

AUSTRALIAN UNIVERSITIES QUALITY AGENCY



Report of an Audit of the Accreditation Function of the Queensland Office of Higher Education

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Introduction

Context

The Australian Universities Quality Agency (AUQA) is a not-for-profit company, limited by guarantee, set up by the Ministerial Council for Employment, Education, Training & Youth Affairs (MCEETYA). This means it operates under the aegis of the nine Commonwealth, state and territory governments, acting jointly. It is governed by a twelve-member board. Its core task is to audit and report publicly on the quality assurance (QA) arrangements of the Australian universities, other self-accrediting institutions (SAIs) and the eight state and territory higher education (HE) accreditation bodies.

These last-named bodies have certain responsibilities in relation to non-self-accrediting institutions (NSAIs). These responsibilities are enshrined in the various state and territory laws and associated regulations. In March 2000, MCEETYA adopted a set of five 'National Protocols for Higher Education Approval Processes', intended to bring a greater degree of rigour and consistency to the processes and outcomes of accreditation of NSAIs and their courses in the various jurisdictions.

These Protocols are intended to regulate the operations of the state and territory accrediting agencies in the matters of

- o approval of universities,
- o operation of overseas institutions in Australia,
- o accreditation of HE courses,
- o joint HE arrangements, and
- o courses for overseas students.

AUQA audits the adherence of any accrediting agency both to its specific legislative requirements and to the National Protocols. In the near future, the latter will become part of the former, as all the governments have undertaken to re-draft legislation as necessary to give legal effect to the National Protocols.

In the different states and territories, the function of accrediting NSAIs is carried out in various ways by bodies with different characteristics. In each jurisdiction, the accrediting function is 'packaged' differently, being combined with a variety of other tasks as the responsibility of a particular body. AUQA's task is then to audit the accreditation arrangements and any closely related functions of the same body, but not necessarily all the functions of that body. Thus, in this report, reference to the QOHE almost always implies a reference only to the QOHE's higher education accreditation functions. In auditing agencies' QA processes in relation to accreditation, AUQA is required to pay particular attention to "the impact of those processes on quality of programs" (AUQA Constitution).

AUQA is also expected to comment from time to time on the Protocols themselves, for example with respect to consistency, overlaps, and possible improvement. In auditing any agency, therefore, AUQA may also make such comments. Therefore, AUQA asks any panel auditing an agency to record its conclusions on these general matters. AUQA will consider these reports as they are produced, and in due course will make public comment and/or recommendations to MCEETYA as appropriate and possible.

Process

The audit process adopted by AUQA is laid out fully in the AUQA Audit Manual. In brief, the auditee is invited to carry out a self-review and report on this to AUQA. The report (called a 'performance portfolio') should cover the auditee's

- objectives;
- plans for achieving those objectives;
- indicators for measuring the extent of their achievement;
- the extent of their achievement; and
- actions or intended actions on the results, designed to reduce any discrepancy between objectives and results.

Thus, AUQA

- does not dictate objectives, but works from those of the auditee;
- is interested in QA arrangements;
- is interested in both processes and outcomes, with outcomes as evidence of effectiveness; and
- emphasises support for the auditee and validation (or otherwise) of the auditee's own conclusions and intentions.

Audits are carried out by small panels comprising AUQA staff, and other members who are drawn from academia and industry, from Australia and overseas. The Audit Panel meets for a day to discuss the portfolio, and later visits the auditee. If the auditee is a HE institution, the Panel interviews a wide range of staff, students, and community members. If the auditee is an accreditation agency, the Panel interviews the agency's staff, staff of some of the NSAs for which it is responsible, some of the panel members it uses, representatives from other agencies, and the responsible minister and/or director-general. In the case of an agency, as so many of the relevant parties are at a distance and not 'part of' the agency, surveys are also sent to some or all of the agency's NSAs and panel members. Responses to these surveys guide the Audit Panel's other investigations, and contribute to its conclusions.

It should be noted that AUQA is not a body for appeals or re-hearings. So, for example, if an AUQA Audit Panel investigates specific student grievances or course approvals in an institution, this is not with a view to amending or affirming the decision made by the institution, but in order to form a view on the procedures themselves and their application. Similarly, when auditing an agency, the AUQA Audit Panel investigates a sample of course

accreditations or collaborative operations in order to form a view on the efficacy of the procedures, and is not empowered to overturn the agency's decisions.

In 2001, its first year of operation, AUQA decided to carry out three trial audits to test its procedures. Volunteers were sought from among the institutions and agencies, and the QOHE was one volunteer. The trial audits have been conducted exactly as is intended for the substantive audits (ie AUQA did not experiment with alternative procedures). Following the trial audits, AUQA's procedures and Audit Manual will be revised in the light of discussion with the auditees and the Audit Panel members. Otherwise, the only difference between the trial audits and subsequent substantive audits is that the audit reports for the trial audits will be the property of each auditee, and hence will not be published by AUQA.

Conclusions

Summary

The starting point for the audit was the QOHE's objectives and functions, which are set out on pages 4 & 5 of the QOHE's performance portfolio (PF), and listed in full in Section 1 of this report.

The Audit Panel received consistent feedback from institutions, accreditation panel members and others that the QOHE's accreditation, support, and advisory activities have enhanced, and continue to "enhance the quality of the private HE sector in Queensland" (PF p4). There are a number of sources of this enhancement. The sources include the knowledgeable and informative staff, the high-quality and assiduous panels, and the committed and helpful panel chairs. QOHE is well-served by its panel members, who are drawn from a number of backgrounds, including the public university system, different types of educational institutions, and from outside the HE sector. The QOHE works with them effectively in "managing all stages of the ... approval processes; ... advising applicants; and ... negotiating resolution of complex issues with ... providers or ... panels" (PF p5).

The QOHE is also effective in "advising on legislation, policy and practice", and in "identifying and managing potential breaches of the legislation" (PF p5). Now the National Protocols have been adopted (largely based on work done by the QOHE), the QOHE is actively working to ensure Queensland legislation "is fully consistent with national policy frameworks" (PF p4).

The Audit Panel was satisfied, by discussion with other states, and from verifiable evidence provided by the QOHE, that it exercises a significant role nationally, "contributing to national policy and practice in the field" (PF p5).

