

## ACADEMIC SENATE

8 December 2017

### REVIEW OF ACADEMIC SENATE

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#### **Purpose**

The purpose of this paper is to seek approval for the terms of reference and approach for an external review of Academic Senate and its standing committees.

#### **Background**

This review is intended to satisfy the requirement under Standard 6.1.3(d) of the *Higher Education Standards Framework (Threshold Standards) 2015* that requires Universities to conduct a periodic independent review of academic governance processes.

#### **Discussion**

6.1.3 (d) of the Higher Education Standards Framework specifies that Universities, as part of the governance functions must include “*undertaking periodic (at least every seven years) independent reviews of the effectiveness of the governing body and academic governance processes and ensuring that the findings of such reviews are considered by a competent body or officer(s) and that agreed actions are implemented...*”

Universities were required to comply with the new standards by 1 January 2017. This does not mean that we have to have completed an external review by 1 January 2017, merely that we have to complete one within seven years of the introduction of the new standards, ie by 2024.

There have been a number of reviews of Academic Senate in the last decade, including reviews undertaken in 2008 and 2011, but none of them could be classified as independent. The last review of Academic Senate, conducted in 2016, was a self-review of performance conducted by members of Senate using a survey instrument based on the self-review of other Board of Trustees committees and comparable reviews at other universities. In 2015, the University undertook an external review of the Board of Trustees, and some of this external review did cover aspects of Academic Senate functions as a Standing Committee of the Board, but not as extensively as would be required to satisfy Higher Education Standard 6.1.3(d), as its focus was primarily on Corporate Governance.

Given that the University is currently considering its Academic Structures, a review of the performance of Academic Senate could feed into this review, as any restructure would have an impact on the composition and membership of Academic Senate and its standing committees. It is also timely to conduct this review at the conclusion of the current Chair’s term of Office, as it will assist any new Chair with information on the performance of the current structure of Senate.

Although there are Academic Governance Reviews and Implementation Guidelines documents that are on the associated documents section of the Academic Governance Policy on the Policy DDS, which were approved by the Board of Trustees in 2010, these are now largely obsolete as TEQSA requirements and the Reviews Policy provide a more contemporary approach to conducting the review and reflect current legislative requirements. It is therefore proposed that these implementation guidelines are retired. The review will be conducted under the Policies and Procedures as documented in the [University's Reviews Policy](#).

The composition of the external review panel is currently under discussion. As this is a TEQSA requirement, many Universities are currently undertaking reviews of their peak academic governing body, and there are a number of individuals who have been conducting many of these reviews, so there is a list of experienced reviewers in the sector that can be called upon. It is useful to temper these experienced reviewers with that of suitably qualified individuals who may not have conducted as many reviews, but will bring a fresh approach to the review. It is proposed that a shortlist of suitable candidates to comprise the review panel will be presented to Senior Executive for selection, in accordance with clause 17 of the University Reviews Policy.

The proposed Terms of Reference for the Review of Academic Senate are attached for consideration.

## **Recommendations**

### **It is recommended:**

- 1) *That Academic Senate recommends to the Board of Trustees that the University conducts an independent review of Academic Senate and its standing committees;*
- 2) *That Academic Senate endorses the terms of reference of the review;*
- 3) *That Academic Senate recommends to the Board of Trustees that the current Implementation Guidelines for the Review of Academic Senate be retired.*

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Chair, Academic Senate

*Prepared by Sophie Buck /Director of Governance Services*

**Attachment A** – Proposed Terms of Reference of the Review of Academic Senate

**Attachment B** – Academic Governance Guidance note

**Attachment C** – Implementation Guidelines on Review of Academic Senate, 2010.

## TERMS OF REFERENCE: REVIEW OF ACADEMIC SENATE

The external review of the Academic Senate will evaluate Senate's compliance with the Higher Education Standards Framework (Threshold Standards) 2015 and whether Senate's operations are considered to be good/best practice, and make recommendations for improvement where necessary. This review is intended to satisfy the requirement under Standard 6.1.3(d) for a periodic independent review of academic governance processes.

