

National Guidelines for Higher Education Approval Processes

Guidelines for the registration of non self-accrediting higher education institutions and the accreditation of their course/s (relating to National Protocols A and B)

As approved by MCEETYA
October 2007

Amended to include Appendix 4 – NSW specific processes



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Introductory Information

1. Purpose

These guidelines are a sub-set of the *National Guidelines for Higher Education Approval Processes* which give effect to the *National Protocols for Higher Education Approval Processes* (the National Protocols), a revised version of which was approved by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) on 7th July 2006.¹ The National Protocols promote common principles, criteria, processes and standards for higher education approvals throughout Australia and also apply to Australian institutions delivering Australian higher education qualifications offshore. The National Protocols and the National Guidelines protect the standing of Australian higher education nationally and internationally by assuring students and the community that higher education institutions in Australia have met identified requirements and are subject to appropriate government regulation.

The National Protocols and the National Guidelines apply to:

- all higher education institutions operating, seeking to operate or purporting to operate in Australia. No institution may operate or purport to operate as a higher education institution in Australia or offer a higher education course in Australia without approval;
- Australian approved institutions delivering Australian higher education qualifications offshore; and
- arrangements in which some aspects of an institution's higher education operations are carried out by other entities, such as through partnerships with other institutions, providers or business entities, the formation of companies, sub-contracting of services, or franchising.

These guidelines relate to Protocols A and B of the National Protocols and describe the requirements and processes for the registration of non self-accrediting higher education institutions and the accreditation of their course/s. A non self-accrediting higher education institution must seek registration as a higher education institution and course accreditation for each of the higher education courses it offers. Registration and course accreditation may be undertaken at the same time or separately, each with different requirements which must be met. An institution may not operate without both registration and course accreditation.

The National Protocols require a registered higher education institution to have delivery arrangements which are appropriate to higher education and which enable successful delivery of one or more higher education courses. The National Protocols require an accredited higher education course to be comparable in requirements and learning outcomes to a course of the same level in a similar field at Australian universities.

Operation as a non self-accrediting institution offering Australian higher education qualifications is authorised under legislative frameworks in each jurisdiction. Arrangements are in place for mutual recognition of registration and course accreditation decisions across jurisdictions (see Section 12 below).

An institution approved under these guidelines may not use the term 'university' in its title.

2. Definitions

Appendix 1 contains a glossary which explains the terms used in these guidelines. Unless stated to the contrary, terms have the same meaning as in the National Protocols. Appendix 2 lists the acronyms used in the guidelines.

3. Relationships with other guidelines and legislative processes

Approved higher education institutions must comply with a range of requirements and legislative processes with respect to their operations and reporting. These guidelines focus specifically on the

¹ See: www.mceetya.edu.au

requirements and processes set out in the National Protocols for non self-accrediting higher education institutions.

3.1 National Guidelines for Higher Education Approval Processes

Other guidelines describe the requirements and processes for the approval of other types of higher education institutions, including those from overseas, as defined by the National Protocols. They are:

- Guidelines for awarding self-accrediting authority to higher education institutions other than universities (relating to Protocols A and C);
- Guidelines for establishing Australian universities (relating to Protocols A and D); and
- Guidelines for overseas higher education institutions seeking to operate in Australia (relating to Protocols A and E).

All Australian higher education delivery must comply with Protocol A.

The National Protocols have been developed to provide pathways between types of approval for those institutions which aspire to change the nature of their approval. For example, an institution new to higher education is able to apply first to become a non self-accrediting higher education institution and then consider applying for self-accrediting authority after demonstrating a track record of re-registration and re-accreditation. A self-accrediting institution has an opportunity of applying to become a university if it builds a record of research and scholarship to the required breadth and depth. These pathways do not prevent an institution applying directly to become a university if it is able to meet the necessary requirements.

3.2 The Australian Qualifications Framework

The Australian Qualifications Framework (AQF) is a unified system of national qualifications in post-compulsory education and training.² It provides qualification titles and descriptors, including nationally agreed characteristics of learning outcomes, against which accreditation takes place and which are set out in detailed guidelines in the AQF Implementation Handbook.

The AQF defines Australian qualifications to which Australian approval processes apply. The Australian qualifications to which higher education approval processes apply are:

- Diploma and Advanced Diploma (may also be approved under VET processes – see below);
- Associate Degree;
- Bachelor Degree;
- Graduate Certificate;
- Graduate Diploma;
- Masters Degree; and
- Doctoral Degree.

Separate approval processes are required for registration as a provider of Vocational Education and Training (VET) courses. Courses approved through VET processes lead to the following qualifications:

- Certificate I, II, III and IV;
- Diploma;
- Advanced Diploma;
- Vocational Graduate Certificate; and
- Vocational Graduate Diploma.

² See: www.aqf.edu.au

3.3 CRICOS approval

Institutions seeking to offer courses for overseas students in Australia must also become registered on the *Commonwealth Register of Institutions and Courses for Overseas Students* (CRICOS) through a separate application process. A course and/or an institution cannot be registered on CRICOS unless it is first accredited and registered through the processes described in these guidelines. Institutions intending to deliver courses to international students should allow time for CRICOS approval.

4. Government Accreditation Authorities

Government Accreditation Authorities are listed on the AQP *Register of Recognised Education Institutions and Authorised Accreditation Authorities* and are responsible for higher education approvals. Part 3 of the National Protocols outlines the obligations on Government Accreditation Authorities.

Each jurisdiction within Australia has enacted legislation to give effect to the National Protocols. The administration of this legislation is undertaken by the Government Accreditation Authority in each jurisdiction. The legislation specifies the responsible decision-maker who will consider advice from the relevant Government Accreditation Authority in arriving at a decision about an application for registration of a non self-accrediting higher education institution and the accreditation of its course/s. The Government Accreditation Authority provides information for applicants, administers the approval process and provides an officer for each assessment panel.

5. Fees

Fees associated with higher education approval processes will be specified by the Government Accreditation Authority.

6. Enacting the approval

After approval, the institution and its accredited courses will be registered by the Government Accreditation Authority on the AQP *Register of Recognised Education Institutions and Authorised Accreditation Authorities*.

7. Duration of approvals

Approvals are normally subject to review within a period of no more than five years. While it is standard procedure for approval to be granted for five years, in some cases there may be grounds for shorter periods of approval. The processes for re-accreditation and re-registration are described below (see Section 15).

8. Marketing and public statements during the approval process

An applicant in the process of initial approval must refrain from making any public statement or advertisement which falsely implies a course is accredited or that the applicant is registered to confer an award before approval is formally granted by the responsible decision-maker. There are penalties for offering or advertising the offering of a course or conferring an award before it has been accredited.

Approval Processes

9. *Timeframe for approval*

As a general rule, initial applicants should allow at least six months between the time of making a complete and satisfactory application to the Government Accreditation Authority and a decision being made by the responsible decision-maker.

Indicative timelines are shown in Figure 1 below. Please note that these are indicative only and may be extended by a number of factors, including the complexity of the application, as well as incomplete applications and consequent panel requests for additional information. The time taken for the applicant to provide any required additional or revised information will be added on to the indicative timeline.

10. *Approval pathways*

Depending on the nature of the approval sought, possible approval pathways include:

- **Registration and course accreditation** are undertaken together when the applicant is seeking to be registered as a higher education institution at the same time as it is seeking accreditation of one or more courses. This usually occurs for a new institution or for an institution new to higher education delivery.
- **Course accreditation** may be undertaken at a different time from registration when an institution is already registered and is seeking accreditation of one or more new, additional courses.
- **Mutual recognition** is undertaken when an institution and one or more of its courses are approved in one jurisdiction (the primary jurisdiction) or are undergoing approval in one jurisdiction (the primary jurisdiction) and the institution seeks to offer the same course/s in one or more other jurisdictions (the secondary jurisdiction/s). See Section 12.

Re-registration and re-accreditation are covered in Section 15 below.