The Audit Panel noted that the QOHE's accreditation-related workload appears to be increasing, and may increase still further. Also, continuing work on the consistency of academic standards across panels is important, and the QOHE needs to have a clear view of its own self-assessment process.

In summary, the Audit Panel found that the QOHE is meeting the objectives it sets for its accreditation function, and that the Queensland Minister for Education can have confidence in its work and advice. This report identifies some areas for particular commendation, and recommends some areas of possible further improvement. In particular, a number of recommendations are made that may assist in increasing the consistency of decisions reached by different accreditation panels.

Commendations

1. Protocol 1: The QOHE is commended for its effective work in protecting the term 'university' through active publicity and advice.
2. Protocol 2: The QOHE is commended for its active attention to Protocol 2, even before all the necessary legislation is in place.
3. Customer satisfaction: The QOHE is commended for the good working relationship of staff with providers, and for the beneficial effects of this on the quality of education.
4. Rigour: The QOHE is commended for its attention to rigour in the approval process and for its commitment to institutions.
5. Panel satisfaction: QOHE staff are commended for the excellent support they provide to panel members.
6. Panel quality: The QOHE's accreditation panels add value to the institutions whose courses they review, both in enhancing individual proposals, and more generally in assisting with the enhancement of institutions' quality assurance procedures.
7. Panel chairs: Panel chairs augment the operations of the QOHE by assisting with advice to providers and monitoring conditions of accreditation.
8. National leadership: The QOHE exhibits national leadership and support in the area of accreditation.

Recommendations

1. Learning outcomes:

that, while on balance QOHE ensures that the standards required by the National Protocols are met, it would be timely for the QOHE to encourage course accreditation panels to give more explicit consideration to how learning outcomes can be incorporated into their evaluations.

2. Australian Qualifications Framework:

that the QOHE ensure course accreditation panels check consistency of course proposals with AQF descriptors.

3. Diversity and differentiation:

that the QOHE reflect on the needs and abilities of diverse providers, and develop a systematic way of treating each in the most appropriate manner, including the amount and nature of documentation required for accreditation proposals, reports, etc.

4. Conditional approval:

that the QOHE consider advising panels to tend a little more towards refusing accreditation (but with clearly specified reasons that will help the provider to see how to succeed) rather than approving with a large number of conditions.

5. Provider meetings:

that the QOHE make more use of provider forums or briefings for communicating information, advising on proposal preparation, assisting with quality improvement, and so on.

6. Consistency:

that the QOHE consider further ways to enhance the consistency of decisions reached by different panels.

7. Panel member training:

that the QOHE develop a more systematic approach to training members of accreditation panels.

8. Panel of chairs:

that the QOHE consider establishing a 'panel of chairs' to augment continuity and consistency.

9. Recognition and accreditation:

that, in the current revision of legislation, consideration be given to establishing a logical separation between the steps of provider recognition and course accreditation.

10. Staffing:

that specific attention be paid to staffing needs for QOHE's accreditation functions, in terms of total load (current and forecast) and corporate memory.

11. Self-monitoring:

that the QOHE increase its level of self-monitoring, including gaining regular feedback from panel members and providers.

12. Accreditation procedures:

that when 'The Blue Book' is revised, **concurrently with the introduction of revised legislation, QOHE** include reference to the Protocols, the AQF, DETYA benchmarks, and Internet-based courses, among other matters.

Abbreviations

The following abbreviations are used in this report. As necessary, they are explained in context.

ACPET	Australian Council for Private Education and Training
AQF	Australian Qualifications Framework
AUQA	Australian Universities Quality Agency
Blue Book, The	'Procedures and criteria for the accreditation of higher education courses offered by non-university providers' – the QOHE accreditation manual
DETYA	Department of Education, Training & Youth Affairs (the title 'DETYA' is used, rather than 'DEST', as the former was the title at the time of the Audit Visit)
HE	higher education
MCEETYA	Ministerial Council for Employment, Education, Training & Youth Affairs
National Protocols	'National Protocols for Higher Education Approval Processes'
NSAI	non-self-accrediting institution
the Office	QOHE
PF	the QOHE's performance portfolio, submitted to AUQA
Protocols	(see National Protocols)
QA	quality assurance
QOHE	Office of Higher Education, Queensland
SAI	self-accrediting institution
SCUC	Sunshine Coast University College

1 Background to QOHE

In Queensland, the Office of Higher Education (QOHE) has a variety of roles relating to funding, advising and planning, as well as “administering legislation policy and procedures in support of the Minister [for Education]’s accreditation function, which are consistent with national and international good practice and high standards of client service and client interaction in managing accreditation and review processes” (PF p3). “The administrative functions arising from the Minister for Education’s accreditation responsibilities under the Higher Education (General Provisions) Act 1993 ... include

- o advising on legislation, policy and practice;
- o managing all stages of individual application and approval processes, sourcing and appointing expert panels, organising meetings, and writing reports;
- o advising applicants on policy and legal issues;
- o negotiating resolution of complex issues with individual providers or accreditation panels;
- o participating in cross-State processes in the area;
- o developing quality assurance measures for the State’s processes;
- o identifying and managing potential breaches of the legislation;
- o contributing to national policy and practice in the field; and
- o identifying international benchmarking opportunities and methods.”

(PF p5).

As an accreditation agency, the QOHE “seeks to develop and operate policy, procedures and outcomes which:

- o are fully consistent with national policy frameworks;
- o have a robust and legal policy basis, and are transparent to users;
- o are efficiently and effectively managed; and
- o enhance the quality of the private higher education sector in Queensland.”

(PF p4)

As noted above, the National Protocols are gradually being enacted into law by the state and territory governments. However, even before this step is complete in Queensland, the QOHE expects to achieve compliance with the Protocols, because its first objective is to be “fully consistent with national policy frameworks”.

This audit report reports on the extent to which the QOHE is meeting the responsibilities and objectives listed above.

