

# Quality Self-Assurance Review Summary



Federation University Australia

RTO number: 4909  
CRICOS number: 00103D  
Date finalised: 20 June 2021



Australian Government  
Australian Skills Quality Authority

ASQA

(Working together)

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## Provider Details

Provider's legal name:	Federation University Australia
Trading name/s:	Federation University Australia
RTO number:	4909
CRICOS number:	00103D
Contact details for Self-Assurance Review:	Name: Mr Liam Sloan Position: CEO Phone: (03) 5327 6860 Email: PVCVET@federation.edu.au

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Registration VET expiry date: 30 June 2022

Registration CRICOS expiry date: 30 June 2022

ASQA Delegation Agreement expiry date: 30 June 2022

Renewal Application VET: RENVET0005281

Renewal Application CRICOS: RENCRI0001044\*

\*the requirement for CRICOS registration with ASQA is not necessary as the provider does not have VET CRICOS training products on its scope of registration. This application was withdrawn by ASQA.

Self-Assurance Review ID: AUDREC0011681

## Quality Self-Assurance Review team

Lead Quality Assessment Officer: Monica McFadyen

Assessment Officers: Bronwyn Turton

## Quality Self-Assurance Review Background

The Australian Skills Quality Authority (ASQA) is committed to best practice regulation – that is we take a risk-based approach to regulation focused on delivering quality outcomes, while minimising the regulatory burden on regulated entities wherever possible. ASQA recognises the valuable opportunity to engage with providers prior to their renewal of registration falling due. This early engagement, described as a Quality Self-Assurance Review, is intended to focus on the systems and controls providers have in place to self-identify and treat any risks relating to the delivery of quality student outcomes. The review supports a more streamlined, efficient and effective decision-making process for renewal of registration applications for both ASQA and providers, once received.

In July 2021 ASQA, in consultation with the Victorian TAFE Association, conducted a presentation to the 16 Victorian TAFE's Chief Executive Officers outlining ASQA's intent to conduct a Quality Self-Assurance Review on the providers' systems and practices. The scope of the review is underpinned by self-assurance Clauses 2.2, 6.5, 7.1 and 8.6 of the Standards for Registered Training Organisations 2015 (Standards for RTOs).

ASQA sent each provider a formal request to conduct a self-assessment and submit a two-to-three-page response to four key operational areas which primarily focussed on quality student outcomes, self-assurance and continuous improvement. The four key questions were as follows:

- How has the provider embedded self-assurance practices and continuous improvement into its operating model? (Clauses 2.2 & 6.5)
- What systems does the provider have in place to ensure the provider's business objectives and risk management strategies align with RTO Standards? (Clauses 2.2 & 8.6)
- What process does the provider use for internally reporting any identified non-compliances, and how does the executive management and corporate board engage in the resolution process? (Clauses 2.2, 7.1 & 8.6)
- How does the provider determine when it is necessary to inform staff and clients of any changes to legislative and regulatory requirements that affect service delivery? (Clause 8.6)

In conducting the review, ASQA has taken into account provider responses to each of the key four questions, provider compliance history, as well as other information, including compliance reports provided by other regulatory bodies i.e. the Department of Education and the Training Victoria (DET Vic) and Tertiary Education Quality and Standards Agency (TEQSA).

ASQA also requested unique evidence relevant to each provider's operations, specifically relating to evidence of risks management.

This Quality Self-Assurance Review summary outlines the findings below and sets out ASQA's views, based on a risk assessment, on whether to approve the renewal of registration application, or if further engagement with the provider (such as a performance assessment) is necessary for ASQA to be satisfied that the requirements of registration continue to be met. The summary also makes recommendations on how providers can further strengthen their self-assurance practices.

## Quality Self-Assurance Review Outcome Summary

This summary details findings and identifies any risks with the provider's self-assurance systems and controls in line with the *Standards for Registered Training Organisations (RTOs) 2015* (Standards for RTOs).

Based on the findings of this review, ASQA has confidence that you have suitable self-assurance systems and practices for delivering quality training and assessment in line with the requirements under the legislation and therefore, we do not need to conduct a further review and will grant your renewal of registration application submitted 3 March 2022.

