Australian Government
Tertiary Education Quality and Standards Agency

CONSULTATION:

TEQSA's Regulatory Risk Framework (RRF)

March 2026

TEQSA

Why we're seeking your feedback

TEQSA is seeking feedback to update our Regulatory Risk Framework (RRF) prior to its implementation. At the end of the consultation period, TEQSA will finalise and progressively embed the concepts of the RRF in our guidance materials, regulatory assessment and regulatory decision-making processes.

The RRF is intended to support greater transparency and consistency for provider-level risk.

The RRF presented for consultation has been developed and tested iteratively, with previous sector engagement activities informing its structure and content.

This consultation is essential to test sector understanding of the RRF as one of the key inputs informing TEQSA's regulatory responses and decision making in relation to matters of higher education quality and provider-level risk.

Background

TEQSA's approach to regulatory risk

Since commencing operations in January 2012, TEQSA has proactively reviewed and adapted its regulatory approach to ensure it remains risk-based, proportionate and responsive to broader changes within Australia's higher education sector.

This evolution has been guided by legislated responsibilities, government and public expectations, and TEQSA's primary role to protect student interests and the quality, integrity and reputation of Australia's higher education sector.

Timeline of TEQSA's evolving approach to regulatory risk

- **January 2012:** TEQSA commences operations with a standards-based approach to regulation.
- **2013-2014:** TEQSA revises its regulatory processes to integrate a more risk-based approach to regulation.
- **February 2015:** TEQSA's *A risk and standards based approach to quality assurance in Australia's diverse higher education sector* is published.
- **2016-2018:** TEQSA refines its regulatory processes and develops its Risk Assessment Framework.
- **March 2019:** TEQSA's Risk Assessment Framework is published.
- **January 2021:** TEQSA introduces the Core Plus model for regulatory assessments policy.
- **March 2020:** TEQSA implements measures to provide regulatory flexibility at the onset of the COVID-19 pandemic.
- **June 2023:** TEQSA's measures to provide regulatory flexibility during the COVID-19 pandemic end.
- **2023-2024:** TEQSA introduces self-assurance as an input to its regulatory assessments and develops the RRF, with the working title of the Risk and Quality Assurance Framework (RQF).
- **November 2024:** Concepts of the draft RQF are tested with representatives from over 100 providers.

- **2025:** Provider feedback is incorporated into the RQF, and other pillars of TEQSA's Regulatory Strategy are developed.
- **November 2025:** TEQSA announces it will discontinue publishing annual individual provider risk assessments under the existing Risk Assessment Framework.
- **November 2025:** TEQSA undertakes consultation with representatives of over 100 providers on pillars of its Regulatory Strategy, identifying the RQF as a well-advanced standalone tool.
- **March 2026:** TEQSA further refines its approach and renames the draft RQF as the Regulatory Risk Framework (RRF) and releases it for external consultation.
- **April 2026 onwards:** TEQSA continues to develop and consult on further pillars of its Regulatory Strategy.

Provider-level risk

TEQSA's assessment of, and response to, provider-level risk has always been grounded in legislation, including the *Tertiary Education Quality and Standards Act 2011* (TEQSA Act) and *Higher Education Standards Framework (Threshold Standards) 2021*, and the *Education Services for Overseas Students Act 2000* (ESOS Act) and *National Code of Practice for Providers of Education and Training to Overseas Students 2018* (National Code).

While TEQSA's enabling legislation and associated standards establish TEQSA's role and set minimum standards for providers, they do not always provide a clear and practical framework to guide the application of regulatory practice based on risk, the potential harm, and the effectiveness of provider responses to risk.

This gap has become more evident over time, reflecting the increasing complexity and diversity of the higher education sector and regulatory environment.

Our response

In 2026, TEQSA will bridge this gap by introducing the RRF.

The RRF establishes a framework that translates the requirements of the Threshold Standards and the ESOS National Code into expected regulatory outcomes and identifies the key risks to the achievement of those outcomes.

Consideration of intended regulatory outcomes and key risks alongside individual provider operating contexts, and in conjunction with other regulatory intelligence and data, will support a more consistent, contemporary, risk-based approach to applying regulatory practice judgements about provider-level risks and in responding to the greatest potential harms.