Accreditation and re-accreditation of courses, and the associated registration of NSAs, occur principally under Protocol 3. There is currently – and is likely to continue to be – more activity in this area than in checking potential new universities, or in advising on the steps to

become one (Protocol 1). Protocol 2 brings in other considerations relating to overseas institutions operating in Australia. Currently, the amount of activity in this area is small, but can be expected to grow. The effect of Protocol 4, apart from providing for some ministerial reserve powers, is to allocate tasks for attention by an agency under Protocol 3 or directly by AUQA. Like Protocol 4, Protocol 5 principally invokes action under the other Protocols, while the endorsement of NSAs follows fairly quickly from Protocol 3.

Therefore, matters relevant specifically to Protocols 1, 2, 4 and 5 are covered in Section 2 of this report. Section 3 discusses standards, while Sections 4 and 5 cover in more detail other matters associated principally with Protocol 3, although some aspects relate to the other Protocols also. (This cross-reference is generally obvious, and otherwise is mentioned explicitly.) Section 6 mentions a range of other matters, while Section 7 covers issues germane to the Office itself. Note that the coverage of matters relating to four Protocols in one section is not a comment on their importance, but because Protocol 3 (currently) represents the majority of QOHE's work.

2 The National Protocols

As noted in the Introduction, the National Protocols now exist to set consistent nation-wide criteria and standards for NSAs. The task of implementing them will become the responsibility of the state and territory accrediting bodies, as these are the agencies that deal with NSAs and their academic standards. The QOHE structured its Portfolio around the five Protocols, in each case describing the relevant current legislative and procedural arrangements, and the extent to which the QOHE is already implementing the Protocol. For each Protocol, the Portfolio also provides an analysis of the contribution of the described activities to the quality of HE.

2.1 Protocol 1

Protocol 1 protects the term 'university' and specifies criteria for the recognition of a new institution as a university. Currently, in Queensland the term is protected under the Higher Education (General Provisions) Act 1993.

In Queensland, any business name containing the word 'university' must be approved by the Minister for Fair Trading. Such names are likely to be approved, without reference to the Minister for Education, if it is clear that the title does not imply any claim to provide higher education. (For example, a shop in University Avenue may wish to use the street name in its trading name.) Otherwise, use of the term 'university' is referred to the Minister for Education.

The only application for university status since the passage of the Higher Education (General Provisions) Act of 1993 was made by the then Sunshine Coast University College (SCUC). The Audit Panel was struck by the slimness of the report of the review (on a whole institution) in comparison with the reports of some of the accreditation panels for NSAs (on individual courses only). However, this institution already had the powers, functions and obligations in legislation applying to other universities; it had had a period of mentoring from an established institution; it had a governance structure, financial accountabilities, public funding and the status of a statutory body: much of this material, which might be the subject of review in an institution which was established as a teaching-only college, or which was a new private institution, had already been tested at an earlier stage. More generally, there is a total context that contributes to the security of a university-related decision that is absent from a decision about a NSA. For a university, this context includes cabinet and parliamentary approval, establishment in legislation, and ministerial and/or governmental nominees on the Council. Also, there is often a publicly-appointed steering committee and/or identification of another university as mentor. Significant public funding is also usually available. With accreditation of a NSA, on the other hand, the consequences of the decision are less easily influenced subsequently. The Audit Panel was confident that in context the recommendation made about the SCUC, by a very senior and highly respected group of reviewers, was secure.

Another private university has been foreshadowed, and Cairns I.U. Pty Ltd has been granted approval to use the title 'proposed international university'. The Audit Panel assured itself that this approval was given only at the highest level and after the consideration of extensive documentation in support thereof. As part of this approval, any subsequent application for the institution actually to **be** a university will have to be made under Protocol 1, and will be subject to the criteria therein. The QOHE continues to work helpfully with Cairns I.U.Pty Ltd on this matter.

In addition to admissions or possible admissions to university status, the QOHE carries out an effective monitoring and admonitory role. It advertises the requirements of the legislation, and each year advises several institutions that their documentation and actions may be in breach of the Act.

Commendation 1. Protocol 1: The QOHE is commended for its effective work in protecting the term 'university' through active publicity and advice.

2.2 Protocol 2

This Protocol governs the operation of overseas HE institutions in Australia. In Queensland, this is currently covered by the Higher Education (General Provisions) Act 1993 and its Regulation 1996.

As noted in Section 4, three overseas HE institutions have been approved (to offer 12 courses), and the Audit Panel obtained input from all three of the associated local providers. For one of these, the Panel investigated the scrutiny carried out by the QOHE of the overseas institution and its relation with the local provider. The Panel was satisfied that the checking covered the factors specified by the Higher Education (General Provisions) Act 1993.

However, these factors relate almost entirely to the overseas institution (and one local respondent found it difficult to recall any direct involvement with the QOHE). Therefore, "the Office's approach has been based on the view that overseas institutions operating in Queensland will be offering their own qualifications, quality assured in their own national system" (PF p15). Accordingly, the QOHE's consideration is not primarily academic, so no academic panel is formed to consider the proposal. It is not clear that this securely addresses the current criterion that "the proposed staffing arrangements are adequate" (PF p14)).

Under Protocol 2, it will be necessary also to check that the overseas qualifications offered in Australia are comparable with Australian ones. Until Protocol 2 is built into Queensland legislation, the QOHE believes it can take the necessary action under a Regulation.

The QOHE's attention to this matter has discouraged some inappropriate relationships and enhanced the quality of others. It should be noted, however, that the three current local providers all learned in rather ad hoc fashion of the requirements to which they are subject under the Act. As noted in Section 2.1, the QOHE advertises the requirements of Queensland's university legislation. With the advent of the Protocols, this could perhaps be extended to periodic nation-wide advertisements under MCEETYA (or its Joint Committee on HE), and distributions to all NSAs, and through groups such as ACPET, outlining the requirements under the five Protocols.

Commendation 2. Protocol 2: The QOHE is commended for its active attention to Protocol 2, even before all the necessary legislation is in place.

The QOHE is encouraged to disseminate information (on this and other Protocols) more widely.

2.3 Protocol 3

Protocol 3 specifies the processes and criteria to be used in the accreditation of HE courses offered by NSAs. In Queensland, the recognition of HE awards offered by non-university providers is governed by the Higher Education (General Provisions) Act 1993 and its Regulations. Between them, they satisfy the requirements of Protocol 3. Issues relating to Protocol 3 are covered in Sections 3, 4 and 5 of this report.

