity | Responsibility | Steps |
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| 1. | A tender is issued to conduct a review of the University's Council.                                              | Director, Strategy | <p>In the early part of the year in which an external review is to be conducted, a tender is to be issued inviting submissions from external consultants to conduct a review of the University's Council.</p> <p>Council is required to review its operation and performance in accordance with the standing Council resolution CM5/05/8, the HESF, Procedure for Assessment of Council Members Performance and Universities Australia 'Voluntary Code of Best Practice for the Governance of Australian Universities'.</p> |
| 2. | A consultant is appointed to conduct the review                                                                  | Director, Strategy | A consultant should be appointed by the end of February.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3. | In consultation, an appropriate evaluation will be developed to cater for the needs and circumstance of Council. | Chancellor         | <p>A finalised format for the evaluation should be available as soon as practicable so that the review can commence in May.</p> <p>The evaluation will be designed to meet the current and future requirements for the governance of the University. This includes identifying any needed skills and expertise which would contribute to effective governing.</p>                                                                                                                                                           |
| 4. | Development of a report detailing the results of the surveys                                                     | Chancellor         | <p>Once all members of Council have completed the evaluation, a comprehensive report detailing the results of the individual surveys will be developed.</p> <p>As the full evaluation may take place over several weeks Council will be provided with regular updates on the status of the review.</p>                                                                                                                                                                                                                      |
| 5. | Report is provided for consideration at Council                                                                  | Chancellor         | A final report including an Executive Summary and Recommendations to be provided for the consideration of the Governance & Strategy Committee at its July meeting.                                                                                                                                                                                                                                                                                                                                                          |

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|    |                                                                         |            | This will be forwarded to the September meeting of Council for review and discussion.                                                                                                                                                                                                                                                                                                                                                             |
| 6. | An Action Plan is to be developed, implemented and monitored by Council | Chancellor | <p>An Action Plan addressing the issues identified is developed, implemented and monitored by Council to ensure the achievement of the recommendations. This Plan should include timelines for the completion of all actions.</p> <p>The Action Plan should be approved at the final meeting of Council for the year.</p> <p>Actions should be incorporated into the Council Schedule of Business to ensure relevant actions are implemented.</p> |

## E - Review Process for Academic Board and Standing Committees

Academic Board is required to review its operation and performance in accordance with the standing Council resolution CM7/08/8, the HESF, Procedure for Assessment of Council Members Performance and Universities Australia 'Voluntary Code of Best Practice for the Governance of Australian Universities'.

In accordance with the standing resolution, Academic Board adopted a systemic and regular reviewing of its own and that of its Standing Committees performance. Academic Board will undertake self-assessments on an annual basis and a formal review with external and internal representation every three years.

### 1. Academic Board - Annual Internal Review

|    | Activity                                                                                                        | Responsibility                                                      | Steps                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Development of a self-evaluation which is distributed all members of Academic Board and its Standing Committees | Academic Board Executive<br>Executive Officer – Academic Governance | <p>A brief concise self-evaluation is developed by Academic Board Executive each year to be distributed electronically / hard copy to all members of Academic Board and its Standing Committees.</p> <p>This self-evaluation is distributed following the second last meeting for Academic Board and each of its Standing Committees annually.</p> <p>Academic Governance will send reminders to Board and Committee members to ensure</p> |

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|    |                                                          |                                         | <p>that all self-assessments are returned.</p> <p>A complete listing of the Standing Committees of Academic Board can be found on the Academic Board web site <a href="http://federation.edu.au/staff/governance/academic-board/standing-committees">http://federation.edu.au/staff/governance/academic-board/standing-committees</a>.</p> |
| 2. | Members complete self-evaluation                         | Executive Officer – Academic Governance | Once all members of Academic Board and its Standing Committees have completed the self-evaluation, a brief report detailing the results of the assessment will be developed.                                                                                                                                                               |
| 3. | Academic Board Annual Report is developed                | Executive Officer – Academic Governance | <p>The collated and de-identified responses are summarised into a document which becomes part of the Academic Board Annual Report.</p> <p>The results are also provided to Council at its first meeting of the following year for consideration.</p>                                                                                       |
| 4. | Action Plan is developed and monitored by Academic Board | Executive Officer – Academic Governance | An Action Plan addressing any issues identified is developed and monitored by Academic Board to ensure the implementation of relevant modifications.                                                                                                                                                                                       |

## 2. Academic Board - Periodic External Review

|    | Activity                                                                                                          | Responsibility           | Steps                                                                                                                                                                                                                                                                                                                                                                                                    |
|----|-------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Academic Board Executive to develop Terms of Reference for the conducting of the formal review of Academic Board. | Academic Board Executive | <p>These Terms of Reference must be submitted to Council for approval at the June Meeting so that the external review can commence in July.</p> <p>Academic Board is required to review its operation and performance in accordance with the standing Council resolution CM7/08/8, Procedure for Assessment of Council Members Performance and Universities Australia <i>'Voluntary Code of Best</i></p> |