11. *Steps in the process*

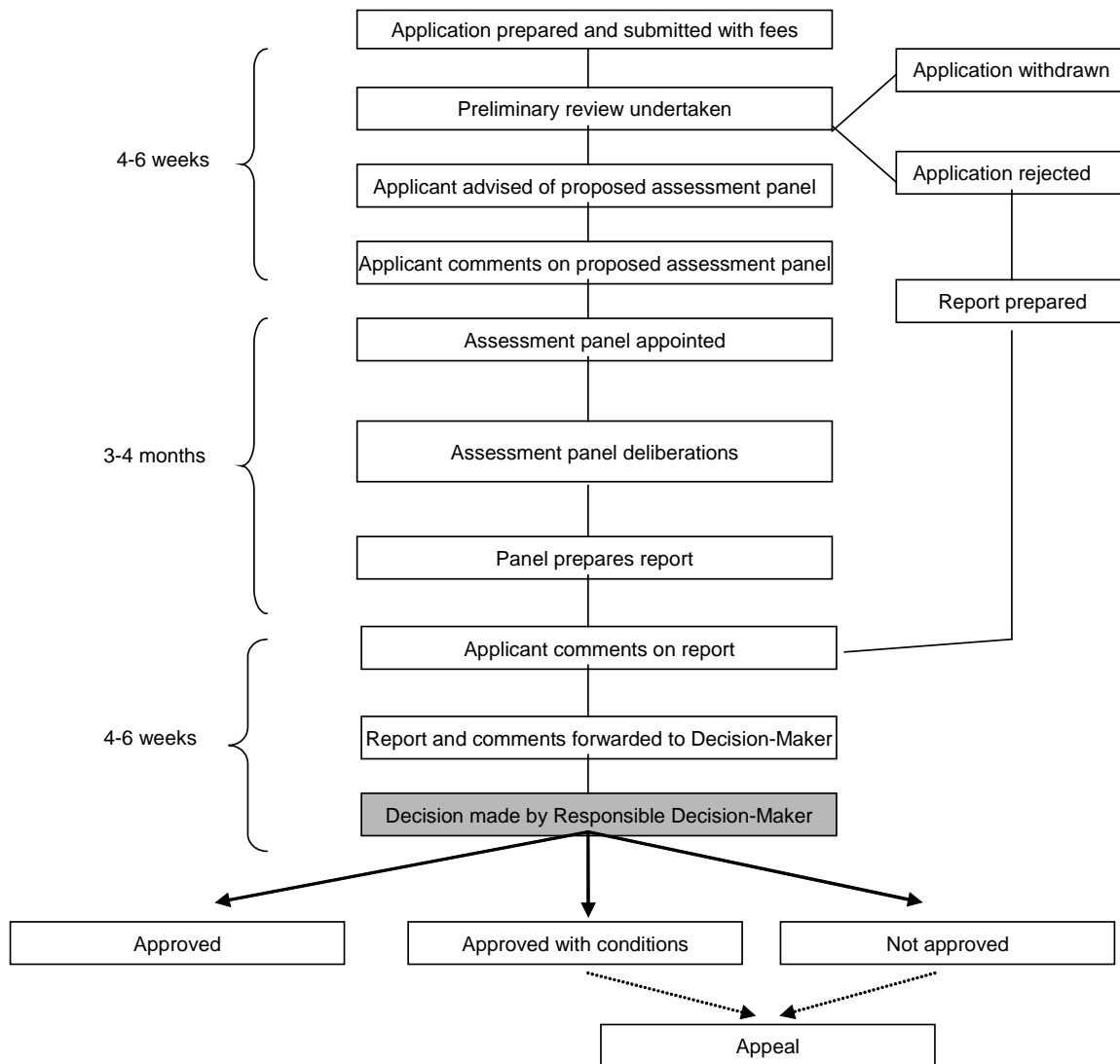
Approval pathways for registration and course accreditation use a similar approach which is presented as an overview in Figure 1 below. A more detailed description follows for each of the steps in Figure 1.

11.1 **Initial contact with Government Accreditation Authority**

The applicant should become familiar with the guidelines and all documentation associated with the application process. The applicant should then contact the Government Accreditation Authority in the relevant jurisdiction if clarification on the approval process is needed and to apprise the Authority of the intention to seek approval.

An application must be made to the Government Accreditation Authority in the jurisdiction in which the institution's legal entity is registered. This becomes the primary jurisdiction for the purposes of the approval processes. If the institution intends operating in more than one jurisdiction, the initial application is made in the primary jurisdiction.

Figure 1: Overview of approval process



11.2 Application prepared and submitted

An application for initial higher education approval involves the preparation of a detailed and documented application which addresses in full the requirements for the relevant approval sought as explained in detail in the Requirements sections (Sections 17 to 19) of these guidelines. Sections 17 to 19 also provide initial applicants with information about the types of evidence to be presented in order to demonstrate compliance with the requirements. Note that assessment panels will need evidence that requirements are met through the documentation provided by the applicant and through direct verification during the site visit and/or interviews if these take place as part of the assessment. The application should provide sufficient detail to enable an informed judgement to be made by a panel.

The assessment process will include consideration of all offshore activities of the institution which involve the delivery of Australian higher education qualifications. The application must, therefore,

include information and documentation relating to all activities of the institution which are associated with the delivery of Australian qualifications offshore.³

The assessment process will also include consideration of the delivery of Australian higher education qualifications by agents and/or partners on behalf of the institution within the Australian primary jurisdiction and offshore. The application must, therefore, include information and documentation relating to all relevant arrangements with agents and/or partners within the primary jurisdiction and offshore. Arrangements with agents and/or partners in other Australian jurisdictions will be assessed through separate mutual recognition processes (see Section 12).

The applicant should present two copies of the application to the Government Accreditation Authority, together with the required fees. Receipt of the application will be acknowledged in writing.

The Government Accreditation Authority will maintain strict confidentiality with all applications and will not release information to inquirers without agreement from the applicant or unless in response to misleading public statements by the applicant or required to do so by law. Information on applications will be shared between Government Accreditation Authorities on a confidential basis.

11.3 Preliminary review

The Government Accreditation Authority will undertake a preliminary review of the application to determine if it provides an adequate basis for assessment by a panel through addressing fully the requirements in these guidelines. In the case of an application for registration of a higher education institution, the financial viability of the institution may also be assessed at this stage.

As part of the preliminary review and/or at any stage during the assessment process, the applicant may be asked to clarify aspects of the application and/or provide additional information.

If additional information is requested, no further action will be taken by the Government Accreditation Authority until the applicant responds by providing the information. The application will be considered withdrawn if the applicant does not provide the information within three months of the request.

An application may be withdrawn by the applicant at any stage in the process.

Unless the application is withdrawn by the applicant, following the preliminary review the Government Accreditation Authority will:

- arrange for formal commencement of the assessment process; or
- recommend that the application not be approved on the grounds that it does not provide an adequate basis for assessment by a panel or that it appears to be financially unviable. In such a case, a report to this effect will be prepared for the responsible decision-maker and the applicant will be provided with a copy of the report as in Section 11.8 below.

The applicant will be notified of the number of copies of the application and additional information (if any) required for panel members.

11.4 Applicant advised of proposed assessment panel

Depending on the nature of the application, one or more independent, expert panels will assess the application. Prior to the appointment of the panel/s, the applicant will be advised of the proposed membership and will have the opportunity to express in writing any reasons for concerns or reservations held about any of the proposed members of the panel/s on the grounds of conflict of interest, bias or competence. These reasons will be considered when appointing the panel/s. The responsible decision-maker or delegate reserves the right to make the final choice on composition of all assessment panels.

³ For NSW-specific guidelines on approval and quality assurance of New South Wales accredited higher education courses delivered offshore see [Appendix 4](#).

11.5 Assessment panel/s appointed⁴

The assessment panel/s will be appointed and the membership confirmed to the applicant.

The role of an assessment panel is to:

- evaluate the application against the relevant requirements in Sections 17 to 19 and report to the responsible decision-maker on whether the application complies with the relevant requirements; and
- provide advice on whether or not approval should be granted along with any suggested conditions which should be imposed on the approval.

The panel's composition will be relevant and appropriate to the application under consideration. The number of members appointed to an assessment panel will depend on the complexity of the application, the mode of delivery, and the nature and number of fields of study. Although the panel will need to cover adequately the range and levels of fields of study within the application, normally a panel will not exceed five members.

Expertise of members of an assessment panel will usually include:

- higher education governance and management experience at a senior level;
- experience in higher education course approvals;
- university or other relevant higher education academic experience and expertise in the field/s of study; and
- experience in the industry/profession or professional body associated with the application (if relevant).

An assessment panel will usually include at least one senior academic with experience in an Australian university.

An assessment panel may include one or more members from interstate as and if required.

If an assessment panel identifies that additional expertise is needed, it may seek advice of persons outside its membership wherever necessary. Details of the source/s of this external advice will be included in the panel's report.

It is a requirement for each panel member to sign a declaration to maintain confidentiality, to protect ownership of intellectual property and to declare any conflicts of interest. Panel members must declare any past, present or proposed involvement with the business of the applicant and/or any past, present or proposed financial, professional or personal relationships with the applicant which might constitute a conflict of interest. Panel members should seek disqualification from membership of an assessment panel at any stage in the process if they have serious difficulty making objective decisions about the application.

Applicants must not contact members of an assessment panel directly unless advised to do so by the Government Accreditation Authority. Normally, all matters will be directed through the officer nominated by the Government Accreditation Authority.

11.6 Assessment panel deliberations

The assessment panel will be brought together to discuss the application in detail and assess whether sufficient written evidence is provided to demonstrate that the requirements are met. The panel will identify any issues or further information it wishes to follow up with the applicant.

Meetings of the assessment panel may be conducted face-to-face and/or via email, teleconference or videoconference.