2.4 Protocol 4

Protocol 4 addresses delivery arrangements undertaken by SAs and NSAs through partner organisations. This is not covered explicitly in current Queensland legislation, particularly in the case of interstate universities operating a Queensland branch operation.

For various reasons, HE institutions are increasing the flexibility of their educational offerings. One aspect of this flexibility is the use of other organisations as agents or partners, in different locations. It might be thought that collaborative arrangements within Australia would not be problematic, but nonetheless they are a novelty for many institutions. For this reason, and even more because the offering of degree courses is regulated by law, it is necessary to be precise about the location of legal responsibility for students and quality, in these partnership arrangements.

The QOHE provided evidence of three present or proposed operations in Queensland that are 'outposts' of universities in three other states, and advice given to the universities by QOHE about the nature and quality of their operations.

2.5 Protocol 5

This Protocol covers the endorsement of courses for overseas students in Australia. Queensland's arrangements for this are compliant with the Protocol, although the procedures relating to a SAI operating at a distance or through an agent are as yet untried.

Protocol 5 provides special protection for overseas students of Australian institutions. This is seen to be needed because overseas students may not have the same access as Australian citizens and residents to remedies provided by Australian courts or other mechanisms. (With the effective implementation of this Protocol, and other existing Codes of Practice, there appear to be more stringent standards in Australia for overseas students than for local ones.) Courses are endorsed for overseas students by the accreditation agency in the state where the course is to be offered.

The QOHE is currently co-drafting a process, covering staff, buildings and resources, that the QRICOS registrar may apply to Queensland SAIs, although it is likely to assume that AUQA's audits will suffice for the purposes of determining the quality of courses in these institutions. For Queensland-based NSAs, the Audit Panel was informed by providers that endorsement follows readily once accreditation has been granted under Protocol 3. For institutions (SAIs or NSAs) operating **into** Queensland, the QOHE is likely to apply the three-fold checks mentioned above (if the institution enrolls foreign students).

3 Standards

Section 4.1 alludes to the generally very positive comments made by providers about panel members and the staff of the QOHE. There were, however, a few repeated criticisms. One of these relates to a perceived failure of some panel members to understand the parameters and pressures of the entrepreneurial environment. (Another is about the quantity of documentation required by the QOHE (see Section 4.1), while the third refers to increasing response time (Section 7.1).)

It is understandable that some providers may be impatient with university perspectives and values. Perhaps sensitivity to differences in cultures could be a topic for training sessions of accreditation panel members. Nevertheless, it must be noted that Protocol 3 explicitly states that, to be accredited, a course “should be comparable in requirements and learning outcomes to a course at the same level in a similar field at Australian universities” (paragraph 3.22). The QOHE addresses the requirement for university-comparability by including university staff as members of accreditation panels, requiring university staff membership of course advisory committees, and occasional mentoring through panel chairs as individuals. Where **continuing** links with universities and/or panel chairs are required as a condition of accreditation, the QOHE also monitors whether these links have been established and are being maintained.

The Protocol requirement makes it quite clear that panel members are to use Australian university characteristics and assumptions as their starting point for comparison in deciding whether or not to accredit a course. The Audit Panel believes that this is in fact generally done. QOHE should ensure that institutions understand the need for links with universities, so that institutions are fully aware of the parameters within which the panels are required to work. Conversely, however, panel training or briefing (see Section 5.3) should encourage panel members to be flexible in understanding and approving the variety of **ways** in which the necessary comparability can be achieved.

Accreditation panels take a number of steps to establish the comparability with university courses and academic standards. These include investigating and checking, using university practice as a reference

- the existence and actions of course advisory committees
- mentoring and monitoring by a university
- the qualifications and numbers of staff
- the curriculum
- assessment tasks and policies
- student work, including checking samples of scripts in the case of re-accreditation
- the use of external examiners or moderators
- course and teaching evaluations, including feedback from students
- resources, including library and other information provision

Panels are thorough in assessing the inputs that are necessary for good courses, but do not pay so much attention to processes or outcomes. Panels need to assure themselves that the provider has the means of knowing how good its academic standards are, using appropriate comparators. Similarly, in setting conditions for accreditation, the conditions relate more to inputs (including staff and other resources) than to leading the institution towards developing the QA procedures necessary to take increasing responsibility for itself. One provider spoke of the accreditation process having “a large focus on inputs and documentation with relatively limited emphasis on outcomes”. In relation to outcomes, panels generally look for university links, rather than judging the actual learning outcomes. In summary, accreditation panels consider inputs, processes and sometimes outcomes, and the Audit Panel believes it would be timely to place an increased emphasis on outcomes. This need was identified by QOHE in its performance portfolio (p36). A precursor to this must be that applicants for accreditation include a statement of learning outcomes in any application. The accreditation panel would then be in a position to consider whether the stated learning outcomes are robust.

Recommendation 1. Learning outcomes: that, while on balance QOHE ensures that the standards required by the National Protocols are met, it would be timely for the QOHE to encourage course accreditation panels to give more explicit consideration to how learning outcomes can be incorporated into their evaluations.

The first of the four criteria specified in Protocol 3 is that “the course design and content should satisfy the requirements set in the AQF for the award level” (paragraph 3.22). In 1997, the QOHE felt that the AQF specification of a bachelor degree was somewhat lacking, and wrote a rather fuller passage in its accreditation manual ‘Procedures and criteria for the accreditation of higher education courses offered by non-university providers’ (referred to by the QOHE and in this report as ‘The Blue Book’). However, panels tend to be less aware of the AQF and its requirements than of the need for university comparability, adequate resourcing etc. It may be that they are carrying out the checks on the basis of their innate experience, and the AQF is rarely explicitly mentioned in planning and implementing university courses.

Furthermore, the AQF specifications have been revised in 2001. Therefore, it would be timely to strengthen the advice to and training of panel members to ensure they check conformity of courses to the AQF. Currently, applicants are required to map courses against AQF descriptors, panel members receive AQF descriptors at the start of the process, and panel reports comment on comparability with AQF requirements, but panels do not find the AQF descriptors a discriminating tool for the process.