### Quality Self-Assurance Risks Outcome levels of the provider

The provider's overall self-assurance systems and controls risk level is **Low**

Standards for RTOs	Risk level
<p><b>Clause 2.2</b></p> <p>The RTO:</p> <ul style="list-style-type: none"><li>a) systematically monitors the RTO's training and assessment strategies and practices to ensure ongoing compliance with Standard 1; and</li><li>b) systematically evaluates and uses the outcomes of the evaluations to continually improve the RTO's training and assessment strategies and practices. Evaluation information includes but is not limited to quality/performance indicator data collected under Clause 7.5, validation outcomes, client, trainer and assessor feedback and complaints and appeals.</li></ul>	Medium
<p><b>Clause 6.5</b></p> <p>The RTO:</p> <ul style="list-style-type: none"><li>a) securely maintains records of all complaints and appeals and their outcomes; and</li><li>b) identifies potential causes of complaints and appeals and takes appropriate corrective action to eliminate or mitigate the likelihood of reoccurrence.</li></ul>	Low
<p><b>Clause 7.1</b></p> <p>The RTO ensures that its executive officers or high managerial agent:</p> <ul style="list-style-type: none"><li>a) are vested with sufficient authority to ensure the RTO complies with the RTO Standards at all times; and</li><li>b) meet each of the relevant criteria specified in the Fit and Proper Person Requirements in Schedule 3.</li></ul>	Low
<p><b>Clause 8.6</b></p> <p>The RTO ensures its staff and clients are informed of any changes to legislative and regulatory requirements that affect the services delivered.</p>	Low

## Self-Assurance Evidence Reviewed

- Website [https:// federation.edu.au](https://federation.edu.au), accessed 9/6/2022
- ASQA Self-Assessment Response, 1 December 2021
- email and attachments regarding Fit and Proper Person Declarations and process, received 15/6/2022.

### Attachment A – 1

- Risk Management Procedure
- 2021 Internal Audit Schedule January – December
- Systems & Compliance Week 2021 Program

### Attachment A – 2

- 1 VET Program Approval and Maintenance Procedure
- 2 Guide to Completing TAS Part A, B and C
- 3 Pre-Assessment Validation Report template
- Quality Assurance Activities
  - CHC40313 – Certificate IV in Child, Youth and Family Intervention
    - 4. CHC40313 CHCCOM002 – VPU Pre-Assessment Validation resubmit-approved.docx
    - 5. CHC40313 – VETCQC Addition to Scope Review Checklist.pdf
    - 6. CHC40313 – VETCQC Qualification Review Memo Initial review.docx
    - CHC40313 – VETCQC Qualification Review Memo review 2.docx
  - ICT50220 – Diploma of Information Technology
    - 8. ICT50220 VU21995 – VPU Pre-Assessment Validation 20210319.docx
    - 9. ICT50220 – VETCQC Addition to Scope Review Checklist.pdf
    - 10. ICT50220 – VETCQC Qualification Review Memo Initial review.docx
    - 11. ICT50220 – VETCQC Qualification Review Memo review 2.docx
    - 12. ICT50220 – VETCQC Qualification Review Memo review 3.docx

### Attachment A – 3

- A sample of internal audits conducted in 2021:
  - Review of ASQA Standards Compliance Audit – Standard 1 Report
  - Review of ASQA Standards Compliance Audit – Standard 2 Report
  - Review of ASQA Standards Compliance Audit – Standard 3 Report
  - Review of ASQA Standards Compliance Audit – Standard 4 Report
  - Review of ASQA Standards Compliance Audit – Standard 5 Report
  - Review of ASQA Standards Compliance Audit – Standard 6 Report
  - Review of ASQA Standards Compliance Audit – Standard 7 Report
  - Review of ASQA Standards Compliance Audit – Standard 8 Report

#### Attachment A – 4

- Federation TAFE Validation Register for 2021- 2021\_Validation.xlsx
- Federation TAFE Validation Dashboard for 2021 – Scope (sample) - Screenshot of Validation dashboard.png
- Federation TAFE Validation Dashboard for 2021 – Qualification (sample) - Screenshot A.png – CHC43215 Qualification validation schedule and progress
- Federation TAFE Validation Dashboard for 2021 – Unit (sample) - Screenshot B.png – AHCWRK309 Unit validation schedule and progress