⁴ For NSW-specific guidelines on independent expert panels see [Appendix 4](#).

If, at any stage in the assessment process, the panel considers that the application clearly does not meet the requirements for approval, the panel has the discretion to finalise its deliberations and prepare its report to the responsible decision-maker advising that approval not be granted. In such a case, the applicant will be provided with a copy of the report as in Section 11.8 below.

If facilities exist, the assessment panel will usually arrange a site visit. In some cases, because of issues of time and cost, a sub-group of the panel may conduct the site visit. The timing and format of the visit will be negotiated with the applicant. Typically the visit will include:

- time for the panel to question the key proponents about features of the application;
- an inspection of physical facilities (such as library/information resource centre and/or the provision of electronic resources, classrooms, specialised teaching spaces, student areas and administrative areas); and
- meetings with key academic staff and other staff involved in areas relevant to the application.

The assessment panel may also meet with students and recent graduates (if relevant).

If there is more than one assessment panel involved in the process, the Government Accreditation Authority will ensure that the panels co-ordinate their requests for information and their site visits.

The panel chair may provide the applicant with feedback about the panel's findings, but comments made by the panel chair and panel members during a site visit or during other interactions with the applicant do not constitute the panel's final assessment.

11.7 Panel report

At its final meeting, the panel will formulate its advice to the responsible decision-maker regarding the application. A written report will be prepared which includes the panel's findings against the requirements. Panel advice will take one of the forms outlined in Section 11.10 below.

11.8 Applicant comments on report

Prior to the report's consideration by the responsible decision-maker, the Government Accreditation Authority will provide the applicant with a copy of the report and invite a response. The response must be received within four weeks of the date of dispatch of the report, although additional time for making a response may be requested. The response should focus on matters of accuracy and emphasis. The response may not include the submission of new material for assessment, other than pre-existing material which supports claims of errors of fact.

11.9 Report and comments forwarded to Responsible Decision-Maker

The applicant's response will be presented with the assessment panel's report to the responsible decision-maker for consideration. The responsible decision-maker may seek additional advice, including from the assessment panel, when deliberating on the report and response.⁵

11.10 Decision made by Responsible Decision-Maker

After considering the material presented, the responsible decision-maker will make one of the following decisions:

1. Approve the application for a period of up to five years.
2. Approve the application for a period of up to five years with conditions which are relevant and reasonable to the application, taking into consideration the assessment panel's advice. Approval with conditions may be granted in cases where an applicant meets some requirements only to a marginal level or when other issues are identified which need to be monitored. Typically, institutions will be required to report on conditions as part of the annual reporting process (see Section 13 below). When conditions are set, there should be clear timelines, and subsequent action in the event of non-compliance should be specified.

⁵ For the NSW-specific definition of the decision-maker see [Appendix 4](#).

3. Refuse approval of the application in which case the grounds for such a decision will be presented in the notification of the decision sent to the applicant.

The applicant will be notified in writing of the outcomes of the approval process.

11.11 Appeals process

The Government Accreditation Authority will outline to the applicant the process through which an appeal of the decision may be made. An appeal may be lodged after the outcomes of the approval process have been conveyed in writing to the applicant.⁶

12. *Mutual recognition across jurisdictions*

For institutions seeking approval to operate in more than one jurisdiction, the process of mutual recognition must be instituted when the same course is to be offered using similar delivery arrangements in different jurisdictions. The full course accreditation and registration process will take place in the primary jurisdiction and the secondary jurisdiction will focus only on the local delivery arrangements in the secondary jurisdiction. An application for mutual recognition may be made simultaneously to a primary jurisdiction and to one or more secondary jurisdictions, or subsequently to the secondary jurisdiction/s following course accreditation and registration in the primary jurisdiction. Although it may be progressed simultaneously, mutual recognition in the secondary jurisdiction/s cannot be finalised until course accreditation and registration have been finalised in the primary jurisdiction. The mutual recognition process will be delayed if the primary jurisdiction requires changes in the documentation during its assessment process.

An institution approved to offer one or more courses purely in distance mode may do so in all other Australian jurisdictions without the need for approval through mutual recognition. If there is any face-to-face component, the course delivery will be assessed in the secondary jurisdiction/s by mutual recognition.

The institution seeking mutual recognition will provide the secondary jurisdiction with a copy of the original application approved by the primary jurisdiction. It will also submit an application which outlines details of any changes to the institutional arrangements or to the course/s which have been made since approval in the primary jurisdiction or changes to the course/s which are planned for delivery in the secondary jurisdiction.

The application must also directly address the requirements for mutual recognition outlined in Section 19 of these guidelines.

The process of mutual recognition may involve the secondary jurisdiction establishing an assessment panel to focus on areas of delivery and content which require local consideration as set out in the requirements for mutual recognition in Section 19.

The period of registration and course accreditation granted by the secondary jurisdiction will have the same end date as in the primary jurisdiction. If the primary jurisdiction revokes registration and/or course accreditation or changes the end date, the secondary jurisdiction will be notified and will take appropriate action.

⁶ For NSW-specific guidelines on the appeals process see Appendix 4.

Post-Approval Processes

13. Annual reporting

As a condition of approval, non self-accrediting higher education institutions are required to report annually to the Government Accreditation Authority in the primary jurisdiction. The Government Accreditation Authority in the primary jurisdiction will send the report to the secondary jurisdiction/s if the institution operates across more than one jurisdiction.

The Government Accreditation Authority will provide details of the reporting requirements and process.

14. Changes during approval period

To maintain approval, the institution and its courses must continue to meet the requirements specified in these guidelines. Changes to an accredited course or to the operations of a registered non self-accrediting higher education institution may affect the approval status of the course and/or institution.

14.1 Amending or revoking approval

In response to concerns about the quality of a non self-accrediting higher education institution operating in its jurisdiction, the responsible decision-maker may investigate the activities of the institution and may place conditions on the continuation of its activities within the jurisdiction. The responsible decision-maker may also revoke approval to operate at any time, based on evidence that the institution and/or its courses no longer meet one or more of the requirements specified in these guidelines. If such a step is contemplated, details of the reasons will be provided to the institution and the institution's comment will be sought, with a specified time limit, prior to a decision being made. Such action may follow concerns identified through the annual reporting process or may result from investigations of a complaint or grievance against the institution.

The decision may be appealed in accordance with provisions in Section 11.11.

14.2 Changes to the institution and/or its courses

Major changes to courses, course delivery and institutional arrangements have the potential to impact on the institution's capacity to meet the requirements in these guidelines and must be reported to the Government Accreditation Authority. Major changes may be planned or due to circumstances which are unplanned. If any changes in circumstances of the institution occur or changes are proposed or likely, an institution should seek advice from the Government Accreditation Authority as early as possible to confirm the process to be followed and the level of approval required. If the objectives or learning outcomes of a course are changed substantially, a full course accreditation process may be required, as for a new course. If the changes relate to more than one jurisdiction, the Government Accreditation Authorities in the primary and secondary jurisdictions will confer to determine if separate processes for approval or notification are required in each jurisdiction.

Examples of major changes include:

- merger with another body;
- changes to the status of the corporate entity, such as from or to incorporated, not-for-profit etc.;
- contracting with another body or person to deliver a significant proportion of a course or services;
- changes in ownership and/or shareholdings;
- significant organisational changes such as those which have a major impact on governance, quality assurance and staffing;
- any incident or circumstance which could be deemed to affect the probity of the institution or its staff particularly in relation to the 'fit and proper person' requirements;

- a significant decline in financial position;
- major alterations to teaching premises;
- changes to delivery location by moving to a new site, adding an additional site (including any offshore sites) or withdrawing from an existing site;
- changes to the mode of delivery of a course, such as from face-to-face to distance education or on-line;
- withdrawal of professional or industry course accreditation;
- significant substitution of new subjects or significant deletion of subjects in a course (such as that comprising more than 25% of the total number of subjects in the course);
- any changes to the title of a course; and/or
- significant reduction in student contact hours in a course.

Process for a major change

1. The institution contacts the Government Accreditation Authority to discuss the change in circumstances or the proposed change as early as possible in the process.
2. The institution submits an application which includes precise details of the nature of and reasons for the changes, as well as the impact of those changes.
3. A preliminary review is conducted by the Government Accreditation Authority.
4. Additional information may be requested.
5. External advice may be sought to assist in assessing the application. This may include establishing an assessment panel or seeking advice from the chair or member/s of the previous assessment panel/s, a content expert or a financial expert.
6. The change will be noted, approved or rejected by the responsible decision-maker or delegate depending on the nature of the change. If rejection of the application or approval with conditions is contemplated, details of the reasons will be provided to the institution and the institution's comment will be sought, with a specified time limit, prior to a decision being made.
7. The applicant will be notified in writing of the outcome.

The decision may be appealed in accordance with provisions in Section 11.11.

