

**National Guidelines for Higher Education
Approval Processes**

**Guidelines for awarding self-accrediting
authority to higher education institutions other
than universities**

(relating to National Protocols A and C)

As approved by MCEETYA
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Contents

Introductory Information	1
1. Purpose	1
2. Definitions	1
3. Relationships with other guidelines and processes	1
3.1 National Guidelines for Higher Education Approval Processes	2
3.2 Australian Qualifications Framework	2
3.3 CRICOS approval	3
4. Government Accreditation Authorities	3
5. Fees	3
6. Enacting the approval	3
7. Duration of approvals	3
8. Marketing and public statements during the approval process	3
Approval Processes	4
9. Timeframe for approval	4
10. Approval pathway	4
11. Steps in the process	4
11.1 Initial contact with Government Accreditation Authority	4
11.2 Application prepared and submitted	4
11.3 Preliminary review	5
11.4 Applicant advised of proposed assessment panel	5
11.5 Assessment panel appointed	6
11.6 Assessment panel deliberations	7
11.7 Panel report	8
11.8 Applicant comments on report	8
11.9 Report and comments forwarded to Responsible Decision-Maker	8
11.10 Decision made by Responsible Decision-Maker	8
11.11 Appeals process	8
12. Mutual recognition across jurisdictions	8
Post-Approval Processes	10
13. Annual reporting	10
14. External quality audit	10
15. Revoking or amending self-accrediting authority	10
16. Extending self-accrediting authority	10
17. Major changes to the institution	11
18. The process of renewing approval	12
19. Marketing and public statements	12
Requirements	13
20. Requirements for awarding self-accrediting authority to higher education institutions other than universities.	13
Appendix 1: Glossary	24
Appendix 2: Acronyms	28
Appendix 3: Fit and Proper Person Guideline	29

Introductory Information

1. Purpose

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

The National Protocols and the National Guidelines apply to:

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

These guidelines relate to Protocols A and C of the National Protocols and describe the requirements and processes for awarding self-accrediting authority to higher education institutions other than universities.

Whereas a non self-accrediting higher education institution must seek registration as a higher education institution and course accreditation for each of the higher education courses it offers, these guidelines describe how an institution other than a university may be granted authority to self-accredit some or all of its courses. The jurisdiction in which the application is made and approved will grant the institution self-accrediting authority under relevant legislation.

Self-accrediting authority is granted when an institution can demonstrate that it has internal processes in place which provide sufficient rigour and oversight to replace the external re-registration and re-accreditation processes administered for non self-accrediting institutions by Government Accreditation Authorities.

Arrangements are in place for mutual recognition across jurisdictions of decisions to award self-accrediting authority (see Section 12 below).

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

2. Definitions

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

3. Relationships with other guidelines and processes

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

¹ See: www.mceetya.edu.au

requirements and processes set out in the National Protocols for higher education institutions with self-accrediting authority, other than universities.

3.1 National Guidelines for Higher Education Approval Processes

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

- Guidelines for the registration of non self-accrediting higher education institutions and the accreditation of their course/s (relating to Protocols A and B);
- Guidelines for establishing Australian universities (relating to Protocols A and D); and
- Guidelines for overseas higher education institutions seeking to operate in Australia (relating to Protocols A and E).

All Australian higher education delivery must comply with Protocol A.

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

3.2 Australian Qualifications Framework

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

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

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

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

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

² See: www.aqf.edu.au

3.3 CRICOS approval

Institutions seeking to offer courses for overseas students in Australia must also become registered on the *Commonwealth Register of Institutions and Courses for Overseas Students* (CRICOS) through a separate application process. Institutions intending to deliver courses to international students should allow time for CRICOS approval.

4. Government Accreditation Authorities

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

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

5. Fees

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

6. Enacting the approval

After being awarded self-accrediting authority, the institution will be listed by the Government Accreditation Authority on the AQF *Register of Recognised Education Institutions and Authorised Accreditation Authorities*. If the institution also offers courses on a non self-accrediting basis, it will be listed on the AQF Register in both capacities.

7. Duration of approvals

Approvals are normally subject to review within a period of no more than five years. While it is standard procedure for approval to be granted for five years, in some cases there may be grounds for shorter periods of approval. The processes for renewal of self-accrediting authority are described below (see Section 18).

8. Marketing and public statements during the approval process

An applicant in the process of seeking approval must refrain from making any public statement or advertisement which falsely implies that it has self-accrediting authority before approval is formally granted by the responsible decision-maker. There are penalties for advertising as a higher education institution, offering or advertising a higher education award or conferring a higher education award before approval is formally granted through one of the sets of processes in the *National Guidelines for Higher Education Approval Processes*.