#### Attachment A – 5

- Post validation process for CHCCS015 Provide Individualised support
  - Attached file name:
    - CHCCCS015 - Part C - Validation of Assessment Record
    - CHCCCS015 - Part E Continuous improvement log
- Amended documents for CHCCS015 Provide Individualised support
  - Attached file name:
    - CHCCCS015 Knowledge Assessment Task 1\_Assessor
    - CHCCCS015 Project Assessment Task 2\_Assessor
    - CHCCCS015 Practical Assessment Task 3\_Assessor
    - CHCCCS015 Unit Outline Post validation

#### Attachment A – 6

- 2021\_Validation.csv – highlighting Continuous Improvement log
- 22484VIC Certificate I (Access) EAL - Validation & Training and Assessment Continuous Improvement and Action Register

#### Attachment A – 7

- Complaints and appeals register 2021

#### Attachment A – 8

- Complaints and appeals:
  - 1. CIII Engineering – Fabrication Trade
  - 2. CIV Professional Editing and Proofreading

#### Attachment A – 9

- Combined Agenda and Papers TAFE Operations meeting.pdf (includes Management Action Plan HESG BPA TCA 2021 audit)
- TAFE Operations Team meeting
- VTA 2021 RTO Performance Summary Report
- No 1 TAFE Victoria
- ECM\_217831\_v1\_VETCQC5-21 – 26 October 2021 Minutes

#### Attachment A – 10

- 1. Quality Assurance Communication Guidelines
- 2. Communication channels
- 3. TAFE-Ready
- 4. TAFE-STAFF-Ready
- 5. FedNews Item - Policy Update
- 6. Sample Email Communication 1
- 7. Sample Email Communication 2
- 8. VET Curriculum and Quality Committee – Minutes.

#### Attachment A – 11

- VET Program Approval and Maintenance Procedure
- VET Qualification Delivery Procedure
- VET Assessment Policy & Procedure
- Gap Training and Assessment Procedure
- Pre-Assessment Validation Report template
- Part A VET Validation Guide Revised
- TAS A Annual Review Process
- Student Complaints and Concerns
- Student Appeal Policy & Procedure
- Complaints Management Policy & Procedure
- VET Induction & Learner Support Checklist
- Federation Student Handbook
- Quality Regulatory Compliance Policy

#### Attachment A – 12

- 1. TEQSA:
  - a) Decision Notice – Renewal of Registration: This document confirms Federation University Australia's TEQSA Reregistration.
  - b) TEQSA Non-Statutory Request response 080817: This document outlines Factual Inaccuracies identified by Federation University Australia as requested by TEQSA.
  - c) TEQSA Annexure A – BOLD & SRS Report 1: This document provides an update on the non-statutory request.
  - d) TEQSA Annexure A – BOLD Report 2: This document provides an update on the non-statutory request.
  - e) TEQSA Annexure A – SRS Report 2: This document provides an update on the non-statutory request.
  - f) TEQSA Annexure A – Delegations Report 1: This document provides an update on the non-statutory request.



- g) g) TEQSA Annexure A – Third Party Arrangements Report 1: This document provides an update on the non-statutory request.
  - h) TEQSA Annexure A – Third Party Arrangements Report 2: This document provides an update on the non-statutory request.
  - i) TEQSA Annexure A – Third Party Arrangements Report 3: This document provides an update on the non-statutory request
- 2. TEQSA CRICOS
    - a) TEQSA CRICOS Renewal of Registration Assessment Report: This document outlines the TEQSA response to the Federation University Australia CRICOS Renewal of Registration application.
    - b) TEQSA Decision Notice – Renewal of CRICOS Registration: This document confirms Federation University Australia’s CRICOS Reregistration.
    - c) Voluntary Undertaking by Federation University Australia to TEQSA: This document outlines the strategies, and associated timelines, to be implemented by Federation University Australia to ensure ongoing compliance with the ESOS legislative framework.
    - d) REQ04840 VU Report 30 03 2021: Progress report against the Voluntary Undertaking.
    - e) REQ04841 VU Report 30 06 2021: Progress report against the Voluntary Undertaking.
    - f) REQ04842 VU Report 30 09 2021: Progress report against the Voluntary Undertaking.
    - g) REQ04843 VU Report 31 03 2022: Progress report against the Voluntary Undertaking.
  - Victorian TAFE Registration Renewal Audit
  - Skills First Program 2019 Audit and Assurance Report:
    - a) HESG FedUni 2018 Audit and Assurance Report: This document outlines the findings of the auditors of the 2019 Skills First Audit. Note that 2018 is listed in the report title as the 2019 audit was conducted on 2018 delivery data.
    - b) HESG FedUni 2019 Corrective Outcomes Letter: This document from the Department of Education and Training details the outcomes from the audit.
    - c) HESG FedUni Skills First Audit 2019 – Management Action Plan Update 04022020: This document provides an update on the Skills First Audit 2019 Management Action Plan.