Recommendation 2. Australian Qualifications Framework: that the QOHE ensure course accreditation panels check consistency of course proposals with AQF descriptors.

4 The QOHE and Providers

When a course is proposed for accreditation, the staff of the QOHE select possible members for a panel, and recommend them to the Minister for Education for approval. This ensures that the Minister can have confidence in the panel's subsequent recommendations. The staff always recommend panels with great care, having regard to the nature of the provider and the judgements needed in relation to accreditation, and the Minister has never rejected a QOHE recommendation on panels. The QOHE allocates two staff members to each panel, at least one of whom attends each panel meeting.

QOHE currently has 12 providers with one or more courses accredited under Protocol 3, and three other providers associated with three overseas providers whose courses have been approved under Protocol 2 to operate in Queensland. (Note: This sentence refers to the provisions of Protocols 2 and 3, but the approvals are actually given under the Higher Education (General Provisions) Act 1993.)

The Audit Panel received input (written and/or oral) from six of the 12 providers and the three local operators of overseas institutions.

4.1 Customer Satisfaction

The evidence gathered by the Audit Panel indicates that QOHE has built an excellent rapport and working relationship with its providers. Without fail, the providers spoke in glowing terms of the support received from the staff of QOHE. A typical comment is that "OHE staff have demonstrated a high level of expertise in the development of appropriate policy frameworks, and are conscientious, consistent, fair and professional in carrying out their duties". It is clear that providers have benefited from staff knowledge and enthusiasm, and from advice readily and promptly given. This, and the quality of the panels (Section 5.2), have clearly improved the quality of the educational environment in Queensland.

Commendation 3. Customer satisfaction: the QOHE is commended for the good working relationship of staff with providers, and for the beneficial effects of this on the quality of education.

Specifically, this is part of the evidence for the QOHE's achievement of its accreditation objectives to "develop and operate policy, procedures and outcomes which ...

- are ... effectively managed; and
- enhance the quality of the private higher education sector in Queensland."

(Section 1).

Nonetheless, there are a few cautionary notes in the comments made (orally or in writing) to the Audit Panel. One such topic (namely perspectives of panel members) was discussed in Section 3. Another relates to the quantity of documentation. One provider (who was among

those commending the staff very highly) spoke of “a possible bureaucratisation of accreditation processes”. A panel member who is also associated with a NSAI felt that “there is so much emphasis on paperwork that the reality of what actually happens in a college from day to day sometimes slips into the background”, and that this leads to the production of “impressive, professionally-written submissions”.

These comments sound a note of warning, and the Audit Panel advises the QOHE not to ask for ever-increasing amounts of documentation. The recommendation on diversity and differentiation (Section 4.2) could assist here, leading to documentation requests more tailored in nature and quantity to the characteristics and stage of the particular provider.

The Audit Panel investigated the use of site visits in the accreditation process, and found that they are brief (one day) in length but focused. The Panel reflected on whether they are too brief, but noted that it is possible for there to be repeat visits if the accreditation panel deems it necessary, and judged that the visits are therefore adequate.

4.2 Diversity

At present, two of QOHE's 12 providers have been given an increased level of responsibility for their accreditations, namely for nominating panels, and providing administrative support to them. This ‘devolution’ of responsibility was not initiated by the QOHE, but was inherited by it from the previous Board of Advanced Education.

This ‘devolution’ appears not to be working as well as possible, in a number of dimensions. Firstly, and quite properly, the Minister has the responsibility for approving the accreditation panels, just as with the other NSAI's. Therefore, in practice, the staff of the QOHE have to check the proposed panels, and sometimes have a discussion with the NSAI if it is felt that the proposals are not adequate in some way. Secondly, the absence of QOHE staff from panel meetings robs the panel members of the very valuable staff input (information, precedents, interpretation, advice etc.), and can lead to inconsistencies between panels. Thirdly, despite the increased responsibility given to these NSAI's, they still work towards the QOHE re-accreditation requirements, which are almost identical to those for accreditation. This can tend to deter the institution from evolving its own distinct QA mechanisms.

In the short term, the Audit Panel supports the staff's vetting of the proposed accreditation panels. Also in the short term, the Audit Panel suggests that the QOHE consider having a staff member sit in on at least one meeting of the accreditation panel (although the panel's servicing would still be the responsibility of the provider). In the longer term, the Audit Panel's recommendations on a panel of chairs (Section 5.4) and more briefings for panel members (Section 5.3) should assist with knowledge and consistency across all panels.

In relation to the third point, the Audit Panel recommends that the QOHE reflect on the diversity of institutions and how best to cater for this – both to reduce the load on QOHE staff and to strengthen the institutions themselves.

The constant reference to SAIs and NSAs encourages a bipolar view of the HE scene. In practice, providers are at various stages of knowledge, understanding and experience in establishing quality arrangements, and about the achievement of quality. Providers range from the long-established and self-accrediting university to the small new provider submitting its first course for accreditation.

Recommendation 3. Diversity and differentiation: that the QOHE reflect on the needs and abilities of diverse providers, and develop a systematic way of treating each in the most appropriate manner, including the amount and nature of documentation required for accreditation proposals, reports etc.

In doing this, QOHE will develop various parameters (such as knowledge of higher education, stage of development) in relation to institutions at various stages of development and experience. QOHE will also need to specify how it determines the parameters, and how it changes its requirements in respect of an institution in response to the institution's growing maturity (or perhaps the institution's need for greater guidance). Accreditation processes could distinguish between for example

- new and experienced institutions;
- first and subsequent accreditations;
- accreditation and re-accreditation;
- large and small institutions;
- for-profit and not-for-profit institutions.

Any devolution would take into account the need, mentioned in Section 3, to balance attention to inputs, processes and outputs. Clearly, for initial accreditations where no outputs are yet available for consideration, the emphasis would need to be on inputs, processes, and prognoses. It could also make greater and more flexible use of the conditional options available.

Advantages of this would include more tailored treatment of various institutions and encouragement and assistance to institutions to develop in maturity and self-reliance. Although these factors may not be apparent in legislation, they would contribute to the QOHE's objective to 'enhance the quality of higher education'. This approach may also result in a small reduction in the QOHE's workload.