Approval Processes

9. *Timeframe for approval*

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

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

10. *Approval pathway*

Normally, a non self-accrediting higher education institution will demonstrate that it meets the requirements for self-accrediting authority on the basis of its proven track record of higher education approvals. At a minimum, this track record must be demonstrated through initial approval followed by at least a cycle of re-registration and a cycle of re-accreditation. This allows a non self-accrediting institution to apply for self-accrediting authority after a minimum of five years of higher education operation.

In exceptional circumstances, self-accrediting authority may be granted to an institution which has no track record of prior higher education provision in which case the assessment will be based on a detailed plan. This avenue is only applicable to the creation of a new institution by Commonwealth, State or Territory governments in response to specific national or state/territory priorities.

11. *Steps in the process*

The approval pathway is presented as an overview in Figure 1 below. A more detailed description follows for each of the steps in the overview.

11.1 Initial contact with Government Accreditation Authority

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

An application for self-accrediting authority must be made to the Government Accreditation Authority in the primary jurisdiction for the applicant's approval as a non self-accrediting higher education institution.

11.2 Application prepared and submitted

An application for self-accrediting authority on the basis of a proven track record by an approved non accrediting higher education institution involves the preparation of a detailed and documented application which addresses in full the requirements as explained in Section 20.10 of these guidelines. For these institutions, the requirements in Sections 20.1 to 20.9 are demonstrated through the track record of re-registration and re-accreditation.

Section 20 also provides initial applicants with information about the types of evidence to be presented in order to demonstrate compliance with the requirements. Note that the assessment panel will need evidence that requirements are met through the documentation provided by the applicant and through direct verification during the site visit and/or interviews if these take place as part of the assessment. The application should provide sufficient detail to enable an informed judgement to be made by a panel.

The application should indicate the broad and narrow fields of study and AQF qualification levels in which the institution is seeking self-accrediting authority.

The assessment process will include consideration of all offshore activities of the institution which involve the delivery of Australian higher education qualifications. The application must, therefore, include information and documentation relating to all activities of the institution which are associated with the delivery of Australian qualifications offshore.

The assessment process will also include consideration of the delivery of Australian higher education qualifications by agents and/or partners on behalf of the institution, including those within Australia and offshore. The application must, therefore, include information and documentation relating to all relevant arrangements with agents and/or partners.

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

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

11.3 Preliminary review

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

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

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

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

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

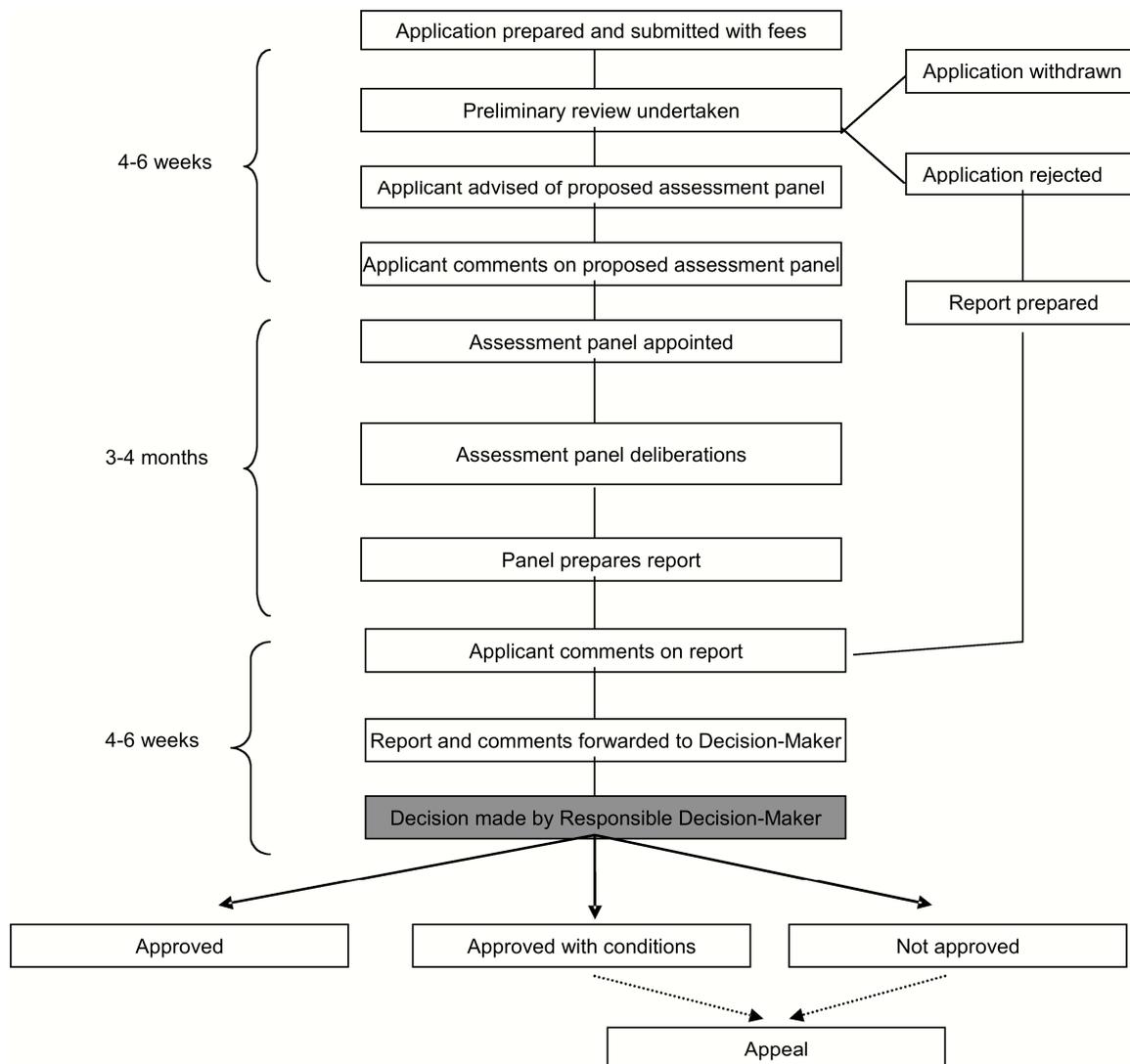
- arrange for formal commencement of the assessment process; or
- recommend that the application not be approved on the grounds that it does not provide an adequate basis for assessment by a panel or that it appears to be financially unviable. In such a case, a report to this effect will be prepared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