The Review will consider the effectiveness of the University's academic governance in five areas.

1. Senate's compliance with Standard 6.3 of the Higher Education Standards Framework 2015 (Appendix B).
2. The appropriateness of Academic Senate's Terms of Reference, and its roles under the Western Sydney University Act, and its compliance with those.
3. The appropriateness of the Terms of Reference, and compliance with those, of Senate's Committees: Senate Executive Committee, Education Committee, Assessment Committee, Research Committee, Research Studies Committee, Academic Planning and Course Approvals Committee, Academic Integrity and Appeals Committee and School Committees
4. The fitness of purpose [or suitability] of the Academic Governance Policy, and in particular the effectiveness of periodic and other reports provided to Academic Senate and its standing committees as part of interim monitoring of academic quality through internal and external reviews of:
  - Schools
  - Courses
  - Assessment
  - Academic integrity
  - Student outcomes (including completion and attrition)
  - Research training and performance
  - Academic policies.

The review must be guided by the TEQSA 'Governance review guidelines' that comprise Appendix B of TEQSA Guidance Note: *Corporate Governance*

[[http://www.teqsa.gov.au/sites/default/files/GuidanceNote\\_CorporateGovernance2.1.pdf](http://www.teqsa.gov.au/sites/default/files/GuidanceNote_CorporateGovernance2.1.pdf)].

The review should take account of advice provided by TEQSA in:

- Guidance Note: *Academic Governance*  
[[http://www.teqsa.gov.au/sites/default/files/GuidanceNote\\_AcademicGovernance2.1.pdf](http://www.teqsa.gov.au/sites/default/files/GuidanceNote_AcademicGovernance2.1.pdf)]
- Guidance Note: *Course Design*  
[[http://www.teqsa.gov.au/sites/default/files/GuidanceNote\\_CourseDesign\\_LearningOutcomesandAssessment1.2.pdf](http://www.teqsa.gov.au/sites/default/files/GuidanceNote_CourseDesign_LearningOutcomesandAssessment1.2.pdf)], and
- Guidance Note: *Academic Quality Assurance*  
[[http://www.teqsa.gov.au/sites/default/files/GuidanceNote\\_CorporateGovernance2.1.pdf](http://www.teqsa.gov.au/sites/default/files/GuidanceNote_CorporateGovernance2.1.pdf)].



# Guidance Note: *Academic Quality Assurance*

## What is academic quality assurance?

Broadly defined, academic quality assurance is a demonstration or verification that a desired level of quality of an academic activity has been attained or sustained, or is highly likely to be attained or sustained. 'Academic activities' generally include teaching, learning, scholarship, research and research training for higher degrees by research. The mechanisms (systems, processes, activities) employed to verify such attainments are typically known as quality assurance systems, quality systems or even just 'quality assurance'. In the *Higher Education Standards Framework (Threshold Standards) 2015* (HES Framework), academic quality assurance is called Institutional Quality Assurance. While quality assurance processes are equally applicable to any aspect of a provider's operations, not just academic activities, this note is primarily concerned with academic activities.

There are at least two essential prerequisites to quality assurance. The first prerequisite is that the characteristics of quality that are being sought need to be defined. These may be inputs (e.g. entry standards, staff qualifications), processes (cycle time for an enrolment process or time to get feedback from assignments), outputs (completion rates) or outcomes (knowledge and skills acquired, including life-long learning skills). The second prerequisite is that a judgement of attainment needs to be made. This may involve quantitative measures or qualitative judgements or both. A presupposition of academic quality assurance is that judgements about academic quality are made by someone (or some process) that is competent to do so. Many types of quality assurance are used in higher education.