# Summary of the Quality Self-Assurance Review Findings and Risk Assessment

## Standards for RTOs 2015 – Standard 2

The operations of the RTO are quality assured.

### Clause 2.2

**Risk Level: Medium Risk**

The RTO:

- a) systematically monitors the RTO's training and assessment strategies and practices to ensure ongoing compliance with Standard 1; and
- b) systematically evaluates and uses the outcomes of the evaluations to continually improve the RTO's training and assessment strategies and practices. Evaluation information includes but is not limited to quality/performance indicator data collected under Clause 7.5, validation outcomes, client, trainer and assessor feedback and complaints and appeals.

### Summary of Findings

The provider is ultimately responsible for ensuring quality training and assessment within its organisation and scope of registration, regardless of any third party arrangements where training and/or assessment is delivered on its behalf. This includes all third party arrangements where the AQF certification documentation will be issued by the provider.

The provider must have appropriate systems in place for developing, implementing, monitoring and evaluating quality training and assessment strategies and practices so that they meet training package and VET accredited course requirements.

The provider must use the outcomes of the evaluation activities on its performance to quality assure its services and improve training and assessment practices. The information used to evaluate its performance must be relevant to its operating characteristics and business objectives.

The provider has submitted documents that demonstrate it has a high level understanding of its responsibilities regarding ensuring quality training and assessment within the organisation and across its scope of registration. Excellence is included in the suite of organisational values. The Council, of which the CEO is a member, have overall responsibility for monitoring compliance with statutory and regulatory obligations and ensuring adequate risk management procedures and associated internal controls are established and effectively maintained. Responsibilities regarding academic governance are undertaken by the Academic Board who are supported by the Quality Assurance Services group. The Academic Board, of which the CEO is the Chair, has appointed standing committees that include:

- the Learning and Teaching Quality Assurance Committee that is responsible for providing advice, and making recommendations to the Academic Board, on the governance and quality of learning and teaching including the achievement of national standards and the consideration of appropriate policies and procedures. The CEO has a nominee on this committee
- the VET Curriculum and Quality Committee that has broad responsibility of new courses, review and accreditation of programs and integrity of education offerings in Vocational and

Education Training (VET). In addition, this Committee oversees the development of the VET Quality Assurance system and compliance with all aspects of VET regulation. It ensures quality standards in teaching practice and manages the VET scope of registration. The CEO is Chair of this committee

- the International Education Committee that has responsibility for the academic oversight and quality assurance of international education. It oversees the maintenance of, and acts as the approval authority for all amendments to, CRICOS registration. It ensures compliance with the *National Code of Practice for Providers of Education and Training to Overseas Students 2018* (National Code 2018) across all teaching locations for on-shore international students. The CEO is a member of this committee.

The **Risk Management Procedure** details the provider's coordinated risk management approach to all risks that may impact the strategic and organisational objectives of the University. It defines the risk by three levels; Strategic Risk that sit with the University Council, Enterprise risk that sits with the Vice Chancellor's Senior Team and Operational risk that sits with the extended executives teams. The procedure notes the cycle of risk monitoring and reporting to ensure timely actions include:

- quarterly Audit and Risk Management Committee reports including risk heat map, new and emerging risks, strategic and enterprise risks outside risk appetite, significant changes to strategic or enterprise risks and strategic and enterprise risk treatment update
- annual review and refresh of strategic risk profile in line with the strategic planning process
- annual review and refresh of enterprise risk profile
- annual risk workshops to review operational risk profiles
- monthly review of outstanding treatment actions.