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|    |                                                                                                         |                                         | <i>Practice for the Governance of Australian Universities’.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2. | The selection of the Review Panel will take place by Academic Board Executive,                          | Academic Board Executive                | <p>Refer to the approved Terms of Reference for the Review Panel membership.</p> <p>One member is appointed as Chair to ensure the smooth running of the Panel.</p>                                                                                                                                                                                                                                                                                                                                                     |
| 3. | Panel will conduct a comprehensive review of Academic Board and its Standing Committees.                | Review Panel                            | <p>In accordance with the Terms of Reference, the Panel will conduct a comprehensive review of Academic Board and its Standing Committees.</p> <p>This Review will include the interviewing of members of the Board and its Standing Committees, a range of University members including the Chancellor, senior executives, academic and teaching staff and students.</p> <p>The Review will be conducted during July to enable the Review Report to be submitted to Council for endorsement at the August meeting.</p> |
| 4. | Review Report is been endorsed by Council.                                                              | Executive Officer – Academic Governance | Once the Review Report has been endorsed by Council it will be forwarded to Academic Board for consideration.                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5. | Review and implementation of any recommendations from the Review Report and development an Action Plan. | Consultation Group                      | <p>A consultation process to be initiated with the Chancellor, the Chair of Academic Board and Deputy Vice-Chancellors to plan the implementation of any recommendations from the Review Report and develop an Action Plan.</p> <p>The Action Plan is to be endorsed at the December Academic Board meeting.</p> <p>This Plan should include timelines for the completion of all actions.</p>                                                                                                                           |

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| 6. | The Action Plan addressing any issues identified is forwarded to Council for consideration. | Chancellor | <p>The implementation of the Action Plan is to be managed by Academic Board and monitored by Council to ensure the achievement of the recommendations.</p> <p>The Action Plan will be endorsed at a meeting of Council in the following year.</p> |
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## Regulatory Bodies Point of Contact

The Regulatory Point of Contact enables the University to consolidate and monitor all queries to the University's regulatory bodies: Australian Skills Quality Authority ASQA, the Tertiary Education Quality and Standards Agency (TEQSA), the Victorian Registration and Qualifications Authority (VRQA) and the Department of Jobs, Skills, Regions and Industry (DJSIR) to one contact point within the University.

This process provides a streamlined practice where one area provides all contact and information in relation to the regulatory and funding bodies.

The benefits of this process include:

- Single point of contact within the University for all regulatory body enquiries;
- Queries that may have been submitted to a regulatory body previously by an Institute/School/Department will not be resubmitted unknowingly by another Institute/School/Department;
- Consistency in the advice provided to all staff;
- The recording of all queries to ensure they are followed up; and
- The circulating of responses to all relevant areas and staff to assist others who may have the same or similar queries.

The Regulatory Point of Contact procedure ensures the University is receiving and providing consistent advice to stakeholders and minimise the confusion with the interpretation of the relevant standards, funding contracts and legislative codes and regulations.

|    | Activity                                                                                                      | Responsibility             | Steps                                                                                                                                                                                                       |
|----|---------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Any queries regarding regulatory matters from University staff to be forwarded to Quality Assurance Services. | All staff                  | 1. All queries regarding ASQA, TEQSA, VRQA and HESG (including ESOS legislative framework and CRICOS related queries) should be directed to Quality Assurance Services in the first instance via ServiceNow |
| B. | Quality Assurance Services will forward queries via the appropriate channels to the relevant regulatory body. | Quality Assurance Services | 1. Initially Quality Services will attempt to respond to initial queries referencing the applicable Standards / legislation.                                                                                |

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|    |                                                                                                                                                     |                                                                | 2. If unable to satisfactorily respond to the query, or, if further clarification is required, the enquiry it will be forwarded to the relevant regulatory/ funding body via the nominated communication channel.                                                                                                                                                                                                                                                                                                 |
| C. | Any queries for DJSIR will be forwarded in writing from Quality Assurance Services to the Manager, Reporting and Compliance for lodging with DJSIR. | Quality Assurance Services / Manager, Reporting and Compliance | <ol style="list-style-type: none"> <li>1. Queries DJSIR must be lodged through the SVTS system which is managed through Reporting and Compliance on request from Quality Assurance Services.</li> <li>2. The Manager Reporting and Compliance will lodge any query and return responses received from DJSIR to Quality Assurance Services for implementation as appropriate, enquiries should only be lodged at the request of Quality Assurance Services.</li> </ol>                                             |
| D. | Query responses received from the regulatory body will be processed by responding to the University staff member initiating the query.              | Quality Assurance Services                                     | <ol style="list-style-type: none"> <li>1. Once the University staff member who initiated the query has been notified of the response received from the regulatory body, the Quality Assurance Services will circulate responses to relevant stakeholders, operational areas and staff for noting or action as required.</li> <li>2. Any relevant University body such as Senior Leadership teams and/or Standing committees, will also be sent copies of responses for noting and any required action.</li> </ol> |

## Responsibility

- The Dean, Quality, Partnerships and Accreditation (as the Approval Authority) is responsible for monitoring the implementation, outcomes and scheduled review of this framework.
- The Manager, Strategic Regulatory Services (as the Document Owner) is responsible for maintaining the content of this framework as delegated by the Approval Authority.

## Promulgation

The [Quality Framework](#) will be communicated throughout the University via:

1. An Announcement Notice via FedNews website and on the 'Recently Approved Documents' page on the 'Policies, Procedures and Forms @ the University' website to alert the university-wide community of the approved Policy.

## Implementation

The [Quality Framework](#) will be implemented throughout the University through the following mechanism:

1. An Announcement Notice via FedNews website and on the 'Recently Approved Documents' page on the 'Policies, Procedures and Forms @ the University' website to alert the University-wide community of the approved Policy.