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

11.4 Applicant advised of proposed assessment panel

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

Figure 1: Overview of approval process



11.5 Assessment panel appointed

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

The role of an assessment panel is to:

- evaluate the application against the requirements in Section 20.10 and report to the responsible decision-maker on whether the application complies with the relevant requirements; and
- provide advice on whether or not approval should be granted along with any suggested conditions which should be imposed on the approval.

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

As a minimum, expertise of members of an assessment panel will usually include:

- university corporate governance and management experience at a senior level;
- experience in higher education approvals and monitoring higher education standards, such as through chairing a university academic board; and
- university or other relevant higher education academic experience and expertise in the field/s of study of the institution.

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

If the applicant plans to operate in more than one jurisdiction, one or more interstate members will be included on the assessment panel.

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

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

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

11.6 Assessment panel deliberations

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

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

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

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

- time for the panel to question the key proponents about features of the application;
- an inspection of physical facilities (such as library and/or the provision of electronic resources, classrooms, specialised teaching spaces, student areas and administrative areas); and
- meetings with key academic staff and other staff involved in areas relevant to the application, particularly those who will be involved in the governance, course approval and quality assurance processes of the institution.

The assessment panel may also meet with students and recent graduates.

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

11.7 Panel report

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

11.8 Applicant comments on report

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

11.9 Report and comments forwarded to Responsible Decision-Maker

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

11.10 Decision made by Responsible Decision-Maker

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

1. Approve the application for a period of up to five years.
2. Approve the application for a period of up to five years with conditions which are relevant and reasonable to the application, taking into consideration the assessment panel's advice. Approval with conditions may be granted in cases where an applicant meets some requirements only at a marginal level or when other issues are identified which need to be monitored. Typically, institutions will be required to report on conditions as part of the annual reporting process (see Section 13 below). When conditions are set, there should be clear timelines, and subsequent action in the event of non-compliance should be specified. Conditions may include a requirement for a period of affiliation with an existing self-accrediting institution. In such a case, the details of the required affiliation arrangement will be specified.
3. Refuse approval of the application in which case the grounds for such a decision will be presented in the notification of the decision sent to the applicant.

All approvals will specify the fields of study (broad and/or narrow) and the AQF qualification levels which are covered by the self-accrediting authority. Approval for self-accrediting authority for Masters Degrees will indicate whether the approval covers Masters by Coursework and/or Research Masters. Courses in fields of study and/or qualification levels beyond the limits specified in the approval will require accreditation and re-accreditation through normal course accreditation processes for non self-accrediting institutions. The process for extending the scope of the self-accrediting authority to new fields of study and/or new qualification levels is described in Section 16.