In addition to the provisions for seeking approval for major changes, there is a need for an institution to inform the Government Accreditation Authority of any changes which relate to administrative arrangements or record-keeping, such as changes in the name of the institution, address or contact details.

15. *The process of renewing approval*

Non self-accrediting institutions are registered for a period of up to five years and each of their courses is accredited for a period of up to five years, after which approval must be renewed. Applications for renewal of approval are assessed against the same requirements as outlined in these guidelines with a major focus on quality improvement and outcomes achieved during the period since the previous approval.

Applications for re-registration and/or re-accreditation must be submitted to the Government Accreditation Authority in time for the process for renewal of approval to be completed before approval expires. Institutions operating in more than one jurisdiction will also need to apply to the secondary jurisdiction/s for a renewal of mutual recognition against the relevant requirements in these guidelines.

The process and timeline for re-registration and re-accreditation are similar to those for registration and accreditation as outlined above, usually involving the formation of one or more assessment panels which will provide advice to the responsible decision-maker on whether the application meets the requirements outlined in Section 17 and 18 of these guidelines. If appropriate and possible, the

Government Accreditation Authority will attempt to ensure some common membership between assessment panels involved in the previous approval process and the current process of renewing approval.

A Government Accreditation Authority may streamline the processes for re-registration and re-accreditation for established institutions with a good track record of higher education approvals. Streamlining may occur through reducing the documentation required, through the formation of assessment panels of reduced size such as the chair only for re-registration or the chair and relevant academic only for re-accreditation, and/or through dispensing with site visits and interviews.

Applications for renewal will be assessed against the relevant requirements in these guidelines, but the evidence submitted should focus on quality improvements and outcomes since the previous approval. Annual reports submitted to the Government Accreditation Authority as well as reports of any external quality audits undertaken in the period since the previous approval will provide much of the evidence required for re-registration and re-accreditation. The Government Accreditation Authority will provide details of the additional evidence and information required for the application.

If requested by an institution approved as a Higher Education Provider under the *Higher Education Support Act 2003* (Commonwealth), the Government Accreditation Authority may integrate renewal of approval with the external quality audits required for those institutions. In such cases, the Government Accreditation Authority will specify the additional evidence and information required for renewal of approval.

The decision may be appealed in accordance with provisions in Section 11.11.

16. Marketing and public statements

All higher education institutions must ensure that marketing of their services is carried out with integrity and accuracy. No false or misleading comparisons will be drawn with any other institution or its courses, nor should institutions make any inaccurate claims about their approval status or their association with any other institution or organisation.

An institution's publications, statements and advertising should describe accurately the institution, its operations and its accredited courses.

In cases where a course is delivered in association with another entity, the responsibility for advertising the recruitment materials for the course rests with the approved institution.

Requirements

These sections provide details of the requirements which must be met for:

- registration of a non self-accrediting higher education institution (see Section 17);
- accreditation of a higher education course (see Section 18); and
- mutual recognition of a non self-accrediting higher education institution and its course/s in a secondary jurisdiction (see Section 19).

The requirements elaborate on the criteria presented in the *National Protocols for Higher Education Approval Processes*. The number of the relevant criterion or criteria in the National Protocols from which the requirements are derived is listed in brackets after the heading for each sub-section.

Sections 17 to 19 also provide details about evidence to be presented by initial applicants in order to demonstrate that the requirements are met.

The requirements in Sections 17 to 19 have been written with a focus on outcomes and therefore some forms of evidence may not apply directly to green-field institutions, organisations moving into education provision for the first time, institutions moving into a new field of study/qualification level, or institutions moving from vocational education and training courses into higher education delivery for the first time. In these cases, it is essential for detailed plans to be submitted to provide evidence that planning has taken account of the requirements which must be met and that appropriate policies, procedures and financial and human resources are in place to support the achievement of those requirements. Assessment panels will need to be confident that there is sufficient evidence to indicate all requirements will be met in a reasonable period of time after establishment of the institution and/or its course/s.

17. Requirements for the registration of a non self-accrediting higher education institution

17.1 Fitness and legality (A1)⁷

Expected outcome: There is a legally accountable and reputable entity responsible for all higher education courses and delivery.

- 17.1.1 The institution is a legally constituted entity established and/or recognised by or under an Australian legislative instrument.
- 17.1.2 The applicant and the senior officers of the institution demonstrate that they are 'fit and proper' persons. (see Appendix 3)
- 17.1.3 The applicant discloses all details of the history of the entity, its predecessors and related entities, and its history of prior applications for approval to deliver education, and any prior involvement in education delivery indicates a track record of compliance and quality education provision.
- 17.1.4 The applicant undertakes to comply with relevant State/Territory and Commonwealth laws and regulatory requirements.

Evidence to be provided by initial applicants includes:

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Australian Business Number (ABN) of the institution• Australian Company Number (ACN), where relevant |
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⁷ Refers to the criteria or criterion in the *National Protocols for Higher Education Approval Processes* which relate to the requirements that follow.

- Copy of the certificate of registration of the company and business/trade name, where relevant
- If an association, copy of certificate of incorporation and/or other documentation related to incorporation
- If a statutory body, details of establishing legislation
- Copy of constitution or equivalent
- Details of the owner/s, shareholders (and their proportional shareholdings), members or directors (as relevant)
- Copies of contracts with agents and/or other organisations involved in the delivery of the applicant's services in the primary jurisdiction and/or offshore (as relevant)
- A signed declaration against the fit and proper person requirements in Appendix 3
- A statement of previous history of the entity, its predecessors and related entities, and its history as any type of education institution, including all successful and unsuccessful applications for approval, both within Australia and overseas
- Declaration of compliance with key State/Territory and Commonwealth laws and regulatory requirements.

17.2 Goals and culture of the institution (A2, A3)

Expected outcome: The institution contributes to higher education outcomes in Australia and has a commitment to free intellectual inquiry.

- 17.2.1 Legal and public documentation of the institution clearly articulates a purpose focused towards higher education delivery even if this is not the only focus of the institution.
- 17.2.2 The mission and goals of the institution and its programs can be mapped broadly against the goals of Australian higher education as stated in Part 1 (Introduction) of the *National Protocols for Higher Education Approval Processes* and no goal of the institution is incompatible with the goals of Australian higher education.
- 17.2.3 The institution has policies, procedures and practices in place which encourage academic integrity and honesty as well as free intellectual inquiry in the teaching, research (if relevant) and scholarship activities of the institution.

Evidence to be provided by initial applicants includes:

- Statement of mission and goals for institution, together with a record of their approval by the relevant body
- Public documentation such as website, prospectus and advertising material of the institution, showing mission, purpose and programs
- Explanation of how the mission and goals of the institution and its programs map against the goals of Australian higher education
- Copies of academic policies and procedures which relate to academic integrity and honesty, and free intellectual inquiry with examples of how these policies are implemented and understood by staff.

17.3 Corporate governance (A5, B1)

Expected outcome: The institution is well-governed.

- 17.3.1 The institution has a legally constituted governing body which has responsibility for oversight of all of the institution's activities including conferral of its higher education awards and the delegation of academic governance to an appropriate body (see requirements under 17.6 below).
- 17.3.2 The governing body has access to the range of expertise required for effective governance of the institution, including financial expertise, through its membership and/or through external advisors.
- 17.3.3 The institution has an organisational structure whose reporting arrangements, delegations and inter-relationships are clearly described and which has the necessary positions, structures and arrangements in place to manage all key aspects of a quality higher education institution.
- 17.3.4 The governing body ensures that all the institution's operations, including its governance, are systematically reviewed and that strategies are implemented to improve institutional performance.

Evidence to be provided by initial applicants includes:

- Terms of reference and membership of governing body, indicating frequency of meetings, allocation of functions, duties of members, lines of responsibility and delegations
- Details of background and expertise of members of governing body
- Details of background and expertise of external advisors to the institution (if relevant)
- The name of the body which will confer higher education awards
- Organisational chart and an explanation of the relationships and reporting lines among key positions and structures which relate to the major institutional governance, management and academic responsibilities
- An explanation of the relationship between the governing body and the academic governance arrangements (see 17.6 below)
- Copies of policies, plans and outcomes for reviews of institutional performance, including an indication of the role of the governing body in these processes.

17.4 Finances and management (A6)

Expected outcome: Quality student learning outcomes are achieved by a well-managed institution with sufficient resources.

- 17.4.1 The institution has a current strategic plan which is approved by the governing body, is well-understood by stakeholders and indicates that the institution has clarity about its future directions.
- 17.4.2 There are management and administrative systems, policies, procedures and practices in place to ensure that adequate records are maintained and kept secure, and that reporting requirements are met.
- 17.4.3 The institution has systems and processes which ensure that potential risks are identified and prevented or minimised and that strategies are in place to deal with risks which eventuate.