Although not necessarily a feature of quality assurance as defined above, the higher education sector generally sees 'continuous improvement' as an integral part of academic quality assurance. Continuous improvement is typically based on an on-going reflective feedback cycle involving monitoring, review and consequent evidence-based improvements both of courses and of major controls on academic quality such as assessment policies and procedures. 'External referencing' is another widely accepted feature of quality assurance in higher education. This means the provider comparing internal courses and quality controls with others within or beyond the institution. 'Benchmarking', 'moderation' and 'peer review' are common methods of external referencing used for particular purposes.

The effectiveness of a provider's academic quality assurance processes is seen by many to be an important determinant of a provider's reputation in the sector. It is certainly a key determinant of TEQSA's confidence in a provider's operations.

## Relevant Standards in the HES Framework

In essence, the entire HES Framework and the Standards contained therein are concerned with the quality assurance of a provider's higher education operations. Most of the Standards are

concerned directly or indirectly with academic matters. Some of the Standards are quite detailed and technical (e.g. staffing qualifications and learning outcomes and assessment), some are overarching (institutional quality assurance) and others are higher level still and even more overarching (corporate and academic governance).

This guidance note is concerned primarily and specifically with the Standards for institutional quality assurance (Sections 5.1-5.4). These relate closely to the Standards for academic governance, and to those for corporate governance in so far as the governance Standards are concerned with monitoring and accountability for the quality of higher education at corporate level. There are links to enabling information management systems as well (see Standard 7.3.3). The Standards for course approval and accreditation (5.1.1-5.1.3) cross refer (via 5.1.3a) to the more detailed Standards that are applicable to course accreditation (see 'Threshold Standards - Provider Course Accreditation Standards' as defined in the preamble to the HES Framework 2015 Legislative Instrument).

## Intent of the Standards

The Standards encompass four particular areas of academic quality assurance of a provider's operations:

- ▶ Section 5.1 Course Approval and Accreditation
- ▶ Section 5.2 Academic and Research Integrity
- ▶ Section 5.3 Monitoring, Review and Improvement, and
- ▶ Section 5.4 Delivery with Other Parties.

The intent of Section 5.1 is to ensure that all courses of study leading to a regulated higher education qualification are subject to a rigorous internal approval process (whether or not the provider has self-accrediting authority from TEQSA). The approval process is to be applied consistently by the provider for all approvals and re-approvals. In the case of a provider without self-accrediting authority, the internal approval process is an essential prerequisite for an application to TEQSA for an external course accreditation. TEQSA will not accredit a course of study that has not first been subject to a rigorous and credible internal approval process.

The Standards require that a provider's internal approval processes involve rigorous oversight of course proposals by participants in the provider's organisational academic governance processes, at arm's length from those involved in delivery of the course of study. Demonstration that a proposed course of study will meet the requirements of the HES Framework and that sufficient resources will be available is also required. In essence, Section 5.1 constitutes an organisational framework for a consistent internal course approval process. As a consequence, 5.1 invokes (via 5.1.3a) the Provider Course Accreditation Standards that outline the detailed requirements of the HES Framework in relation to quality assurance of a course of study.

Section 5.2 encompasses potential risks to academic and research integrity<sup>1</sup> by focusing on maintaining an effective policy framework, taking preventative action in relation to predictable risks, guiding students toward good practices and preventing lapses in integrity in any delivery arrangements with other parties. This section links to institutional monitoring of any lapses and

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<sup>1</sup> 'Research integrity' has come to be identified separately from other academic integrity in common parlance.

consequent corrective actions in relation to academic and research integrity (see 6.2.1j, 6.3.2d, 7.3.3c).

The intent of Section 5.3 is to focus on a provider's mechanisms for monitoring and reviewing its higher education activities, and engaging in consequent reflection to bring about evidence-based improvements (i.e. continuous improvement). The Standards require a fundamental, comprehensive review of courses and course delivery at least every seven years, and speak to the scope of such reviews. These periodic overall reviews of courses of study are expected to be informed and supported by more frequent monitoring of course performance at unit level, and a provider's review activities are expected to encompass external referencing against comparable courses (including student performance data) and to be informed by student feedback. The Standards in Section 5.3 link to the Standards for academic and corporate governance in so far as there is an expectation that a provider's monitoring and review activities related to Domain 5 will inform corporate awareness and decision making.