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

11.11 Appeals process

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

12. Mutual recognition across jurisdictions

For institutions seeking approval to operate with self-accrediting authority in more than one jurisdiction, mutual recognition will apply. In the case of institutions with self-accrediting authority, this means that the institution does not require separate registration or approval in each jurisdiction and the secondary jurisdiction/s will recognise the institution and its self-accrediting authority without

Guidelines for awarding self-accrediting authority to higher education institutions other than universities
(relating to National Protocols A and C)

further assessment. Prior to commencement in the secondary jurisdiction, the institution is required to submit written notification to the secondary jurisdiction/s of its intention to operate and the location of its operation/s in the secondary jurisdiction/s. The secondary jurisdiction will acknowledge this notification in writing within a period of eight weeks. Only after receiving such acknowledgement may the institution advertise its operations in the secondary jurisdiction. Any courses offered in the secondary jurisdiction/s which are outside the scope of the self-accrediting authority of the institution will need to undergo the mutual recognition process as outlined in the *Guidelines for the registration of non self-accrediting higher education institutions and the accreditation of their course/s*.

Post-Approval Processes

13. Annual reporting

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

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

14. External quality audit

Institutions with self-accrediting authority will undergo a regular external quality audit by the Australian Universities Quality Agency (AUQA) and/or Government Accreditation Authority. The auditing body may be specified when self-accrediting authority is granted and will be at the discretion of the Government Accreditation Authority. If the institution is non self-accrediting for some of its courses, these will require re-accreditation through the processes described in the *Guidelines for the registration of non self-accrediting higher education institutions and the accreditation of their course/s*.

15. Revoking or amending self-accrediting authority

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

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

16. Extending self-accrediting authority

An institution with self-accrediting authority may apply at any time for an extension of its self-accrediting scope. Approval to extend the self-accrediting scope is required for the addition of a new field of study and/or a qualification level outside the self-accrediting authority granted to the institution. The process for extending self-accrediting authority is as follows.

1. The institution contacts the Government Accreditation Authority to discuss the proposed application as early as possible in the process.
2. The institution submits an application which includes details of the nature of and reasons for the changes proposed. If the institution is basing its application on a track record of re-accreditation in the field of study and/or qualification level, information relating to its accreditation and re-accreditation reports will be submitted. In exceptional circumstances, assessment for extension of self-accrediting scope may be based on a detailed plan.
3. A preliminary review is conducted by the Government Accreditation Authority.
4. Additional information may be requested.
5. The Government Accreditation Authority will normally form an independent, expert panel to assess the application.
6. Extension to self-accrediting scope will be approved or rejected by the responsible decision-maker. There may be conditions associated with the approval. The responsible decision-maker may require the institution to demonstrate a track record of accreditation and re-

accreditation in that field of study and/or qualification level prior to considering an extension of self-accrediting scope. If approval with conditions or rejection of the application is contemplated, details of the reasons will be provided to the institution and the institution's comment will be sought, with a specified time limit, prior to a decision being made.

7. The applicant will be notified in writing of the outcome.

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

17. Major changes to the institution

To maintain approval, the institution and its courses must continue to meet the requirements specified in these guidelines and the conditions associated with the self-accrediting authority granted to the institution. Changes to the operations of a higher education institution with self-accrediting authority may affect the approval status of the institution. Consequently, all major changes to institutional arrangements must be reported to the Government Accreditation Authority in accordance with these guidelines.

A major change is one which significantly alters the circumstances of the operations of an approved higher education institution with self-accrediting authority. Major changes are those which have the potential to impact on quality or sustainability of the institution and therefore may impact on the requirements specified in these guidelines. Major changes may be planned or due to circumstances which are unplanned. An application notifying a major change must be made to the Government Accreditation Authority.

Examples of major changes include:

- merger with another body;
- changes to the status of the corporate entity, such as from or to incorporated, not-for-profit etc.;
- changes in ownership and/or shareholdings; and/or
- a significant decline in financial position.

If any circumstances of the institution in relation to the requirements in these guidelines change significantly, the institution should discuss with the Government Accreditation Authority whether a major change application is required. Institutions which offer courses outside the scope of the self-accrediting authority should note that they are subject to the requirements and processes for non self-accrediting institutions for these aspects of their operations and different provisions for approval of major changes may apply.

Process for a major change:

1. The institution contacts the Government Accreditation Authority to discuss the change in circumstances or the proposed change as early as possible in the process.
2. The institution submits an application which includes precise details of the nature of and reasons for the changes, as well as the impact of those changes.
3. The change will be noted, approved or rejected by the responsible decision-maker or delegate depending on the nature of the change. As a result of changes to an institution, the responsible decision-maker may also review the institution's self-accrediting authority. If rejection of the application, approval with conditions or amendment of self-accrediting authority is contemplated, details of the reasons will be provided to the institution and the institution's comment will be sought, with a specified time limit, prior to a decision being made.
4. The applicant will be notified in writing of the outcome.

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

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

18. The process of renewing approval

Self-accrediting authority is granted for a period of up to five years after which the approval must be renewed or revoked. Applications for renewal are assessed against the same requirements as outlined in the Requirements section of these guidelines with a major focus on quality improvement and outcomes achieved during the period since the previous approval.