- 17.4.4 The financial records for the institution are accurate and independently audited by a qualified auditor.
- 17.4.5 The institution demonstrates its financial viability and its capacity to sustain quality higher education operations into the future through a range of financial indicators, such as credit rating, cash flow, current ratio (equal to or greater than 1) and debt ratio (equal to or less than 1) or, if necessary, the institution has a financial guarantor with capacity to service the guarantee.

Evidence to be provided by initial applicants includes:

- The institution's current strategic plan covering at least the next three years and details of the planning, dissemination, monitoring and reporting processes associated with the strategic plan
- Information about the institution's financial management system/s and student records management system
- A detailed business plan, incorporating a three year profit and loss projection, sources of funding, capital and asset plan, student enrolments, and risk assessment plan
- Details of financial guarantor (if relevant)
- Financial statements for the last three years presented and independently audited by a qualified auditor in compliance with Australian Accounting Standards.

17.5 Protection of students (A10)

Expected outcome: The rights and interests of students are safeguarded.

- 17.5.1 The institution has financial and tuition safeguards in place for students, such as membership of an approved Tuition Assurance Scheme, financial underwriting and written course assurance agreements with another institution, should the institution cease to be able to provide a course or cease to operate as a higher education institution.
- 17.5.2 Students are informed about their contractual arrangements with the institution and have access to information about all charges, conditions, refunds and tuition assurance arrangements.
- 17.5.3 Students have access to effective grievance procedures which enable them to make complaints about any aspect of the institution's operations without fear of reprisal and which provide access to an independent third party if internal processes fail to resolve the grievance.

Evidence to be provided by initial applicants includes:

- Documents which show the financial and tuition arrangements in place for students in the event of closure of course/s or the entity, such as membership of an approved Tuition Assurance Scheme (TAS), written course assurance agreements from other higher education institutions, bank guarantee or other form of underwriting
- Policy and procedures relating to student grievances, including details of any costs to students
- Information for students published on website and in student handbook regarding grievances, complaints, fees and charges, refunds of fees and tuition assurance arrangements
- Details of any student grievances over the previous three years which have resulted in legal action (for existing institutions).

17.6 Academic governance and quality assurance (A5, B1)

Expected outcome: The institution has a focus on continuous improvement of its teaching and learning to provide quality outcomes for students and academic standards comparable with Australian universities.

- 17.6.1 The institution has academic governance arrangements, such as a properly constituted academic board and/or course advisory committees, which provide the institution with access to expertise to ensure that standards are comparable with Australian universities.
- 17.6.2 The academic board and/or course advisory committees consider and act on relevant data such as teaching evaluations, student feedback, student attrition, progress rates, grade distributions, course completions and graduate satisfaction.
- 17.6.3 The academic governance arrangements provide for the development, dissemination and monitoring of academic policies related to academic standards.
- 17.6.4 The institution has effective mechanisms to collect regular, valid and reliable feedback from stakeholders, such as students, graduates, staff and employers of graduates, and effective mechanisms are in place to ensure that the feedback is acted upon to bring about improvements.
- 17.6.5 The institution has mechanisms for benchmarking its academic performance against other appropriate higher education institutions to identify and act upon areas requiring improvement.
- 17.6.6 The institution takes full responsibility for and ensures consistent standards for all courses which lead to a qualification it awards, including through specific strategies to monitor courses delivered offshore and those delivered through agents if relevant.

Evidence to be provided by initial applicants includes:

- Terms of reference of academic governing body and/or course advisory committees highlighting meeting frequency, sub-committee structure/s, procedures for appointing members, reporting lines, and responsibilities
- Membership of academic governing body and/or course advisory committees, with details of qualifications, current employment, experience and expertise of members
- Copies of key academic policies endorsed by academic governing body, including student admissions, recognition of prior learning (RPL) and credit transfer, student progress and exclusion, assessment, academic appeals, student conduct, graduation, course approvals and course reviews
- Details of survey tools and examples of data collected and analysed to enhance quality
- Policies and procedures to assure quality of all courses including those delivered by agents and those delivered offshore (if relevant), such as policies and procedures relating to course consistency or equivalence and moderation of assessment
- Examples of improvements made as a result of quality assurance processes (for existing institutions).

17.7 Staffing (A5, A8, B1)

Expected outcome: Students are taught and supported by staff with academic and professional expertise to facilitate quality learning outcomes and who contribute to the advancement of knowledge and understanding.

- 17.7.1 The numbers, qualifications, experience, expertise and sessional/full-time mix of academic, administrative and support staff are appropriate for the mission, nature, size and complexity of the institution.
- 17.7.2 The institution verifies the bona fides of the qualifications of its staff.
- 17.7.3 The institution ensures that the teaching of its courses is normally carried out by academics with relevant qualifications at least one AQF qualification level higher than the level of the course being taught.
- 17.7.4 There are appropriately experienced academic staff available and clearly identified to provide leadership for key academic tasks such as course development, course co-ordination and course review.
- 17.7.5 The institution ensures that academic staff are available for students seeking academic assistance.
- 17.7.6 The institution has strategies for enhancing teaching quality and other aspects of staff performance, including for sessional staff, such as through staff development and other professional development opportunities.
- 17.7.7 The institution's policies and practices encapsulate a commitment to the scholarship of teaching and learning including through promotion and appointment processes which reflect an expectation that academic staff are active in scholarship which informs their teaching in all fields in which courses are offered.
- 17.7.8 Academic staff of the institution, including sessional staff, are actively engaged in scholarship and/or professional practice relevant to the fields in which they teach and at an appropriate level reflecting their seniority and responsibilities.
- 17.7.9 Academic staff who are principal supervisors of research higher degree students are active in research.

Evidence to be provided by initial applicants includes:

- Details of staff profile, including employment arrangements, length of service, qualifications, background and area/s of responsibility
- Details of procedures used by the institution to verify the bona fides of all qualifications of staff
- Details of staff involved in the development, co-ordination, quality assurance and delivery of the institution's higher education courses
- Student staff ratios
- Copies of policies and procedures relating to the availability of academic staff for consultation with students
- Copies of staffing policies and procedures, including those relating to staff recruitment, appointments, induction, promotions and performance review
- Staff development policy, plans, budget and expenditure, including for sessional staff

- Explanation of how policies and practices show a commitment to the scholarship of teaching and learning, such as through appointments and promotions, the design of courses, student assessment and the promotion of academic honesty, regular course review, monitoring student progress and graduate outcomes, staff development and the recognition of excellence in teaching
- Details of budget allocation and other institutional strategies to support staff in research (if relevant) and scholarship
- Details of involvement by academic staff in various types of scholarly activity, such as membership of a discipline journal editorial board, acting as an anonymous peer reviewer, membership of academic societies, peer recognition (e.g. fellowship of an academy or other awards), and presentation of conference papers
- Details of involvement by academic staff in various types of relevant professional activity integral to the academic's discipline, such as membership of professional societies, consultancy work and creative endeavour
- Copies of documented policies and procedures for appointing supervisors of research students, demonstrating the requirement for principal supervisors to be research active (noting that the definition of research active for this purpose must exclude research student supervision)
- For staff involved in research student supervision, details of a record of successful research student supervision and details of research output, such as research publications and research income.

17.8 Facilities and student services (A9)

Expected outcome: Student learning outcomes are enhanced through access to quality facilities, learning and information resources and support services.

- 17.8.1 The physical presence of the institution, as a minimum, provides a point of contact for students during normal office hours and is appropriate to the size, nature, mode of delivery and higher education purpose of the institution.
- 17.8.2 The institution has arrangements to maintain contact with and support students who are remote from the campus, such as through a website, telephone, print and on-line resources, and email.
- 17.8.3 The institution has facilities, including classrooms, library/information resource centre, laboratories, administrative areas and staff office accommodation, appropriate in scope and quality for the size, mode of delivery and nature of the institution.
- 17.8.4 The institution provides an appropriate range and quality of student services, such as counselling, academic and career advice, IT support, and student learning assistance.
- 17.8.5 The institution has measures in place to prevent and detect cheating and plagiarism amongst its students and to deal appropriately with any instances of these practices.
- 17.8.6 The institution has effective mechanisms to identify students 'at risk' in terms of their academic progress and provides support for such students.
- 17.8.7 The range and quality of the learning and information resources provided to students by the institution support effective student learning and are appropriate for the size and nature of the institution.

Evidence to be provided by initial applicants includes:

- Details of physical and IT facilities, including accessibility for students
- Details of all student services including information about accessibility for students
- Details of processes for review and improvement of facilities and student services
- Copies of contracts/agreements if services are out-sourced
- Copies of policies on student academic misconduct and plagiarism
- Details about strategies for detecting and dealing with plagiarism
- Details of how 'at risk' students are identified and the academic counselling or other learning assistance and support available to students
- Listings of library holdings, including electronic databases, and details of access to learning resources for students and staff (such as location and opening hours)
- Details of the assistance available to students in developing information literacy and in accessing resources
- Policies on the development and review of learning and information resources, including details of budget available for maintaining and upgrading such resources.