The procedure is supported with links to supporting documents and forms such as a risk management policy, risk matrix, risk appetite statement, risk assessment guidelines and risk assessment template.

The provider was requested to provide two areas on how they applied risk mitigation identified through **internal audit**. **The provider submitted:**

- **2021 Internal Audit Schedule January – December** includes the commencement dates of each scheduled internal audit activity and details the relevant regulatory obligations as well as a descriptor of the activity. It identifies the area and person responsible etc. It does not confirm how the risk mitigation was applied through internal audits nor does it include the outcomes of the actions taken.
- **Systems & Compliance Week 2021 Program 1st – 5th February 2021**– this document details the professional development activities its staff participated in February 2021. The response provided noted that an annual staff professional development program is conducted to ensure continued training and education in selected areas of risk and recognised needs of staff. Following the internal audit two areas of concern were identified. These consisted of:
  - some staff not maintaining the Trainer Skills Matrix therefore evidence of currency was not up to date.
  - trainers and assessors maintaining currency in teaching and vet.

- The explanation notes the above as a risk identified from internal audit. The internal audit schedule reflected a review of 30 trainer and assessor files from a variety of qualifications. The internal audits conducted, identified this as an area of significant concern.

It has a system in place for the development of training and assessment such as:

- The **VET Program Approval and Maintenance Procedure** details the process developing and adding a training product to its scope of registration. Although the process is rigorous, it does not include reference to how and when industry is engaged in the development of the training and assessment strategy or resources to ensure it meets compliance with Clause 1.6.
- The **Guide to completing the Training and Assessment Strategy (TAS) - Parts A, B & C** is a template for a faculty area to develop a training and assessment strategy. The guide notes '*Completion and/or review of all TAS documentation should be conducted by the program teachers / managers at any of the following times at scheduled VET industry validation / strategy days*'. There are several other references to industry; however, in most cases this is to template wording. There is no information in the template of when, how or in what areas industry is to be included in the development of the training and assessment strategies or resources. As an example, the template on page 12 notes, '*If simulation is necessary, and appropriate for the learning activities and assessment tasks, the trainer/s will ensure that simulated environments give each student the opportunity to meet the following critical criteria:*'
  - *Quality – The work is of the standard required for work in the industry.*
  - *Productivity – The required amount of work is performed within a timeframe appropriate for the industry'*

The template does not include guidance that supports how and to what level this is to be conducted or if industry will be involved in quality assuring the simulated environment. Furthermore, the **Training and Assessment lifecycle flow chart** also does not include industry consultation.

- The provider uses a **Qualification Audit Checklist** that is applied to self-assure that its training and assessment strategies are developed in accordance with the providers compliance obligations. Although it includes a check for industry consultation, it is noted as being in the last two years. The completed checklist for *CHC40313 Certificate IV in Child, Youth and Family Intervention* notes that industry consultation is extremely limited and that feedback was received from only one source, and this is from within the University. The VETCQC Qualification Review identified that further industry consultation should be sought so that there is evidence of impartial and multiple consultations. The provider applied a robust process for the review of *ICT50220 Diploma of Information Technology*.  
The process applied provides confidence in the providers quality assurance practices to ensure that the provider's training and assessment strategies are developed in compliance with the Standards for RTOs 2015. However, industry engagement remains an area for strengthening in the development of training and assessment strategies and resources.
- A completed **VET Practice Unit Pre-Assessment Validation Report** provided for *CHCCOM002 Use communication to build relationships* clearly shows the provider conducted a thorough pre assessment analysis of the assessment tool. The findings in the first review confirm the process applied assisted the provider to self-identify issues with its assessment tools. The findings in the second review confirm the provider actioned any issues identified from the previous review.

The process applied provides confidence in the providers pre delivery validation review.