Applications for the renewal of self-accrediting authority must be submitted to the Government Accreditation Authority in time for the process for renewal of approval to be completed before approval expires.

Applications for renewal will be considered against the relevant requirements in these guidelines but the evidence submitted should focus on quality improvements and outcomes since the previous approval. Reports of any external quality audits and the institution's annual reports will provide much of the evidence required for renewal of approval for self-accrediting authority. The Government Accreditation Authority will specify the additional information required for renewal of approval.

The process and timeline for the renewal of self-accrediting authority are similar to those for initial approval as outlined above. The Government Accreditation Authority may seek external advice to assist in assessing the renewal of approval. This may include establishing an assessment panel or seeking advice from the chair or member/s of the previous assessment panel, a content expert or a financial expert.

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

If the institution is operating across more than one jurisdiction, the primary jurisdiction will notify the secondary jurisdiction/s of the outcome of the application for renewal of approval.

19. Marketing and public statements

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

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

An institution with self-accrediting authority under these guidelines may not use the term 'university' in its title. It may be called a self-accrediting institution. If its self-accrediting authority is limited only to some fields of study and/or qualification levels offered, the institution must not use the term 'self-accrediting' in any manner to suggest that it is self-accrediting beyond these limits.

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

Requirements

This section provides details of the requirements which must be met for awarding self-accrediting authority to a higher education institution other than a university. The requirements elaborate on the criteria presented in the *National Protocols for Higher Education Approval Processes*. The number of the relevant criterion or criteria in the National Protocols from which the requirements are derived is listed in brackets after the heading for each sub-section.

Section 20 also provides details about evidence to be presented by applicants in order to demonstrate that the requirements are met.

An approved non self-accrediting institution applying for self-accrediting authority on the basis of a proven track record of re-registration and re-accreditation must address directly and in detail only the requirements under Section 20.10. It will be assumed that the institution demonstrates that it meets Requirements 20.1 to 20.9 through its track record of re-registration and re-accreditation.

20. Requirements for awarding self-accrediting authority to higher education institutions other than universities.

20.1 Fitness and legality (A1)³

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

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

Evidence to be provided by initial applicants includes:

- Australian Business Number (ABN) of the institution
- Australian Company Number (ACN), where relevant
- Copy of the certificate of registration of the company and business/trade name, where relevant
- If an association, copy of certificate of incorporation and/or other documentation related to incorporation
- If a statutory body, details of establishing legislation
- Copy of constitution or equivalent
- Details of the owner/s, shareholders (and their proportional shareholdings), members or directors (as relevant)
- Copies of contracts with agents and/or other organisations involved in the delivery of the applicant's services in Australia and/or offshore (as relevant)

³ Refers to the criteria or criterion in the *National Protocols for Higher Education Approval Processes* which relate to the requirements that follow.

- A signed declaration against the fit and proper person requirements in Appendix 3
- A statement of previous history of the entity, its predecessors and related entities, and its history as any type of education institution, including all successful and unsuccessful applications for approval, both within Australia and overseas
- Declaration of compliance with key State/Territory and Commonwealth laws and regulatory requirements.

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

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

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

Evidence to be provided by initial applicants includes:

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

20.3 Corporate governance (A5, B1)

Expected outcome: The institution is well-governed.

- 20.3.1 The institution has a legally constituted governing body which has responsibility for oversight of all of the institution's activities including conferral of its higher education awards and the delegation of academic governance to an appropriate body (see requirements under 20.6 below).
- 20.3.2 The governing body has access to the range of expertise required for effective governance of the institution, including financial expertise, through its membership and/or through external advisors.
- 20.3.3 The institution has an organisational structure whose reporting arrangements, delegations and inter-relationships are clearly described and which has the necessary positions, structures and arrangements in place to manage all key aspects of a quality higher education institution.

- 20.3.4 The governing body ensures that all the institution's operations, including its governance, are systematically reviewed and that strategies are implemented to improve institutional performance.

Evidence to be provided by initial applicants includes:

- Terms of reference and membership of governing body, indicating frequency of meetings, allocation of functions, duties of members, lines of responsibility and delegations
- Details of background and expertise of members of governing body
- Details of background and expertise of external advisors to the institution (if relevant)
- The name of the body which will confer higher education awards
- Organisational chart and an explanation of the relationships and reporting lines among key positions and structures which relate to the major institutional governance, management and academic responsibilities
- An explanation of the relationship between the governing body and the academic governance arrangements (see 20.6 below)
- Copies of policies, plans and outcomes for reviews of institutional performance, including an indication of the role of the governing body in these processes.