18. Requirements for the accreditation of a higher education course

18.1 Course nomenclature and requirements (A4, A7)

Expected outcome: Australian higher education qualifications fulfil AQF requirements.⁸

- 18.1.1 The title of the course complies with AQF requirements
- 18.1.2 The course duration and workload fulfil AQF requirements.
- 18.1.3 The characteristics of the learning outcomes of the course match AQF descriptors for an award at that level.
- 18.1.4 Student admission requirements are consistent with AQF requirements and ensure that students have adequate prior knowledge and language competency to undertake the course successfully.

Evidence to be provided by initial applicants includes:

- Details of how course title, rationale, objectives, duration, workload and admission requirements map against AQF requirements.

18.2 Course design and outcomes (B2)

Expected outcome: The course requirements and student learning outcomes are comparable with those of a course at the same level and in a similar field at Australian universities.

- 18.2.1 External scrutiny or accreditation and appropriate academic input provide assurance that the standard of the course is comparable with Australian universities.
- 18.2.2 The title of the course, including the abbreviated title, accurately represents the nature and level of the course.
- 18.2.3 The course documentation clearly presents the rationale, objectives, structure, delivery methods, assessment approaches and student workload requirements for the course and these indicate coherence to the course as well as breadth and depth comparable to similar courses in Australian universities.
- 18.2.4 The subject or discipline area of the course is underpinned by a substantial level of scholarship demonstrated by a coherent body of knowledge, theoretical framework, published research and literature, and this scholarship is reflected in the course through its design and reading requirements.
- 18.2.5 The course content and subject outlines are comparable in requirements to courses at the same level in a similar field at Australian universities.
- 18.2.6 Course content and objectives include engagement with advanced knowledge and inquiry.
- 18.2.7 Delivery approaches for the course are designed to maximise students' achievement of the objectives for the course.
- 18.2.8 Assessment tasks for the course are appropriately designed to measure intended student learning outcomes for the course.

⁸ The AQF requirements do not obviate the need for course developers to undertake detailed research of the requirements of similar courses at Australian universities.

- 18.2.9 Moderation procedures for the course ensure consistent and appropriate standards in assessment.
- 18.2.10 Student learning outcomes for the course are monitored and periodically compared with those of similar courses in Australian universities and the broader higher education sector.

Evidence to be provided by initial applicants includes:

- Listing of qualifications and experience of course developer/s
- Letters or other documentary evidence of professional accreditation, external scrutiny and/or relationships with professional/industry bodies
- Evidence of research on similar courses at Australian universities demonstrating comparability
- Published documentation of admission requirements, and details of articulation and credit transfer arrangements for students entering the course
- Documentation of course structure, rationale, objectives, delivery approaches, student workload requirements and study sequence
- Subject outlines which demonstrate evidence of scholarship in the field through current readings and core texts, and evidence of student engagement with advanced knowledge and inquiry
- Explanation of how delivery approach/es (such as combination of lectures, tutorials, independent study, practical/clinical studies, problem-based learning, etc.) will achieve course objectives
- Examples of assessment tasks, assessment criteria, marking arrangements, grading rules and moderation arrangements for the course.

18.3 Course staffing and resources (B1)

Expected outcome: The course is sufficiently resourced and supported to ensure quality learning outcomes for students.

- 18.3.1 The business plan for the course includes student, staffing and financial projections for the proposed course which are accurate and realistic and demonstrates that sufficient resources are available to ensure quality outcomes for students undertaking the course.
- 18.3.2 The numbers, qualifications, experience, expertise and sessional/full-time mix of academic staff who will be involved in delivering the course are appropriate to the nature and level of the course and to ensure quality outcomes for students undertaking the course.
- 18.3.3 The numbers and expertise of support staff specifically related to the course are appropriate to ensure successful delivery of the course.
- 18.3.4 The range and quality of the learning and information resources provided by the institution support effective learning for students in the course.
- 18.3.5 The institution provides necessary access to specialised teaching facilities for the course, such as laboratories, studios or specialised classrooms.

Evidence to be provided by initial applicants includes:

- Business plan for the course which includes details of financial projections, proposed source/s of funding, anticipated student enrolments, and teaching and support costs
- Copy of staffing and facilities specifications for the course

Guidelines for the registration of non self-accrediting higher education institutions and the accreditation of their course/s
(relating to National Protocols A and B)

- Details of staff profile for the course, including employment arrangements, length of service, qualifications, background and research profile (for staff supervising research students), including lists of subjects taught
- Student staff ratio for the course
- Details of specialised library holdings and access to specialised on-line and other learning resources for students and staff of the course, including information about their accessibility to students and staff (such as location and opening hours)
- Details of specialised physical and IT facilities available for the course.

19. Requirements for mutual recognition of a non self-accrediting higher education institution and its courses in a secondary jurisdiction

19.1 Organisational

Expected outcome: There is a legally accountable and reputable entity responsible for all higher education courses and delivery.

- 19.1.1 If the operation in the secondary jurisdiction involves a separate legal or business entity, its relationship with the approved entity is clear and indicates that the approved entity is legally responsible for all higher education courses and delivery.

Evidence to be provided by initial applicants includes:

- Copies of documents relating to legal status of the entity in the secondary jurisdiction, such as ABN, ACN etc. (as relevant)
- Documentation to indicate the legal and organisational relationship between the approved entity and the entity delivering the course in the secondary jurisdiction, such as a copy of the contract between the two parties (if relevant).

19.2 Quality assurance

Expected outcome: Standards are consistent for all sites at which the institution delivers its courses.

- 19.2.1 The approved entity maintains oversight of the conferral of awards and all academic matters in the secondary jurisdiction, including staffing and student recruitment, admissions, assessment and progression.
- 19.2.2 The institution has mechanisms for ensuring that its standards and services for students in the secondary jurisdiction are consistent with those in the primary jurisdiction.
- 19.2.3 The institution has effective mechanisms for monitoring and enhancing quality in the secondary jurisdiction, including mechanisms for seeking and acting upon feedback from stakeholders within the secondary jurisdiction.
- 19.2.4 The institution has mechanisms for benchmarking its educational delivery in the secondary jurisdiction against performance at other sites where its courses are delivered.
- 19.2.5 No changes have been made to the course for delivery in the secondary jurisdiction unless required for professional registration and, if required, these do not substantially alter learning outcomes for students.

Evidence to be provided by initial applicants includes:

- If teaching and/other services in the secondary jurisdiction are provided through an agent or agents, details of contracts and agreements
- Policies and procedures to assure quality of all courses delivered in the secondary jurisdiction
- Details of survey tools and examples of data collected and analysed to enhance quality in the secondary jurisdiction
- Details of any changes made to courses for delivery in the secondary jurisdiction and the reasons for such changes.

19.3 Staffing

Expected outcome: Students are taught and supported by staff with academic and professional expertise to facilitate quality learning outcomes and who contribute to the advancement of knowledge and understanding.

- 19.3.1 The numbers, qualifications, experience, expertise and sessional/full-time mix of academic, administrative and support staff in the secondary jurisdiction are appropriate for the nature, mode of delivery, range and levels of the courses offered.
- 19.3.2 The institution ensures that academic staff are available for students seeking academic assistance in the secondary jurisdiction.
- 19.3.3 The institution ensures that its teaching in the secondary jurisdiction is normally carried out by academics with relevant qualifications at least one AQF qualification level higher than the level of the course being taught.
- 19.3.4 The institution has strategies for enhancing teaching quality and other aspects of staff performance in the secondary jurisdiction, including for sessional staff, such as through staff development and other professional development opportunities.
- 19.3.5 Academic staff in the secondary jurisdiction, including sessional staff, are actively engaged in scholarship and/or professional practice relevant to the fields in which they teach and at an appropriate level reflecting their seniority and responsibilities.
- 19.3.6 Academic staff who are principal supervisors of research higher degree students in the secondary jurisdiction are active in research.

Evidence to be provided by initial applicants includes:

- Details of staff profile in the secondary jurisdiction, including employment arrangements, length of service, qualifications, background and list of subjects taught
- Details of staff involved in the quality assurance, co-ordination and delivery of the institution's higher education courses in the secondary jurisdiction
- Copies of policies and procedures relating to availability of academic staff for consultation with students in the secondary jurisdiction
- Policies on staff recruitment and appointment in the secondary jurisdiction
- Student staff ratios in the secondary jurisdiction
- Staff development policy, plans, budget and expenditure for staff in the secondary jurisdiction
- Details of involvement by academic staff in the secondary jurisdiction in various types of scholarly activity, such as membership of a discipline journal editorial board, acting as an anonymous peer reviewer, membership of academic societies, peer recognition (e.g. fellowship of an academy or other awards), and presentation of conference papers
- Details of involvement by academic staff in the secondary jurisdiction in various types of relevant professional activity integral to the academic's discipline, such as membership of professional societies, consultancy work and creative endeavour
- For staff involved in research student supervision related to the secondary jurisdiction, details of a record of successful research student supervision and details of research output, such as research publications and research income.