4.3 Conditional Approval

In many cases, QOHE approval of the accreditation of a course is subject to a large number of conditions. (Note: 'Approval' is in fact by the Minister for Education. This phraseology refers to QOHE's recommendation to the Minister.) The Audit Panel is aware that there are

inter-locking factors at work here. Firstly, the existence of an external accreditation process itself acts as a deterrent to frivolous or flimsy proposals. Also, most institutions will abandon a proposal relatively early in the process if they can see that there is little chance of its being approved. Furthermore, saying 'yes with conditions' assists an institution to maintain momentum in a way that is not achieved by saying 'no, not until'. Therefore, the QOHE is commended for its attention to rigour in the approval process that gives rise to many conditions, and for its commitment to institutions that deters it from rejecting more proposals.

Commendation 4. Rigour: The QOHE is commended for its attention to rigour in the approval process and for its commitment to institutions.

However, this approach means that courses may begin before the initial conditions are fulfilled, and that the Office has a large number of conditions to check. The checking load can only get heavier as more institutions seek accreditation, and increasing numbers of re-accreditations come up for consideration. (The recommendation in the preceding section on differentiation may assist here, however.).

Also, conditions can be problematic for longer courses, as cohorts of students may be in or through the pipeline before conditions are met (or re-accreditation is required).

Recommendation 4. Conditional approval: that the QOHE consider advising panels to tend a little more towards refusing accreditation (but with clearly specified reasons that will help the provider to see how to succeed) rather than approving with a large number of conditions.

It is suggested that the QOHE consider the following:

- o specify some non-negotiables (eg about reference to universities, staffing levels, library provision, etc.);
- o enhance the rigour of initial accreditations;
- o make more use of shorter periods of accreditation;
- o when conditions are set, clarify who is responsible for achieving them, and who is responsible for monitoring their achievement;
- o specify at accreditation time the requirements for annual and mid-term reports;
- o relate the timing of conditions and re-accreditation to course length.

It has already been mentioned that, at any time, different NSAs will have their QA processes at different stages of development. The QOHE can set conditions that relate to the institution's own QA processes (eg the extent of regular internal self-monitoring and reporting to the institution's own governing board).

Some providers commented favourably that the QOHE had invited them to a briefing session on the QOHE's new website. The Audit Panel suggests that the QOHE look to

providing more frequent briefings to providers. Such briefings might not only be about innovations, but could give guidance on the preparation and presentation of proposals for accreditation, assist institutions to understand the Protocols, describe the processes for concurrent accreditation, etc. Such occasional forums might prove to be an economy measure, reducing the work of the QOHE by reducing the number of individual queries it has to answer.

Recommendation 5. Provider meetings: that the QOHE make more use of provider forums or briefings for communicating information, advising on proposal preparation, assisting with quality improvement, and so on.

5 The QOHE and Panels

5.1 Support for Panel Members

QOHE provided a list of the panels that had been used for accreditations over the period 1999-2001. In this time, over 130 panel members have been used (some several times) on about 30 accreditations (many of them referring to several courses). (This includes concurrent accreditations, for some of which the principal panel responsibility has lain with the accreditation agency in another state.) AUQA sent a survey to a random selection of 20 panel members, but received only eight responses. The Audit Panel talked further to some of these respondents, and also selected and interviewed another 13 panel members, face-to-face or by telephone, at the time of the Audit Visit.

A large number of panel members are from the university sector. The principal reason for the heavy use of university staff in QOHE accreditations is the Protocol 3 requirement (see section 3) that, to be accredited, a course “should be comparable in requirements and learning outcomes to a course at the same level in a similar field at Australian universities”. QOHE and the NSAs benefit significantly from the commitment to the enhancement of higher education shown by the universities and their staff through their willingness to be involved in this way.

Like the providers, panel members reported an extremely positive relationship with staff of QOHE. As one said, “I am impressed with the Queensland ‘systems’ approach, and the ability of their people”, while another offered the following comment: “The officers with whom I have worked are extremely professional and are especially well-informed, thorough, sensitive, fair and tuned in to the requirements of the Minister. Their support for the various panels that I have been involved in has been excellent”.

Commendation 5. Panel satisfaction: QOHE staff are commended for the excellent support they provide to panel members.

5.2 Quality of Panel Members

Panel members are essential to the operation of an external quality assurance process such as is run by the QOHE, and, as noted above, a large number of panel members is used.

The Audit Panel found that the panel members used by the QOHE are of high quality, dedicated, and well-informed. Responses from providers showed their appreciation of the results of the panel members’ contributions. Comments included: “the level of professional advice from panel members did assist in positively shaping the courses being accredited”; “The Panel’s criticism added significantly to the structure and content of our Graduate Diploma”; “the accreditation process has contributed to the development of clearer policy on

accountability to students ... The curriculum has certainly improved"; discussion with the panel made us "lift our game"; the panel process "made us think more deeply".

Commendation 6. Panel quality: the QOHE's accreditation panels add value to the institutions whose courses they review, both in enhancing individual proposals, and more generally in assisting with the enhancement of institutions' quality assurance procedures.

The Audit Panel is of the view that the excellent treatment and support of panel members by the QOHE is a major factor in the Office's ability to continue to find people of sufficient calibre who are willing to serve on panels. This support therefore contributes materially to the sustainability of the system and the enhancement of quality.

5.3 Consistency

It is important that there be consistency between the decisions made by different panels (about the same or different institutions). This is largely achieved through the presence of QOHE staff supporting each panel. The Audit Panel felt reasonably comfortable that consistency is generally achieved, but where there is no such staff support (as for example with the institutions that have some devolved responsibility for their own accreditations: see Section 4.2) the consistency may not be so great. There is therefore a need to pay more explicit attention to consistency.

Recommendation 6. Consistency: that the QOHE consider further ways to enhance the consistency of decisions reached by different panels.

One way of doing this is to ensure that a QOHE staff member is associated with each panel (even if not the administrative, secretarial person). Another (not mutually exclusive) method is for the staff to work with members of a number of panels simultaneously in some sort of training or briefing activity. At present, panel members report that there exists nothing in the way of training, and a fairly low level of briefing, which is a little ad hoc, and which they liken to 'learning on the job'. A more systematic approach to the training of panel members would not only enhance consistency, but, as noted earlier, would also reduce the number of individual questions from panel members that staff have to answer.