20.4 Finances and management (A6)

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

- 20.4.1 The institution has a current strategic plan which is approved by the governing body, is well-understood by stakeholders and indicates that the institution has clarity about its future directions.
- 20.4.2 There are management and administrative systems, policies, procedures and practices in place to ensure that adequate records are maintained and kept secure, and that reporting requirements are met.
- 20.4.3 The institution has systems and processes which ensure that potential risks are identified and prevented or minimised and that strategies are in place to deal with risks which eventuate.
- 20.4.4 The financial records for the institution are accurate and independently audited by a qualified auditor.
- 20.4.5 The institution demonstrates its financial viability and its capacity to sustain quality higher education operations into the future through a range of financial indicators, such as credit rating, cash flow, current ratio (equal to or greater than 1) and debt ratio (equal to or less than 1) or, if necessary, the institution has a financial guarantor with capacity to service the guarantee.

Evidence to be provided by initial applicants includes:

- The institution's current strategic plan covering at least the next three years and details of the planning, dissemination, monitoring and reporting processes associated with the strategic plan
- Information about the institution's financial management system/s and student records management system

- A detailed business plan, incorporating a three year profit and loss projection, sources of funding, capital and asset plan, student enrolments, and risk assessment plan
- Details of financial guarantor (if relevant)
- Financial statements for the last three years presented and independently audited by a qualified auditor in compliance with Australian Accounting Standards.

20.5 Protection of students (A10)

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

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

Evidence to be provided by initial applicants includes:

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

20.6 Academic governance and quality assurance (A5, B1)

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

- 20.6.1 The institution has academic governance arrangements, such as a properly constituted academic board and/or course advisory committees, which provide the institution with access to expertise to ensure that standards are comparable with Australian universities.
- 20.6.2 The academic board and/or course advisory committees consider and act on relevant data such as teaching evaluations, student feedback, student attrition, progress rates, grade distributions, course completions and graduate satisfaction.
- 20.6.3 The academic governance arrangements provide for the development, dissemination and monitoring of academic policies related to academic standards.

- 20.6.4 The institution has effective mechanisms to collect regular, valid and reliable feedback from stakeholders, such as students, graduates, staff and employers of graduates, and effective mechanisms are in place to ensure that the feedback is acted upon to bring about improvements.
- 20.6.5 The institution has mechanisms for benchmarking its academic performance against other appropriate higher education institutions to identify and act upon areas requiring improvement.
- 20.6.6 The institution takes full responsibility for and ensures consistent standards for all courses which lead to a qualification it awards, including through specific strategies to monitor courses delivered offshore and those delivered through agents if relevant.

Evidence to be provided by initial applicants includes:

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

20.7 Staffing (A5, A8, B1)

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

- 20.7.1 The numbers, qualifications, experience, expertise and sessional/full-time mix of academic, administrative and support staff are appropriate for the mission, nature, size and complexity of the institution and the courses offered.
- 20.7.2 The institution verifies the bona fides of the qualifications of its staff.
- 20.7.3 The institution ensures that the teaching of its courses is normally carried out by academics with relevant qualifications at least one AQF qualification level higher than the level of the course being taught.
- 20.7.4 There are appropriately experienced academic staff available and clearly identified to provide leadership for key academic tasks such as course development, course co-ordination and course review.
- 20.7.5 The institution ensures that academic staff are available for students seeking academic assistance.

- 20.7.6 The institution has strategies for enhancing teaching quality and other aspects of staff performance, including for sessional staff, such as through staff development and other professional development opportunities.
- 20.7.7 The institution's policies and practices encapsulate a commitment to the scholarship of teaching and learning including through promotion and appointment processes which reflect an expectation that academic staff are active in scholarship which informs their teaching in all fields in which courses are offered.
- 20.7.8 Academic staff of the institution, including sessional staff, are actively engaged in scholarship and/or professional practice relevant to the fields in which they teach and at an appropriate level reflecting their seniority and responsibilities.
- 20.7.9 Academic staff who are principal supervisors of research higher degree students are active in research.

Evidence to be provided by initial applicants includes:

- Details of staff profile, including employment arrangements, length of service, qualifications, background and area/s of responsibility
- Details of procedures used by the institution to verify the bona fides of all qualifications of staff
- Details of staff involved in the development, co-ordination, quality assurance and delivery of the institution's higher education courses
- Student staff ratios
- Copies of policies and procedures relating to the availability of academic staff for consultation with students
- Copies of staffing policies and procedures, including those relating to staff recruitment, appointments, induction, promotions and performance review
- Staff development policy, plans, budget and expenditure, including for sessional staff
- Explanation of how policies and practices show a commitment to the scholarship of teaching and learning, such as through appointments and promotions, the design of courses, student assessment and the promotion of academic honesty, regular course review, monitoring student progress and graduate outcomes, staff development and the recognition of excellence in teaching
- Details of budget allocation and other institutional strategies to support staff in research (if relevant) and scholarship
- Details of involvement by academic staff in various types of scholarly activity, such as membership of a discipline journal editorial board, acting as an anonymous peer reviewer, membership of academic societies, peer recognition (e.g. fellowship of an academy or other awards), and presentation of conference papers
- Details of involvement by academic staff in various types of relevant professional activity integral to the academic's discipline, such as membership of professional societies, consultancy work and creative endeavour
- Copies of documented policies and procedures for appointing supervisors of research students, demonstrating the requirement for principal supervisors to be research active (noting that the definition of research active for this purpose must exclude research student supervision)
- For staff involved in research student supervision, details of a record of successful research student supervision and details of research output, such as research publications and research income.