19.4 Facilities and student services

Expected outcome: Student learning outcomes are enhanced through access to quality facilities, learning and information resources and support services.

- 19.4.1 The institution has facilities in the secondary jurisdiction, including classrooms, library/information resource centre, laboratories, administrative areas and staff office accommodation, appropriate in scope and quality for the size and nature of the institution, the delivery methods and the types of courses it offers.
- 19.4.2 The institution provides an appropriate range and quality of student services in the secondary jurisdiction, such as counselling, academic and career advice, IT support, and student learning assistance.
- 19.4.3 Students in the secondary jurisdiction have access to effective grievance procedures which enable them to make complaints about any aspect of the institution's operations without fear of reprisal and which provide access to an independent third party if internal processes fail to resolve the grievance.
- 19.4.4 The institution has effective mechanisms to identify students in the secondary jurisdiction who are 'at risk' in terms of their academic progress and the institution provides support for such students in the secondary jurisdiction.
- 19.4.5 The range and quality of the learning and information resources provided to students in the secondary jurisdiction support effective student learning and are appropriate for the nature of the courses and their delivery.

Evidence to be provided by initial applicants includes:

- Details of physical and IT facilities in the secondary jurisdiction, including accessibility for students
- Details of all student services in the secondary jurisdiction including information about accessibility for students
- Details of processes for review and improvement of facilities and student services in the secondary jurisdiction
- Copy of policy and procedures relating to student grievances, and copy of information provided to students about the procedures in the secondary jurisdiction, including costs to students
- Details of how 'at risk' students are identified in the secondary jurisdiction and the academic counselling or other learning assistance and support available to students in the secondary jurisdiction
- Details of library holdings, including electronic databases, in the secondary jurisdiction, and access to learning resources for students and staff
- Copies of contracts/agreements if services in the secondary jurisdiction are out-sourced.

Appendix 1: Glossary

Approval:

A process of assessment and review which enables a higher education course or institution to be recognised or certified as meeting appropriate standards.

Course:

A sequence of study leading to the award of a qualification.

Course accreditation:

The term 'course accreditation' includes the assessment and approval of courses of study which lead to higher education qualifications.

Delivering Australian higher education qualifications offshore:

A higher education institution approved in Australia which operates offshore and is involved in the delivery of courses or parts of courses leading to AQF qualifications, the related components of that activity (such as educational delivery and assessment), and/or awarding AQF qualifications offshore (whether or not a course is provided).

Field of study:

The term 'field of study' as used in the National Guidelines is a modified version of the Australian Bureau of Statistics' Australian Standard Classification of Education (ASCED) categories for a broad field of education (excluding the 'mixed field' classification). For the purposes of these guidelines, there are twelve broad fields of study:

- Mathematical and physical sciences (comprising ASCED narrow fields 0101 Mathematical Sciences, 0103 Physics and Astronomy, 0105 Chemical Sciences, 0107 Earth Sciences and detailed fields 019907 Pharmacology, 019909 Laboratory Technology and 019999 Natural and Physical Sciences n.e.c.)
- Biological sciences (comprising ASCED narrow field 0109 Biological Sciences and detailed fields 019901 Medical Science, 019903 Forensic Sciences and 019909 Food Science and Biotechnology)
- Information technology (comprising ASCED broad field 02)
- Engineering and related technologies (comprising ASCED broad field 03)
- Architecture and building (comprising ASCED broad field 04)
- Agriculture, environmental and related studies (comprising ASCED broad field 05 and narrow field 0611 Veterinary Studies)
- Clinical sciences and clinical physiology (comprising ASCED narrow fields 0601 Medical Studies, 0605 Pharmacy, 0607 Dental Studies, 0609 Optical Science and 0615 Radiography)
- Public health and health services (comprising ASCED narrow fields 0603 Nursing, 0613 Public Health, 0617 Rehabilitation Therapies, 0619 Complementary Therapies and 0699 Other Health)
- Education (comprising ASCED broad field 07)
- Management and commerce (comprising ASCED broad field 08 plus broad field 11 Food, Hospitality and Personal Services)
- Society and culture (comprising ASCED broad field 09)
- Creative arts (comprising ASCED broad field 10).

Government Accreditation Authorities:

Those Commonwealth and State/Territory agencies listed on the Australian Qualifications Framework *Register of Recognised Education Institutions and Authorised Accreditation Authorities*.

Green-field institution:

An applicant for which there is no existing education institution and/or facilities and premises on which the application is based. Assessment of the application is therefore made on the basis of detailed plans.

Higher education qualification:

The qualifications covered by higher education legislation and processes are Australian Higher Education Qualifications defined as higher education qualifications in the Australian Qualifications Framework (AQF).

Institution:

The term 'institution' includes the full range of organisations, providers and divisions offering higher education qualifications.

Jurisdictions:

Those governments in Australia which have agreed to enact the National Protocols.

Mutual recognition:

Refers to approval by one jurisdiction (the 'secondary' jurisdiction) based on registration of an institution and accreditation of its course/s by another jurisdiction (the 'primary' jurisdiction).

National Protocols:

The *National Protocols for Higher Education Approval Processes* approved by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) on 7th July 2006.

Non self-accrediting institution:

An institution which is registered as a higher education institution and whose courses are accredited by the Government Accreditation Authority.

Operating in Australia and purporting to operate in Australia:

'To operate' and 'purporting to operate' as a higher education institution in Australia includes both to provide courses or parts of courses in Australia leading to higher education qualifications, and the related components of that activity (educational delivery and assessment), or to award higher education qualifications (whether or not a course is provided). Electronic or distance education delivery of a higher education course/s in or from a jurisdiction is included in the definition of operating in Australia, although electronic or distance education delivery into a jurisdiction from outside Australia is not included. Conducting a business, using premises, mail and/or telecommunication devices 'to operate' or 'purport to operate' a higher education institution in Australia without approval is unlawful under legislation which enacts the National Protocols.

'Purporting to operate' in Australia means representing that the institution operates in Australia (as in the definition above), or has accreditation association with an Australian jurisdiction.

The requirements related to operating in or purporting to operate in Australia apply to an institution or an agent acting on behalf of the institution.

Overseas higher education institution:

An overseas higher education institution refers to a university or other recognised higher education institution whose legal origin is in a country or countries other than Australia.

Quality assurance:

Quality assurance refers to the policies, attitudes, actions and procedures necessary to ensure that quality is being maintained and enhanced. It requires actions internal to the institution, but may also involve actions of external bodies. It includes course design, staff development and the collection and use of feedback from students and employers. Quality assurance is also used as a general term to refer to the range of possible approaches to addressing concern for quality in higher education.⁹

Quality audit:

In the context of quality in higher education, quality audit is a process for checking that procedures are in place to assure quality, integrity or standards of provisions and outcomes.¹⁰

⁹ Based on the definition provided by the Australian Universities Quality Agency. See: www.auqa.edu.au

¹⁰ Based on definition provided by Standards Australia.

Registration:

The term 'registration' includes the approval of an institution to deliver one or more courses of study leading to a higher education qualification.

Research:

Research¹¹ comprises creative work and artistic endeavours undertaken systematically in order to increase the stock of knowledge, including knowledge of humans, culture and society, and the use of this stock of knowledge to devise new applications. Research is characterised by originality and includes creative activity and performance. It has investigation as a primary objective, the outcome of which is new knowledge, with or without a specific practical application, or new or improved materials, products, devices, processes or services. Research ends when work is no longer primarily investigative.

There are three broad types of research activity:

- Basic research is experimental and theoretical work undertaken primarily to acquire new knowledge without a specific application in view. It consists of pure basic research which is work undertaken to acquire new knowledge without looking for long term benefits other than advancement of knowledge and strategic basic research which is work directed into specific broad areas in the expectation of useful discoveries thus providing the broad base of knowledge necessary for the solution of recognised practical problems.
- Applied research is original work undertaken primarily to acquire new knowledge with a specific application in view. It is undertaken either to determine possible uses for the findings of basic research or to determine new ways of achieving some specific and predetermined objectives.
- Experimental development is systematic work, using existing knowledge gained from research or practical experience which is directed to producing new materials, products or devices, to installing new processes, systems and services, or to improving substantially those already produced or installed.

Responsible decision-maker:

Any Commonwealth, State or Territory Minister or other person with responsibility for higher education in Australian jurisdictions which have agreed to the National Protocols.

Scholarship:

Scholarship in relation to learning and teaching involves:

- demonstrating current subject knowledge and an ongoing intellectual engagement in primary and allied disciplines, and their theoretical underpinnings;
- keeping abreast of the literature and new research, including by interaction with peers, and using that knowledge to inform learning and teaching;
- encouraging students to be critical, creative thinkers and enhancing teaching understanding through interaction with students;
- engaging in relevant professional practice where appropriate to the discipline;
- being informed about the literature of learning and teaching in relevant disciplines and being committed to ongoing development of teaching practice; and
- focusing on the learning outcomes of students.