The RRF will help providers to clearly understand the risks that TEQSA considers important and to consider how providers can best monitor and assure themselves about their management of these risks.

The RRF is both a practical tool and one of the early pillars of TEQSA's Regulatory Strategy designed to support our evolving approach to risk-based regulation.

Development of the RRF

TEQSA has developed the RRF through a deliberate, iterative and evidence-informed process that has drawn on TEQSA's regulatory experience and learnings, diverse sector perspectives, and benchmarking against best-practice examples of risk-based regulation.

The process began with structured internal engagement activities, including interviews and workshops with staff from across the agency and TEQSA's Commissioners. These discussions focused on how risk and quality judgements are made in practice, where existing approaches work well, and where greater clarity, consistency and transparency would strengthen decision making and regulatory outcomes.

TEQSA also considered the current regulatory practices of Australian and international higher education regulators, and regulators from other sectors. This benchmarking examined how comparable bodies conceptualise risk, determine regulatory effort, and use intelligence-led approaches to describe stakeholder maturity. Insights gained were then adapted to TEQSA's specific legislative context and responsibilities, informing the design of the RRF.

In parallel, TEQSA engaged with a select group of higher education providers and sector representatives to better understand how risk-based regulation is experienced and interpreted by the sector, including how provider self-assurance may be demonstrated in a variety of operating contexts. These inputs have informed the framing, structure and language of the RRF, to support a clearer shared understanding of TEQSA's approach.

Scope of the RRF

As principles-based standards, the Threshold Standards and the ESOS National Code do not clearly articulate the key risks that have the most potential for harm or to compromise the quality, integrity or reputation of Australian higher education. Nor do they provide a complete framework with which to consider and monitor provider performance relating to risk management and quality assurance.

The RRF identifies and brings together key risks and intended regulatory outcomes of the Threshold Standards and ESOS National Code into a single framework. Throughout the regulatory lifecycle, TEQSA will regularly monitor the outcomes of individual provider risk management and quality assurance activities against this framework. TEQSA will monitor this alongside other types of information that TEQSA can draw on for regulatory activities, including multi-source risk intelligence and data, regulatory history and evidence.

TEQSA considers that effective and embedded risk management and quality assurance practices are critical to ensure providers continue to meet the requirements of the Threshold Standards and the ESOS National Code, and to support proactive identification, monitoring and responsiveness to regulatory risks.

By adopting a more detailed description of the key areas of risk captured in both sets of standards, considering provider context when examining provider identification and management of risks, and monitoring provider risk management capability through self-assurance practices over time, TEQSA will be better able to focus its regulatory activities on the risks and providers that have the greatest potential for impact or harm.

It is important to note that TEQSA's RRF does not:

- replace or alter TEQSA's legislative obligations
- create new regulatory requirements
- change or minimise provider obligations to meet or continue to meet legislative requirements and/or all applicable standards
- assign risk ratings or scores
- determine regulatory outcomes or generate automatic regulatory consequences
- change TEQSA's regulatory principles of risk, proportionality and necessity
- attempt to identify all the risks providers must identify and manage
- replace a provider's own processes or framework for risk management
- detail TEQSA's strategy or approach to regulation or how it supports, encourages self-assurance and compliance through its regulatory functions
- detail the methodology or process TEQSA uses when assessing or responding to provider-level or sector-level risk
- constrain the TEQSA Commission's independence or discretion in decision making.

How to engage with this consultation

Purpose of consultation

This consultation seeks sector feedback on the draft RRF to inform its finalisation and implementation.

TEQSA welcomes feedback from higher education providers, peak bodies and other stakeholders with an interest in quality, risk and regulatory practice in the higher education sector.

Responses are open to organisational or individual perspectives.

Consultation questions

TEQSA has developed a set of consultation questions to support focused feedback on the RRF.

Respondents may choose to comment on any of the questions that are relevant to them and are also welcome to provide additional feedback.

1. What aspects of the RRF would most support provider and sector confidence in regulatory decisions informed by the framework?
2. What aspects of the RRF are most useful in understanding TEQSA's risk focus and expectations?
3. What would help ensure that the RRF supports constructive regulatory engagement without becoming a checklist or compliance exercise for providers?
4. Considering the RRF as one of TEQSA's regulatory tools, what impacts do you anticipate its implementation will have for your operations?