20.8 Facilities and student services (A9)

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

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

Evidence to be provided by initial applicants includes:

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

20.9 Course requirements (A4, A7, B2)

Expected outcome: Student learning outcomes are consistent with Australian higher education standards.

- 20.9.1 The titles, durations, workload and characteristics of learning outcomes for all courses comply with AQF requirements.
- 20.9.2 Student admission requirements are consistent with AQF requirements and ensure that students have adequate prior knowledge and language competency to undertake the courses successfully.
- 20.9.3 External scrutiny or accreditation and appropriate academic input provide assurance that the standards of all courses are comparable with Australian universities.
- 20.9.4 The titles of all courses, including the abbreviated titles, accurately represent the nature and level of the courses.
- 20.9.5 Course documentation clearly presents the rationale, objectives, structure, delivery methods, assessment approaches and student workload requirements for all courses and these indicate coherence to the courses as well as breadth and depth comparable to similar courses in Australian universities.
- 20.9.6 The subject or discipline area of all courses is underpinned by a substantial level of scholarship demonstrated by a coherent body of knowledge, theoretical framework, published research and literature, and this scholarship is reflected in the courses through their design and reading requirements.
- 20.9.7 Course content and subject outlines are comparable in requirements to courses at the same level in similar fields at Australian universities.
- 20.9.8 Course content and objectives include engagement with advanced knowledge and inquiry.
- 20.9.9 Delivery approaches are designed to maximise students' achievement of the objectives of the courses.
- 20.9.10 Assessment tasks are designed to measure intended student learning outcomes for the courses.
- 20.9.11 Moderation procedures for all courses ensure consistent and appropriate standards in assessment.
- 20.9.12 Student learning outcomes in each course are monitored and periodically compared with those of similar courses in Australian universities and the broader higher education sector.

Evidence to be provided by initial applicants includes:

- Details of how course titles, rationale, objectives, duration, student workload and admission requirements map against AQF requirements
- Listing of qualifications and experience of course developer/s and those delivering the courses
- Letters or other documentary evidence of professional accreditation, external scrutiny and/or relationships with professional/industry bodies
- Evidence of research on similar courses at Australian universities demonstrating comparability
- Published documentation of admission requirements, and details of articulation and credit transfer arrangements for students entering the courses

Guidelines for awarding self-accrediting authority to higher education institutions other than universities
(relating to National Protocols A and C)

- Documentation of course structure, rationale, objectives, delivery approaches, student workload requirements and study sequence
- Subject outlines which demonstrate evidence of scholarship in the field through current readings and core texts, and evidence of student engagement with advanced knowledge and inquiry
- Explanation of how delivery approach/es (such as combination of lectures, tutorials, independent study, practical/clinical studies, problem-based learning, etc.) will achieve course objectives
- Examples of assessment tasks, assessment criteria, marking arrangements, grading rules and moderation arrangements for the courses.

20.10 Specific requirements for self-accrediting authority (C1 – C4)

Expected outcome: In areas for which self-accrediting authority is sought, standards are maintained at levels consistent with Australian self-accrediting higher education institutions through internal processes of governance and quality assurance.

In areas for which self-accrediting authority is sought:

- 20.10.1 The institution has a sound track record of compliance with the National Protocols demonstrated through re-registration and re-accreditation outcomes.
- 20.10.2 Requirements for non self-accrediting higher education institutions, particularly those relating to corporate and academic governance, academic staff profile, quality assurance and financial capacity, have been consistently met to a high standard.
- 20.10.3 The governance and decision-making arrangements of the institution are effective and are at least equivalent to those in existing Australian self-accrediting higher education institutions, taking into account factors of scale and complexity.
- 20.10.4 The institution has processes in place to approve and review its courses which are similar to those in existing Australian self-accrediting institutions and which ensure that standards are equivalent to Australian and, where relevant, international standards.
- 20.10.5 The institution demonstrates that the standards of its higher education courses are at least equivalent to those in self-accrediting Australian institutions and, where relevant, at least equivalent to international standards.
- 20.10.6 The institution has an effective and comprehensive quality system which ensures all its higher education operations are regularly monitored and that continuous improvements are made.
- 20.10.7 Teaching and learning outcomes are at least equivalent to those of existing Australian self-accrediting higher education institutions, demonstrated through benchmarking on key performance indicators and taking into account the size and mission of the institution.
- 20.10.8 The institution supports its academic staff to be active in scholarship which informs their teaching.
- 20.10.9 The level of scholarly activity of academic staff is at least equivalent to that in existing Australian self-accrediting higher education institutions, demonstrated through benchmarking on key performance indicators and taking into account the size and mission of the institution.
- 20.10.10 Research outcomes for fields in which the institution offers research higher degrees are at least equivalent to those for similar fields in existing Australian self-accrediting higher education institutions, demonstrated through benchmarking on key performance indicators and taking into account the size and mission of the institution.