- The provider undertakes an annual program of internal audits as part of its quality Assurance services. Some of these reports were provided as examples of the process applied. Each report provides significant detail of the scope and outcome of the internal audits. Each report focuses on different standards and is broken down into percentage of compliance overall and then against individual clauses and training products. This provides a quick reference to areas of higher concern. The reports show the provider ensured a robust in-depth review was conducted against its systems and practices.

The report identifies, where a number of qualifications do not have current Skills Matrix as noted earlier. The provider self-identified that although it has quality systems in place, these were not always applied appropriately and may require further training of staff. The internal audit process also self-identified issues with its industry consultation process.

Although non-compliances have been identified, the reports include recommendations on how to rectify the issues identified.

The **Validation register** and **screen shots** confirm records of the validation schedules. **Part C - Validation of assessment record** were provided for *CHCCCS015 Provide individualised support* from *CHC43115 Certificate IV in Disability*. The completed validation conducted for *CHCCCS015 Provide individualised support* does not:

- the tool does not collect valid and sufficient evidence as there are gaps in the assessment tool with that required by the unit of competency
- the tool is not fair as it does not include sufficient instructions particularly around the performance evidence requirements
- the tool is not reliable as it includes insufficient guidance for assessors
- validation did not include a statically valid sample of completed student assessment.

The provider self-identified concerns with its own validation process for this unit of competency.

The **Validation & Training and Assessment Continuous Improvement and Action Register** refers to a Mrs Neha in the unit gaps, however the scenarios referred to others and not Mrs Neha. It is not clear if the correct assessment tool was validated.

- Actions of Validation are recorded on the Assessment Validation Part E Continuous Improvement Log and Action Register. The continuous improvement log provided did not include all gaps in the assessment tool for *CHCCCS015 Provide individualised support*. However, for the gaps it did identify the continuous improvement log included recommendations for changes that were logged in the Validation and Training and Assessment Continuous Improvement and Action register. Actions required had nominated responsibility and timelines associated

Other systems in place for the monitoring of training and assessment include:

- review and update of policies and procedures as part of the continuous cycle
- feedback mechanisms for students and staff through a range of platforms including online (website), surveying, course end surveys and direct contact.

It has a systems in place to evaluate its performance through:

- a process for ensuring its obligations under the ASQA Delegate status for scope of registration are met

- an annual training and assessment strategy review process which is evaluated and used to inform improvements in its training and assessment practices
- a Quality Framework based on processes for self-review, reflection, continuous improvement and accountability which is supported by documented policies and procedures
- a planned internal audit program that reports on the self-assurance processes and outcomes related to the student journey.

Other exemplars reviewed demonstrate:

- the validation register for validation conducted in 2021 which had completion monitored using a dashboard graphic
- the post validation process for the training products *CHCCS015 Provide Individualised support 22484VIC Certificate I (Access) EAL* and *VU22391 Create texts of limited complexity for personal purposes* which resulted in recommendations for changes that were logged in the Validation and Training and Assessment Continuous Improvement and Action register. Actions required had nominated responsibility and timelines associated
- the process of presentation of Management Action Plans for the outcomes of:
  - the Business Process and Transactional Compliance Audit Management Action Plan (MAP) resulting from the October 2021 audit conducted by Ernst & Young on behalf of the Department of Education and Training resulting in the decision to table the action plan at staff meetings and provide additional training to key staff
  - the Victorian Skills Authority 2021 RTO Performance Summary Report which resulted in the setting of targets for improvement in student and employer satisfaction against all performance measures, with an aim to become No.1 TAFE in Victoria
- reports made to the VET Curriculum and Quality Committee by the TAFE Executive regarding the Victorian Skills Authority 2021 RTO Performance Summary Report outcomes
- how the provider has addressed, and continues to address, the areas of non-compliance identified during the TEQSA Victorian TAFE Registration Renewal audit and Skills First Program 2019 Audit and Assurance Report relevant to the student journey.

(Review process included - Website [https:// federation.edu.au](https://federation.edu.au), accessed 9/6/2022, ASQA Self-Assessment Response, 1 December 2021, documents contained in Folders titled A1 through to A6, A9, A11, A12)

#### **Self-Assurance Findings Summary**

#### **No further actions required**

The evidence reviewed confirms that Federation University Australia:

- has systems in place to systematically monitor its training and assessment strategies and practices to ensure ongoing compliance with Standard 1
- has systems in place to collect evaluation information from employers, staff and students
- has a centralised continuous improvement register to capture the outcomes of its monitoring activities
- conducts regular analysis of the outcomes of its monitoring activities to identify opportunities for improvement, emerging trends or systemic issues

- has systems in place to action any identified issues to continually improve the RTO's training and assessment strategies and practices.