5. Do you have any concerns regarding TEQSA's implementation of the RRF? If so, what could TEQSA do to mitigate those concerns?
6. What would give providers confidence that the RRF appropriately recognises and uses outcomes of provider self-assurance as one input to inform TEQSA's regulatory assessments and decisions, noting that TEQSA uses a range of sources to determine regulatory assessments and decisions?

How to make a submission

Consultation opens Thursday 19 March 2026 during TEQSA Talks at 2:00pm (AEDT).

Submissions can be made by providing written responses to questions by **Thursday 30 April 2026** to RegulatoryStrategy@teqsa.gov.au.

Responses may be published by TEQSA unless respondents request that their submission, or parts of it, not be published.

What happens after consultation closes?

After consultation closes on **Thursday 30 April 2026**, we will consider all feedback and analyse it to inform refinements to finalise the RRF and progress implementation.

Australian Government
Tertiary Education Quality and Standards Agency

DRAFT

TEQSA's Regulatory Risk Framework (RRF)

For consultation

March 2026

TEQSA

Contents

Purpose of the RRF

TEQSA's Regulatory Risk Framework (RRF) supports a consistent approach to assessing risk across our regulatory activities. The RRF will also help providers to clearly understand the risks that TEQSA considers important, to consider how they can best monitor and evidence their management of these risks and to monitor this through self-assurance.

The RRF does this by:

- stating the key risks that TEQSA's regulatory activities seek to address and mitigate across both the *Tertiary Education Quality and Standards Agency Act 2011* (TEQSA Act) and *Education Services for Overseas Students Act 2000* (ESOS Act)
- providing a clear link between the requirements of the TEQSA Act and the Threshold Standards[1], the ESOS Act and the National Code[2], and the outcomes that these legislative instruments are designed to deliver
- providing outcome level descriptors and example characteristics that are indicative of quality and self-assurance maturity
- communicating the roles and expectations of TEQSA, higher education providers and students regarding quality assurance and risk management across the TEQSA Act and ESOS Act.

The RRF will help providers to clearly understand the risks that TEQSA considers important and to consider how providers can best monitor and assure themselves about their management of these risks.

The RRF in practice

In articulating what the RRF is in practice, it is important to note that provider self-assurance forms one part of TEQSA's regulatory and risk assessments. TEQSA also draws on provider regulatory history, multi-source risk intelligence, data and direct evidence.

What it means for providers

- The RRF sets out important factors TEQSA uses to assess regulatory risk and quality, supporting a consistent and transparent approach to provider responses to risk.
- Regulatory engagement is informed by, and proportionate to, identified risks and a provider's capacity to manage risks and self-assure its operations as demonstrated over time.
- TEQSA's approach to regulatory risk emphasises provider self-assurance practice and maturity, and the role of provider governance and accountability in managing higher education regulatory risks and securing quality outcomes, is clearly defined *(continued on next page).*

1. Higher Education Standards Framework (Threshold Standards) 2021.
2. National Code of Practice for Providers of Education and Training to Overseas Students 2018.

- Regulatory activities are focused on quality outcomes and risk management alongside the minimum requirements set out in the Threshold Standards and ESOS National Code.
- The areas of risk that are the focus of TEQSA's regulatory activities are known to providers, supporting providers to embed risk management and self-assurance reporting in their operations, which can translate to targeted preparation and provision of evidence in regulatory applications or assessments.
- TEQSA recognises sector diversity, acknowledging the nature and manifestation of risk differs across provider contexts and that providers respond to risk in different ways.
- Providers and TEQSA share a common language enabling constructive conversations about higher education regulatory risk, capability and improvement.
- Maturity examples illustrate self-assurance practices and risk management in operation.

What it means for TEQSA

- A more consistent and structured reference point to help inform regulatory judgements, supporting decision making across assessment, monitoring and compliance activities.
- A tool to support proportionate and targeted use of regulatory responses, alongside other evidence and intelligence relating to risk.
- An additional mechanism and source of regulatory intelligence to assist early identification of, and response to, emerging sector risks through the monitoring of observed trends and behavioural patterns across individual provider assessments.
- A means of strengthening a shared understanding across TEQSA of key regulatory risks and differing levels of provider maturity in risk management and quality assurance.
- Greater transparency and defensibility in regulatory reasoning, where actions and outcomes can be clearly linked to identified risk areas and associated standards.
- Source of feedback to inform development of guidance materials and educative activities that are targeted to uplift individual provider and sector competencies in support of continuing compliance, and to address areas of known and emerging risk.