Evidence to be provided by initial applicants includes:

- Reports of assessment panels for re-registration and re-accreditation
- Copies of annual reports for previous three years
- Terms of reference and membership of institutional governing body, indicating frequency of meetings, allocation of functions, duties of members, lines of responsibility and delegations
- Details of background and expertise of members of governing body

- Terms of reference of academic board (or equivalent) highlighting meeting frequency, sub-committee structure/s, procedures for appointing members, reporting lines, and responsibilities
- Membership of academic board with details of qualifications, current employment, experience and expertise of members
- Minutes of meetings of governing board and academic board for previous twelve months
- List of academic staff including qualifications, background and areas of responsibility
- Reports of external reviews of the institution and any part of its operations and courses, including details of reviewers
- Details of institutional processes for setting and maintaining the standards of its courses including course approval and review processes
- Details of how the institution ensures it is well informed about appropriate national and international higher education standards for the courses it offers
- Documentation of the institution's quality system/s and evidence of effectiveness such through internal feedback loops and external reviews
- Analysis of all aspects of institutional performance benchmarked against Australian self-accrediting higher education institutions and relevant international institutions
- Benchmarking of key course and teaching and learning indicators against existing Australian self-accrediting institutions
- Benchmarking of key scholarship indicators against existing Australian self-accrediting institutions
- Details of budget allocation and other institutional strategies to support scholarship
- Copies of academic promotion and appointment policies and procedures showing criteria related to scholarship
- Benchmarking of key research indicators in fields of study in which the institution offers research higher degrees against similar fields in existing Australian self-accrediting institutions.

Appendix 1: Glossary

Approval:

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

Course:

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

Course accreditation:

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

Delivering Australian higher education qualifications offshore:

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

Field of study:

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

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

Government Accreditation Authorities:

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

Green-field institution:

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

Higher education qualification:

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

Institution:

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

Jurisdictions:

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

Mutual recognition:

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

National Protocols:

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

Non self-accrediting institution:

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

Operating in Australia and purporting to operate in Australia:

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

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

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

Overseas higher education institution:

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

Quality assurance:

Quality assurance refers to the policies, attitudes, actions and procedures necessary to ensure that quality is being maintained and enhanced. It requires actions internal to the institution, but may also involve actions of external bodies. It includes course design, staff development and the collection and use of feedback from students and employers. Quality assurance is also used as a general term to refer to the range of possible approaches to addressing concern for quality in higher education.⁴

Quality audit:

⁴ Based on the definition provided by the Australian Universities Quality Agency. See: www.auqa.edu.au

In the context of quality in higher education, quality audit is a process for checking that procedures are in place to assure quality, integrity or standards of provisions and outcomes.⁵

Registration:

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

Research:

Research⁶ comprises creative work and artistic endeavours undertaken systematically in order to increase the stock of knowledge, including knowledge of humans, culture and society, and the use of this stock of knowledge to devise new applications. Research is characterised by originality and includes creative activity and performance. It has investigation as a primary objective, the outcome of which is new knowledge, with or without a specific practical application, or new or improved materials, products, devices, processes or services. Research ends when work is no longer primarily investigative.

There are three broad types of research activity:

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

Responsible decision-maker:

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

Scholarship:

Scholarship in relation to learning and teaching involves:

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

Self-accrediting institution:

⁵ Based on definition provided by Standards Australia.

⁶ Based on the ABS definition of Research and Development, with minor amendment to provide for more explicit recognition of performance and creative arts.

A self-accrediting institution is one which has authority to accredit its higher education courses. Self-accrediting authority may be limited to certain fields of study and/or qualification levels. Self-accrediting institutions include Australian universities established or recognised under Protocol D, institutions with authority to self-accredit their higher education courses under Protocol C and a number of institutions established prior to the National Protocols⁷.

Subject:

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

⁷ Australian Maritime College, Australian Film, Television and Radio School, Batchelor Institute of Indigenous Tertiary Education and Melbourne College of Divinity.

Appendix 2: Acronyms

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

Appendix 3: Fit and Proper Person Guideline

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

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

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

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

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

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