Recommendation 7. Panel member training: that the QOHE develop a more systematic approach to training members of accreditation panels.

Case studies might be developed for use in training accreditation panel members, to assist their understanding of the process and its scope, and to augment consistency between panels.

5.4 Panel Chairs

The accreditation panel chairs have a much larger role in the QOHE's accreditation-related process than is immediately obvious. Following the formal accreditation visit and associated activities, they may be called upon to advise the institutions on the conditions 'their' panel has set, and to monitor the institution's achievement of them. The Audit Panel was impressed with the commitment of the chairs it spoke to, and their willingness to take on these extra tasks, and the Panel formed a positive view of their continuing role. It would however be appropriate for QOHE to ensure that prospective chairs understand the extent of the role before they are appointed. The Audit Panel also noted that panel chairs are paid very little for their work, and that other panel members are paid nothing.

Commendation 7. Panel chairs: Panel chairs augment the operations of the QOHE by assisting with advice to providers and monitoring conditions of accreditation.

Consistency could also be enhanced by the establishment of a small 'panel of chairs'. This could contain about 10-15 members, and be the group from which QOHE normally draws its panel chairs (although chairs need not be restricted entirely to this group). The staff of QOHE could communicate more frequently with this panel of chairs, and could ensure that they are well-placed to provide continuity, advise on QOHE processes and norms, etc.

Recommendation 8. Panel of chairs: that the QOHE consider establishing a 'panel of chairs' to augment continuity and consistency.

Also, meetings of chairs of accreditation panels could be arranged, so that they can share experiences and understandings, and to further ensure consistency between panels.

6 Other Tasks

6.1 National Role

The QOHE is “responsible for policy advice on such matters as student appeals and dispute resolution matters; institutional quality assurance practices; and national and international accreditation arrangements and policies. ... Members of the accreditation team represent Queensland in regular consultative meetings of State officers responsible for accreditation functions” (PF p5).

The Audit Panel found that the QOHE has taken a wide interpretation of its role, constantly looking to improve accreditation practices within the state and nation-wide. In 1999, a staff member was responsible for a national investigation of the policies and practices in all states and territories. Following concerns about the lack of a nationally agreed definition of a university, and concerns that some institutions were looking to find ‘the most lenient agency’, this investigation led to the development of the National Protocols for Higher Education Approval Processes, which were adopted by MCEETYA in 2000.

The QOHE is a strong participant in meetings of state and territory officers responsible for accreditation functions (Higher Education Recognition Officers), The QOHE is generous with its staff time, with staff providing advice to and speaking at meetings of other agencies. The Audit Panel is confident that the QOHE provides national leadership in accreditation-related matters and has a high reputation interstate.

Commendation 8. National leadership: the QOHE exhibits national leadership and support in the area of accreditation.

6.2 Inter-state Consistency

If an institution wishes to operate in more than one state or territory, it needs to be accredited in multiple jurisdictions. In 1998, at the QOHE’s instigation, procedures were agreed for considering ‘concurrent’ applications for accreditation. An institution can apply to one agency, indicating the jurisdictions within which it wishes to be accredited. One agency (namely the one in whose jurisdiction the applicant’s headquarters or registered office is located) then takes responsibility for setting up a composite panel which considers the application once, rather than its being considered several times. Each state retains autonomy, however, and different decisions on approval or otherwise of accreditation may be made on the basis of the same investigation.

Some providers are unconvinced that the concurrent process brings a great deal of benefit, as they perceive that the requirements for data are simply multiplied in nature and form. Also, although some panels are principally composed of members from one state, and the

other states repose confidence in them, other panels have multiple members from every state involved, and are consequently very large and unwieldy.

The possibility of different decisions has been appropriate so far, since there are vastly different levels of requirement and control in the different jurisdictions. It is hoped that when the National Protocols are in the legislation of every state and territory, all of them will be willing to accept a single decision. At that point, it should be possible to implement 'mutual recognition' – namely, the decisions made in one state will be recognised in another, and a provider accredited in one state will not have to go through an analogous process in another. This should also lead to consistency of operation between states.

Queensland (like two other jurisdictions) combines provider registration in conjunction with course accreditation, whereas the other five states and territories treat them as separate processes. The Audit Panel investigated whether providers felt that combining the processes led to duplication (since the registration-related steps have to be carried out again for each subsequent course accreditation). Providers differed in their view on this, and the Audit Panel would have been inclined simply to commend the issue to the QOHE for monitoring. However, having considered inter-state issues, the Audit Panel is disposed to recommend that in the new Queensland legislation the two steps be separated, as this will enhance national consistency and facilitate mutual recognition. The QOHE is itself already considering this matter (PF p36).

Recommendation 9. Recognition and accreditation: that, in the current revision of legislation, consideration be given to establishing a logical separation between the steps of provider recognition and course accreditation.

Of course, recognition would be a pre-requisite for accreditation. Also, pragmatically, recognition might not be granted 'in anticipation', but always be coupled with the first request for accreditation.

This separation might facilitate the differentiation commended in Section 4.2. A drawback with the recommended enhanced flexibility/diversity might be a reduction of inter-state comparability. However, this could be addressed by continuing inter-state work and dialogue.

7 The Office

7.1 Workload and Staffing

Workload

The Audit Panel investigated aspects relating to the current and foreshadowed workload of the QOHE. Firstly, the QOHE has now been carrying out accreditations for a number of years. The period of accreditation is typically five years, so the re-accreditations are about to start flowing through. At present, and at this stage of development of the providers, it appears that a re-accreditation may be as extensive and time-consuming as an initial accreditation.

Secondly, the numbers of applications for accreditations for the last three years did not enable the Audit Panel to predict a trend. However, community demand for private provisions may increase, several current NSAs may seek university status, and there may be more regional universities (which may be collaborative efforts). All of these developments would lead to a substantial increase in work load.

Thirdly, there is also likely to be an increase in requests for accreditation in other states, and concomitantly in requests for multi-state accreditation. Therefore, unless and until there is progress on mutual inter-state recognition (see Section 6.2), there will be an increase in work due to the time-consuming involvement in increasing numbers of multi-state panels.