The intent of Section 5.4 is to place an explicit requirement on the primary registered provider for quality assurance of delivery arrangements with other parties. A registered provider must be able to demonstrate how it ensures that course delivery through third parties meets the Standards.

## Risks to Quality

Effective quality assurance systems help a provider to validate any claims it may make about the quality and standing of its educational offerings. Without such mechanisms, courses of study may not be subject to sufficient rigorous scrutiny to be credible, they may not be refreshed for the contemporary environment and it will not be possible to make credible evidence-based claims comparing offerings with other courses and providers. Without adequate monitoring and data gathering, evidence-based improvement will be precluded and courses will be subject to ad hoc changes and/or lapsing into irrelevance or obsolescence. Failure to attend sufficiently to feedback from students will lead to adverse student experiences and raise potential reputational and market risks. Insufficient attention to the integrity of a provider's operations will call into question the credibility and authenticity of any qualifications issued. In larger providers, monitoring, review and improvement of course quality and course delivery will need to occur at multiple levels, including at course, academic unit and provider levels.

Providers who fail to pay sufficient attention to maintaining academic and research integrity place their entire operation at risk. Without continuing due diligence in this respect, lapses are inevitable with, at best, attendant reputational risk to the provider and to Australian higher education more generally, which TEQSA is bound to protect and enhance. A reputation once lost may be difficult to regain; so too might a financial position.

Section 5.4 addresses and seeks to avoid two particular areas of potentially serious risk concerning arrangements with other parties. The first is where students undertake temporary experiences with another party, such as on a work placement, where without exercise of care by the registered provider, the students could be unreasonably isolated from the provider or its learning system and/or subject to indifferent supervision in the placement, resulting in poor learning outcomes and/or loss of wellbeing. The second set of risks concerns arrangements with other parties to deliver a more substantial part of a course or even an entire course, e.g. via a third party with a remote campus, if the primary provider intends to defer all responsibilities for quality assurance to the delivery partner. This too represents an unacceptable risk to students; the primary registered provider must be able to demonstrate that it maintains quality assurance

of all of its operations, including assuring itself of continuing compliance with the requirements of the HES Framework, irrespective of the involvement of other parties.

## What TEQSA will look for

This part of the guidance note covers the full extent of the Standards, and corresponding evidence that TEQSA may require, in relation to institutional quality assurance.

For new applicants seeking initial registration and course accreditation, TEQSA will require evidence to be provided in relation to all relevant Standards.

For existing providers, the scope of Standards to be assessed and the evidence required may vary. This is consistent with the regulatory principles in the TEQSA Act, under which TEQSA has discretion to vary the scope of its assessments and the related evidence required. In exercising this discretion, TEQSA will be guided by the provider's regulatory history, its risk profile and its track record in delivering high quality higher education.

TEQSA's case managers will discuss with providers the scope of assessments and evidence required well ahead of the due date for submitting an application.

The evidence required for particular types of application is available from the Application Guides on the TEQSA website.

TEQSA acknowledges the diversity of providers and offerings in the higher education sector and will vary its approach to assessment of the quality assurance mechanisms of providers accordingly. Nonetheless, the Standards are applicable to all providers and for the most part the requirements are largely self-evident and are expected to be reflected in a provider's normal operations.

In relation to course approvals, TEQSA will need to be satisfied, irrespective of the scale and nature of the provider, that there is a rigorous process for scrutiny of course proposals that is applied consistently, is at arm's length from those who deliver the course of study, and is capable of competent relevant academic judgement appropriate to the level of study. This should involve external experts and input from industry and/or professional bodies where relevant, for example through a course advisory committee. A demonstrated capacity to conduct course approvals across a range of fields of study, at different levels of qualification and through a number of cycles of review, will build TEQSA's confidence in the provider's processes.