Self-accrediting institution:

A self-accrediting institution is one which has authority to accredit its higher education courses. Self-accrediting authority may be limited to certain fields of study and/or qualification levels. Self-accrediting institutions include Australian universities established or recognised under Protocol D,

¹¹ Based on the ABS definition of Research and Development, with minor amendment to provide for more explicit recognition of performance and creative arts.

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institutions with authority to self-accredit their higher education courses under Protocol C and a number of institutions established prior to the National Protocols¹².

Subject:

A distinct module or component of study within a course. Each subject is identified by its title and contributes a fixed percentage towards the requirements for an award. Subjects are often allocated credit points which measure their workload. Subjects are typically completed in one semester.

¹² Australian Maritime College, Australian Film, Television and Radio School, Batchelor Institute of Indigenous Tertiary Education and Melbourne College of Divinity.

Appendix 2: Acronyms

| | |
|---------|--------------------------------------------------------------------------|
| ABS | Australian Bureau of Statistics |
| AQF | Australian Qualifications Framework |
| ASCED | Australian Standard Classification of Education |
| AUQA | Australian Universities Quality Agency |
| CRICOS | Commonwealth Register of Institutions and Courses for Overseas Students |
| MCEETYA | Ministerial Council on Education, Employment, Training and Youth Affairs |
| RPL | Recognition of Prior Learning |
| TAS | Tuition Assurance Scheme |
| VET | Vocational Education and Training |

Appendix 3: Fit and Proper Person Guideline

For the purposes of offering higher education courses and operating a higher education institution, an applicant and the institution's senior officers must fulfil the fit and proper person requirements. In determining whether a person meets the fit and proper person requirements, consideration will be given to whether the applicant or any senior officer:

- has had any criminal charges or convictions or has committed any drug offences;
- was or is an undischarged bankrupt or has certain arrangements outstanding under bankruptcy legislation;
- has ever been disqualified from managing corporations;
- was or is a prohibited person under Child Protection provisions; or
- has been suspended or removed from any register of higher education or vocational education and training institutions or courses for breaches of accreditation legislation or conditions.

These provisions must be maintained at all times during the period of the approval.

The requirement applies to an officer, director or substantial shareholder who is in a position to influence the management of the institution. A substantial shareholder is defined as a shareholder who owns 15% or more of the applicant entity or is entitled to receive 15% or more of any dividend paid by the entity.

By signing the declaration, the signatory is giving consent to the Government Accreditation Authority to investigate the status of the applicant and other relevant officers if necessary. This may entail searches by the Police or the Australian Securities and Investments Commission, as well as the exchange of information with other jurisdictions. The primary onus is on the applicant to disclose any relevant matters.

While the fit and proper person requirement does not extend to all staff of the institution other than those defined above, it is the responsibility of the institution to ensure the appropriateness of staff. Institutions should have in place mechanisms for screening staff prior to employment and procedures to ensure staff remain fit for their duties.

Appendix 4: NSW-Specific Processes

Approval for offshore delivery of Australian higher education courses

Institutions wishing to deliver Australian higher education courses offshore should complete the relevant application – [Application for Approval to Deliver Australian Higher Education Qualifications Offshore](#)¹³. An independent panel will assess the applicant’s capacity to meet registration and/or accreditation requirements at all proposed delivery locations.

Unless particular circumstances apply, on-site assessment of delivery arrangements at the proposed location/s will be required. The assessment will be conducted on the NSW Panel’s behalf by an Australian Universities Quality Agency accredited contractor. The contractor’s role is to investigate, and report to the assessment panel, whether the offshore arrangements meet higher education guideline requirements.

An institution that has been approved to deliver a course offshore will be expected to seek listing on the Commonwealth Government’s List of Approved Australian Transnational Education Providers (AusLIST).

Minimum English language proficiency requirements for admission into a higher education course

Non self-accrediting higher education institutions seeking registration, course accreditation or mutual recognition in New South Wales are required to detail, in their admission policies, the tests and qualifications they will accept as proof of proficiency in English.

For students who are required to undertake an English proficiency test prior to admission into a higher education course, the minimum English language requirement is an IELTS score of 6.0 (Academic) with no band lower than 5.5 (or certified equivalent).

Certified equivalents are as follows:

| IELTS (Academic) | CULT Overall | TOEFL Paper-based score | TOEFL Computer-based score | TOEFL Internet-based score | International Baccalaureate |
|---------------------------------------|--------------|-------------------------|----------------------------|----------------------------|----------------------------------------------------------|
| 6.0 overall (min. 5.5 in each subset) | 65 | 550 (min 4.5 in TWE) | 213 (min 4.5 essay rating) | 79 (min. 22 writing) | Min. English A2 at higher or standard (subsidiary) level |

An assessment panel has the discretion to make a recommendation that the English language requirement be higher than this minimum for some fields of education and qualifications.

Appointment of assessment panels

The Director, Higher Education, appoints panel members on the recommendation of the Higher Education Advisory Committee.

A **registration** panel will comprise (as a minimum):

- the Chair – an eminent academic, usually a former Vice-Chancellor or Deputy Vice-Chancellor, selected from a list of registration panel chairs approved by the Director, Higher Education, on the recommendation of the Higher Education Advisory Committee
- a nominee of the New South Wales Vice-Chancellors’ Committee with relevant expertise
- one person, such as a Chief Executive Officer or similar, with experience in leading a non self-accrediting higher education institution.

¹³ The template can be also be downloaded from the [Application Forms and Templates](#) page of the higher education website: www.det.nsw.edu.au/highereducation.

An **accreditation** panel will comprise (as a minimum):

- a Chair, selected from a list of accreditation panel chairs approved by the Director, Higher Education, on the recommendation of the Higher Education Advisory Committee
- two academics with relevant field of study expertise, one of whom is nominated by the New South Wales Vice-Chancellors' Committee
- one person with relevant industry expertise or a nominee of a relevant professional association.

Each panel is supported by an executive officer appointed by the Department.

Key Roles

The role of the **Assessment Panel Chair** will be to:

- manage the conduct of assessment panel meetings, including encouraging an open, professional and courteous exchange of opinions
- ensure consistent application of National Guideline requirements
- ensure that the panel report accurately reflects the panel's findings and recommendations and that the recommendations to the Director-General are in accordance with the assessment panel's terms of reference.

Panel Members will:

- contribute objective, considered and professional advice and comment on applications
- draw conclusions and make recommendations on applications that are fair, valid and appropriate, in the context of the Guidelines

The **Executive Officer** will:

- provide advice to the Chair, panel and applicant on the National Guideline requirements and the Department's policies and processes
- assist the Chair in managing the conduct of the assessment
- act as the intermediary between the panel and applicant during the assessment process
- liaise with the Chair and panellists in drafting and finalising the panel correspondence and report.

The Decision-Maker in New South Wales

The Director-General of the New South Wales Department of Education and Training, or delegate, has the authority under the New South Wales *Higher Education Act 2001* to register an institution as a higher education institution and accredit course/s of study provided by the institution as a higher education course/s.

In making a decision on an application, the Director-General or delegate will typically seek advice from the Higher Education Advisory Committee. The Higher Education Advisory Committee:

- provides advice on the recommended membership of assessment panels for registration and accreditation
- considers the reports of assessment panels and the applicant's responses
- makes recommendations to the New South Wales Department of Education and Training on the applications for registration and accreditation
- provides advice on higher education matters as requested by the Department.

Review of Decisions

An unsuccessful applicant may apply to the Director-General's delegate for an internal review. An application must be in writing and made within 28 days of the date of the Decision Maker's letter.

The review will be conducted by an independent advisor or panel appointed by the Deputy Director-General, Strategic Planning and Regulation.

The advisor or the panel will review the material that led to the General Manager's decision, against the criteria for registration and/or accreditation. New application documentation will not be considered.

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The advisor or panel will also report on whether the Department's rules and guidelines for the conduct of the assessment process were followed.

The Department of Education and Training will advise the institution of the proposed advisor or panel selected to conduct the review. The institution will have the opportunity to express any concerns or reservations about the advisor or panel members in terms of perceived conflict of interest or bias.

The advisor or panel will prepare a report for consideration by the Deputy Director-General, Strategic Planning and Regulation. The report will include a recommendation to either confirm or disagree with the General Manager's decision. The Deputy Director-General will make a decision and advise the applicant in writing.

Applicants who are not satisfied with the Deputy Director-General's decision can then apply to the Administrative Decisions Tribunal for a review. Applicants considering this step should contact the Tribunal's secretariat (telephone 9223 4677, web <http://www.lawlink.nsw.gov.au/adt>).