### Areas for Improvement

The following areas of self-assurance practice improvements were identified during review of the evidence submitted:

- The procedures and templates for the development and review of training and assessment strategies and resources do not include sufficient guidance on how, in what areas and when industry is engaged in the development of the training and assessment strategy or resources to ensure it meets compliance with Clause 1.6.
- Although the provider has a validation system, the validation process conducted for *CHCCCS015 Provide individualised support* did not ensure that it identified all of the gaps in the assessment tool to that required by the unit of competency. The process did not include guidance on reviewing a valid statistical sample of students completed assessments as part of the validation process.

### Standards for RTOs 2015 – Standard 6

Complaints and appeals are recorded, acknowledged and dealt with fairly, efficiently and effectively.

#### Clause 6.5

**Risk Level: Low Risk**

The RTO:

- a) securely maintains records of all complaints and appeals and their outcomes; and
- b) identifies potential causes of complaints and appeals and takes appropriate corrective action to eliminate or mitigate the likelihood of reoccurrence

### Summary of Findings

The provider must have systems and/or process in place to review records of complaints and to identify potential causes of complaints and appeals. The provider's systems and process must link into the continuous improvement of training and assessment strategies and practices and allow the provider to take appropriate corrective action to eliminate or mitigate the likelihood of reoccurrence.

The provider Student **Complaints Register** and two exemplars demonstrate:

- it has a system in place to capture and review records of complaints and to identify potential causes of complaints and appeals that is supported by policies and procedures and comprises:
  - formal and informal methods to register complaints, concerns and appeals
  - Student Grievance Officers that are trained in the University's complaints processes
  - a range of standardised templates for communication
  - a dedicated Microsoft Teams channel which contains resources for staff members handling complaints



The exemplars reviewed demonstrate:

- the 2021 Student Complaint and Appeals Register for 2021 that showed 13 student complaints and 1 student appeal had been received and resolved. The register categorised the complaints and detailed actions taken and outcomes
- the process of review and actions taken for complaints made against:
  - the dissatisfaction with the professional practice of a trainer for **MEM30319 Certificate III in Engineering (Fabrication Trade)** that resulted in a staff member being reprimanded
  - a student's concerns regarding not being able to complete due to the cancellation of the course **CUA40118 Certificate IV in Professional Writing and Editing** that resulted in the student being provided with options for completion of the course.

(Review process included - Website [https:// federation.edu.au](https://federation.edu.au), accessed 9/6/2022, ASQA Self-Assessment Response, 1 December 2021, documents contained in Folders titled A7, A8 and A12)

#### **Self-Assurance Findings Summary**

#### **No further actions required**

The evidence reviewed confirms that Federation University Australia has a:

- process and procedure that is implemented to ensure it securely maintains records of all complaints and appeals and their outcomes
- complaints register to capture the outcomes of its complaints and appeals activities which is used for systemic analysis and identification of potential causes of complaints and appeals
- process and procedure for corrective action for identified issues.

#### **Standards for RTOs 2015 – Standard 7**

The RTO has effective governance and administration arrangements in place.

##### **Clause 7.1**

**Risk Level: Low Risk**

The RTO ensures that its executive officers or high managerial agent:

- a) are vested with sufficient authority to ensure the RTO complies with the RTO Standards at all times; and
- b) meet each of the relevant criteria specified in the Fit and Proper Person Requirements in Schedule 3.

#### **Summary of findings**

The provider must be viable, so its business and practices do not negatively impact on the quality of its training and assessment outcomes and on learners.

The provider must ensure it only appoints executive officers and high managerial agents that meet the Fit and Proper Person requirements.

The provider must assign executive officers and high managerial agents with sufficient authority to ensure its operations comply with the RTO Standards at all times.