In so far as the internal course approval process canvasses the Provider Course Accreditation Standards, TEQSA will take into account the provider's track record of meeting those Standards in determining the scope of its assessment. In some cases TEQSA may consider, through the provider's case manager, a review of a provider's course approval process as a stepping stone in a journey to seeking self-accrediting authority. TEQSA may also consider a streamlined approval of cognate courses that share a proven internal approval process.

The Standards for academic and research integrity (Section 5.2) require a number of specific elements to be addressed. TEQSA will need to see evidence that those elements are in fact addressed (unless they are not applicable to a particular provider, e.g. research is not carried out). The more those elements are being addressed in a coherent, systematic way and the

more a strong culture of maintaining integrity is evident across a provider's operations (whether through predicting risks and/or establishing preventative measures), the more confidence TEQSA will have in this respect.

As with the other Standards for quality assurance, there are specific requirements for monitoring, review and improvement in the Standards that TEQSA requires to see demonstrated. As a provider becomes more experienced, TEQSA would expect to see more examples of completed cycles of review with implementation of demonstrable improvements arising from the reviews; i.e. a developing culture of continuous improvement. Providers should note that the Standards require certain types of external referencing of performance and TEQSA will need to see that this is occurring and how it informs improvement cycles and, where relevant, the marketing and representation of the provider. In particular, TEQSA will want to see how a provider is referencing its performance externally, especially in relation to student performance and outcomes, whether via peer review, benchmarking or similar mechanisms (including peer review of assessment, the results of which should also be considered within course reviews). TEQSA will also want to see how the findings of reviews and external referencing lead to improvements in teaching and learning, how these findings feed back to corporate decision making and monitoring (i.e. corporate and academic governance) and that consequential changes are traceable to revised corporate positions e.g. in changed policy frameworks, admission criteria, marketing information.

Where TEQSA is required to consider delivery arrangements with other parties, the provider must be able to demonstrate to TEQSA that it remains fully accountable for quality assuring those arrangements and that there are effective mechanisms in place to do so. TEQSA may modulate its approach in this respect based on a provider's record of success.

## Scope of assessments

The effectiveness and maturity of a provider's internal quality assurance mechanisms, in combination with their links to effective academic and corporate governance, are essential to TEQSA's confidence in the quality and integrity of a higher education provider's operations.

If, as a result of looking at the provider's internal academic quality assurance arrangements, including the requirements of relevant related Standards, (e.g. academic governance, corporate governance, Provider Course Accreditation Standards), TEQSA is satisfied that the provider's institutional quality assurance arrangements are robust, effective and sustainable, this may allow TEQSA to reduce its evidence requirements for other Standards or for subsequent regulatory activities. On the other hand, if concerns are raised in relation to the provider's internal assurance mechanisms, this may require TEQSA to probe other areas of the provider's operations in more detail where the provider is not already doing so effectively as part of its own routine quality assurance.

The adequacy and maturity of a provider's internal quality assurance processes for approval of courses will also have a direct bearing on any application the provider may make for self-accrediting authority (see Part B2 of the HES Framework: Criteria for Seeking Authority for Self-Accreditation of Courses of Study). Among other things, the criteria for self-accrediting authority will look for maturity of cycles of review in the provider's monitoring and review processes. This would also be true of a provider seeking 'University' status.

## Resources and references

AUQA Occasional Publication (2004), *Quality Frameworks: Reflections from Australian Universities*.

Office for Learning and Teaching Resource Library<sup>2</sup>, <<http://www.olt.gov.au/resources/good-practice>>.

Quality Assurance Agency (2014), *UK Quality Code for Higher Education*<sup>3</sup>, <<http://www.qaa.ac.uk/AssuringStandardsAndQuality/quality-code/Pages/default.aspx>>.

Resources for enhancing quality available on the Academic Quality Agency (New Zealand) website, <<http://www.aqa.ac.nz/enhancing-quality/thematic-resources>>.