Fourthly, as mentioned in Section 4.1, providers commented to the Audit Panel that the QOHE has always responded very rapidly to questions and requests related to accreditation matters, but that recently the response time has begun to increase. In saying this to the Audit Panel, the providers hypothesised that the reason is the load on staff.

Staffing

The long-serving Director of the QOHE was promoted in 2001. Although her responsibilities still include oversight of the Office, she will not be able to devote so much time to it. Also, the Manager, Accreditation, has accepted a secondment to DETYA for the period of 2002. These were the two people who were instrumental in the national survey and the subsequent drafting of the National Protocols (Section 6.1). There is therefore some concern about the loss of institutional memory. This also has a bearing on continuity and consistency, which adds force to the recommendations above on this matter, and to a 'standing review panel' as envisaged by the QOHE itself.

The Audit Panel noted that approval has been given to fill these two positions, and that an extra half-time position has been approved in the QOHE. The Audit Panel believes that, in view of the workload factors mentioned above, the extra half-time position was needed in any case. With the loss of two senior staff, the Audit Panel is concerned that this may not be enough to fill the gap.

Recommendation 10. Staffing: that specific attention be paid to staffing needs for QOHE's accreditation functions, in terms of total load (current and forecast) and corporate memory.

The QOHE maintains some international contacts, and has other duties that are not directly related to accreditation (and which were not therefore the subject of this audit). These all represent load on the staff. It will probably be necessary for the QOHE to take a reduced role in national affairs for a while. The Office may also wish to join the International Network of Quality Assurance Agencies in HE as a way of maintaining international links with little workload consequence.

7.2 Quality Improvement of QOHE

The QOHE carries out continuous self-monitoring, and the Audit Panel understands that revisions to The Blue Book of accrediting procedures are constantly being identified and recorded. There would be value in having more, and more formal, feedback from panel members and institutions after an accreditation (as the QOHE has noted in its own self-review). The information gathered from all sources can then be built into a more systematic approach to self-monitoring.

The Audit Panel considered recommending that the QOHE develop and set down benchmarks that applicants can rely on, eg responsiveness. On reflection, the Panel recognised that this may not be possible, as the QOHE is dependent on institutions approaching it for accreditation etc, and so it can never know for certain what its imminent workload is likely to be. Nonetheless, it would be useful to monitor the time for the various stages of activity in relation to each work item (including the time for the Minister's sign-off on panel membership and accreditation decisions), and relate this to the staff available at any stage. This would assist in planning, and in providing realistic advice to institutions on likely response times.

Recommendation 11. Self-monitoring: that the QOHE increase its level of self-monitoring, including gaining regular feedback from panel members and providers.

It is also timely for the identified revisions to The Blue Book to be acted on. In revising The Blue Book, the QOHE should consider

- o inserting explicit reference to the Protocols (as they now provide the context for national rigour and consistency in HE provided through NSAs);
- o describing the current version of the AQF and the relevance for NSAs (as the AQF is explicitly mentioned in the first criterion of Protocol 3 (paragraph 3.22));
- o referring to DETYA benchmarks (to assist institutions and panels to know what is expected, and achieve consistency of presentation, understanding, and quality); and
- o addressing how courses provided via the Internet will be accredited (as this is likely to be a growth area).

It would seem appropriate for the Protocols also to be included explicitly in QOHE's Mission, as it already refers to 'national policy frameworks', but this too is a matter for the QOHE.

Recommendation 12. Accreditation procedures: that when 'The Blue Book' is revised, concurrently with the introduction of revised legislation, QOHE include reference to the Protocols, the AQF, DETYA benchmarks, and Internet-based courses, among other matters.

Several institutions are subject to professional accreditation in addition to the academic accreditation carried out by the QOHE. These two forms of accreditation have different emphases and slightly different scopes, but with a good deal of overlap. It is suggested that the QOHE look for opportunities to collaborate on accreditation with professional associations, when possible, and where the institution desires this to occur. Accreditation panels should also be informed of the details of any professional accreditation that a provider may have received.

Appendix A. The Office of Higher Education, Queensland

The Office of Higher Education was created in 1989, following the dissolution of the State Board of Advanced Education, and discussions with Queensland Vice-Chancellors. The Office was created by Order in Council, and added to the Department of Education. Until 1999, the Office was treated as an office within the portfolio of the Minister for Education, reporting directly through the Director-General to the Minister. In 1999, it was included in the responsibilities of the newly created position of Assistant Director-General (Portfolio Programs).

The Director of the Office of Higher Education is responsible through the Assistant Director General (Portfolio Programs) to the Director-General, for the performance of the Office. The Office is subject to the legal and policy requirements of the Queensland Government and the Department of Education. Its financial affairs are audited annually by the Queensland Audit Office. The Office is required to report annually on its performance goals and achievements as part of the budget process, and as part of the Department of Education's annual report to Parliament. The Office's activities are subject to scrutiny under Freedom of Information, and Judicial Review processes, to oversight by the Parliamentary Commissioner for Administrative Investigations, and to examination by the Criminal Justice Commission.

The mission of the Office is to assist Queensland to achieve an accessible, quality higher education system, which is able to meet the needs of the community and contributes to the vision of a learning society. The system will be appropriately regulated and funded, aligned to Smart State goals, international and effectively linked to schools and training, and to community needs.

The role and functions of the Office as an accreditation agency are set out in full in Section 1.

Appendix B. The Objects of AUQA

AUQA is a not-for-profit company, limited by guarantee. The Objects of the Company are to

- arrange and manage a system of periodic audits of QA arrangements relating to the activities of Australian universities, other self-accrediting institutions (SAIs) and state and territory HE accreditation bodies;
- monitor, review, analyse and provide public reports on QA arrangements in SAIs, and on processes and procedures of state and territory accreditation authorities, and on the impact of those processes on quality of programs;
- report on the criteria for the accreditation of new universities and non-university HE courses as a result of information obtained during the audit of institutions and state and territory accreditation processes; and
- report on the relative standards of the Australian HE system and its QA processes, including their international standing, as a result of information obtained during the audit process.

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Appendix C. The Audit Panel

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