The provider submission demonstrates:

- it has an organisational chart, policies and procedures with nominated responsibilities and a Delegations of Authority Framework
- it conducts an annual internal and external performance review of the Council and its Standing Committees against the *Voluntary Code of Best Practice for the Governance of Australian Universities*
- it has a practice of reviewing Fit and Proper Person Declarations annually and updating the declarations every five years
- it has reporting systems to the delegated executive officers that inform them of issues so that they can ensure the provider complies with the RTO Standards at all times

Exemplars reviewed demonstrate:

- the application for renewal of VET registration that is under consideration includes Fit and Proper Person declarations for all relevant Executive Officers and RTO representatives.
- Reporting of internal and external educational quality & compliance audits which identify key areas of noncompliance and rectifications
- a report detailing the 2021 results of the Student Satisfaction Survey and Employer Satisfaction Survey, in comparison to results from previous year

(Review process included - Website [https:// federation.edu.au](https://federation.edu.au), accessed 9/6/2022, ASQA Self-Assessment Response, 1 December 2021, email and attachments regarding Fit and Proper Person Declarations and process, received 15/6/2022. TAFE Operations Meeting bi monthly meeting samples, Management Action Plan – HESG BPA/TCA November 2021 Audit – Updated 23/02/2022, 2021 RTO Performance Summary Report, Performance measures report, TAFE Leadership Team Meeting Strategic Planning 2021-2025 and Performance Panel guidelines and supporting templates)

#### **Self-Assurance Findings Summary**

#### **No further actions required**

The evidence reviewed confirms that Federation University Australia has a:

- governance system that ensures its executive officers are vested with sufficient authority to ensure the RTO complies with the RTO Standards at all times
- practice in place to ensure its executive officers meet each of the relevant criteria specified in the Fit and Proper Person Requirements in Schedule 3.

#### **Areas for Improvement**

The following areas of self-assurance practice improvements were identified during review of the evidence submitted:

- whilst the provider has a practice of annual review and five yearly update of Fit and Proper Person Declarations in place for its Executive Officers, there is no documented process or procedure to ensure that all executive officers and high managerial agents currently meet, and that they continue to meet, the Fit and Proper Person Requirements in Schedule 3.

## Standards for RTOs 2015 – Standard 8

The RTO cooperates with the VET Regulator and is legally compliant at all times.

### Clause 8.6

**Risk Level: Low Risk**

The RTO ensures its staff and clients are informed of any changes to legislative and regulatory requirements that affect the services delivered.

### Summary of Findings

The provider must ensure that there are two way communication protocols and process in place to ensure its staff and clients are informed of any changes to legislative and regulatory requirements that affect the services they deliver.

The provider submission demonstrates:

- it has a set of guidelines for communicating any changes to legislative, regulatory and contractual requirements that may affect any delivery of services that require Quality Services, as the official point of contact for notification
- dissemination of information to staff, students, industry and other stakeholders through a range of channels of communication, both internal and external, to target specific audiences. The procedure includes designated responsibilities for dissemination of accurate communication
- it has formal and informal methods to gain feedback from students, staff and other stakeholders.

Exemplars reviewed demonstrate:

- the process for notifying staff and industry of changes to its policy and procedure, training packages and to legislation, regulatory and contractual requirements. This included an example of the notification on the updated Information Security Policy and an email to trigger the dissemination of a fact sheets regarding an eligibility criteria update for the Reconnect and Asylum Seeker VET Programs and COVID-19 requirements
- email campaigns to advise students of COVID-19 vaccination and campus population density requirements, orientation programs, fee payment and scholarship opportunities
- minutes taken at the VET Curriculum and Quality Committee held 26 October 2021, noting:
  - discussion of Student/Employer survey data and 2021 RTO Performance summary report
  - consideration and resolution of addition and deletion to its scope of registration.

(Review process included - Website [https:// federation.edu.au](https://federation.edu.au), accessed 9/6/2022, ASQA Self-Assessment Response, 1 December 2021, documents contained in Folder titled A10)

### Self-Assurance Findings Summary

**No further actions required**

The evidence reviewed confirms that Federation University Australia:

- has an overarching policy and procedure in place that provides guidance on how the provider communicates any changes to legislative and regulatory requirements that impacts the services it delivers.