TEQSA (2016), *Explanations of terms in Part A of the HES Framework 2015*, <<http://www.teqsa.gov.au/explanations-hes-framework-terms>>.

Version #	Date	Key changes
1.0	July 2014	
2.0	13 April 2016	Updated for the HESF 2015 and made available as beta version for consultation.
2.1	19 August 2016	Incorporated feedback from consultation, including on quality controls, monitoring and peer review of assessment.

<sup>2</sup> This library contains a collection of higher education learning and teaching materials flowing from projects funded by the Commonwealth of Australia, including those from the Australian Learning and Teaching Council.

<sup>3</sup> This document sets out expectations for providers of UK higher education.

## Appendix 2

### University's Academic Governance Review Process

#### Stage 1

- (1) Structural reviews of Academic Senate and/or its committees will normally be nominated at least 12 months ahead, except at the discretion of the Chair of the Board of Trustees Audit and Risk Management Committee.
- (2) The need for a structural review of Academic Senate and/or its committees will be initiated by the sponsor; and a short, evidence based case to justify it is produced for submission to the Audit and Risk Management Committee of the Board of Trustees.
- (3) The Office of Quality and Performance will, together with the review sponsor, develop and monitor the Review Timetable.
- (4) The Sponsor for the Review presents the case for a review to the Chair of the Audit and Risk Management Committee under the provisions of Clause 3.1.10 of the Committee charter and notifies the Pro Vice-Chancellor (Education).
- (5) If the Audit and Risk Management Committee choose to initiate a special review under provisions of Clause 3.1.10 of their charter following the Sponsor submission, a draft proposal and terms of reference are submitted to Academic Senate and PVCE for comment in accordance with the Implementation guidelines.
- (6) Senate and PVCE's comments will be forwarded to the review sponsor who will finalise the proposal and submit to the Audit and Risk Management Committee for endorsement and advice to the Board of Trustees that a special review has been initiated and, where external reviewers are involved, commissioned.
- (7) The Audit and Risk Management Committee has the delegation to initiate special reviews. For the purpose of the University's Academic Governance Review process a structural review of senate and/or its committees is considered a special review.
- (8) The review will be logged on the register of reviews maintained by Office of Quality and Performance.
- (9) The Office of Quality and Performance will provide advice and guidance to the relevant review secretariat on available data and necessary documentation and guidelines.

#### Stage 2

- (10) The PVCE will provide advice to shape the process for review, consistent with the requirements of the University's Academic Governance and the University's Reviews Policies.
- (11) Documentation will include:
  - a. the chair and composition of Review Panel
  - b. the nature of the self-assessment and other relevant documentation
  - c. the interviews to be undertaken during Review Panel visit
  - d. A call for submissions.

#### Stage 3

- (12) The agreed portfolio is provided to the members of the Review Panel
- (13) The Review Panel will have a minimum of two full weeks to review the portfolio, request any follow up documentation and agree to a schedule of interviews. The Review

Panel may convey via OQP any relevant information or comment to the sponsor and chair of the review panel at this time.

#### **Stage 4**

(14) The interview process is completed and the report and its key recommendations are finalised by the panel chair and the sponsor.

(15) The review report is signed off by Review Panel.

(16) The report is submitted to Senate for response.

(17) The Report and Senate response is then presented to the Audit and Risk Management Committee for consideration and if so determined by the Committee, recommendations arising from the review will be made by the Committee to the Board of Trustees.

#### **Stage 5**

(18) Following Board of Trustees endorsement of Audit and risk Committee recommendations arising from the review, the review sponsor develops a draft implementation plan.

(19) This is forwarded to the Audit and Risk Management Committee for comment and if appropriate endorsement.

#### **Stage 6**

(20) The sponsor provides an annual progress report on the implementation of the report's recommendations to the Audit and Risk Management Committee of the Board of Trustees consistent with provisions of Clause 3.1.11 of the Committee Charter until all recommendations have been addressed.