Risk focus areas

TEQSA has identified 8 risk focus areas which are fundamental to the outcomes the Threshold Standards, National Code and ESOS Act intend to achieve.

The 8 risk focus areas:

- Corporate governance
- Financial viability and sustainability
- Academic governance
- Student recruitment and admission
- Student participation, support and experience
- Student attainment
- Research
- Workforce capability

Each focus area links the intended outcomes to key regulatory risks identified by TEQSA. Key risks reflect episodic and enduring risks, and each are mapped to applicable sections or standards within the Threshold Standards, National Code and ESOS Act. The relationship between the key risks and these legislative instruments is inseparable from each provider's responsibility to manage risk and continue to meet the standards required for delivery of higher education.

The risk focus areas do not add additional requirements beyond those set out in the TEQSA Act, the Threshold Standards or the ESOS Act and National Code, Foundation Program Standards or ELICOS Standards.

There is no hierarchy of the risk focus areas. TEQSA's interest in each of the focus areas aligns with the nature of the regulatory assessment or activity. For example, application of the Research risk focus area will always be proportionate to provider category and context. The potential impacts of risks, as they arise in different circumstances, are further important considerations and will also vary with the context.

TEQSA's assessment of providers against the Threshold Standards or the ESOS National Code will include evaluating the outcomes of provider self-assurance activities that address the key risks and outcomes identified in the RRF. TEQSA will also consider regulatory history, data, multi-source risk intelligence and other evidence in regulatory assessments.

Responsibility for key risks in the risk focus areas

Effective risk management is critical to successful and sustainable higher education operations. Accordingly, contemporary expectations of good governance include monitoring and management of key risks, and oversight of enterprise risk management by the provider's executive leadership and governing body.

Providers operate within a complex regulatory environment, and many of a provider's enterprise risks fall under the remit of regulators or bodies other than TEQSA. The key risks identified in the RRF focus on those directly associated with the TEQSA Act, ESOS Act, Threshold Standards and ESOS National Code, and therefore within TEQSA's regulatory remit.

While primary responsibility for performance, quality assurance and risk management rests with the provider, there are a range of stakeholders who play a role in delivering a strong and resilient higher education sector.

Providers

The provider is the owner of its risks. The provider is also directly responsible for the risks and risk management of third parties that conduct higher education activities on its behalf.

The provider's governing body is responsible for ensuring the organisation has the governance, systems and processes in place to comply with regulatory responsibilities, manage its risks and minimise harm.

Senior management is responsible for ensuring appropriate risk management mechanisms and resources are in place and effective, as well as providing timely and sufficient information and commentary on risks to the governing body.

Students

Students can make important contributions to the management of risk and upholding quality in higher education.

Students are key sources of insight and feedback to help the provider identify risks and continuous improvement opportunities. This includes participation in formal governance and representative structures, engaging in surveys and consultation processes, and raising concerns through internal complaints and feedback mechanisms.

Where concerns are not appropriately addressed by the provider, students should feel empowered to escalate matters externally, including to the National Student Ombudsman or to TEQSA . Student engagement with risk in this way can help address issues early and improve the quality and integrity of higher education for all.

TEQSA

TEQSA has an oversight role in monitoring regulatory risks and assuring these are being managed effectively by higher education providers. TEQSA considers a range of data, intelligence and evidence when undertaking this role.

TEQSA shares relevant information about risks with the sector, provides guidance and communicates expectations to support providers in responding to risks. In some instances, TEQSA may make regulatory adjustments for risks at the sector level (e.g. temporary changes to regulatory requirements during the COVID-19 pandemic) or create resources to assist providers to develop capability and respond effectively (e.g. resources for managing threats to academic integrity and responding to generative AI).

When we are concerned that key risks are not adequately mitigated or managed, we will take targeted and proportionate regulatory action to be assured the provider has appropriate systems, governance and controls in place.

The RRF is one tool to support TEQSA in consistently assessing regulatory risk, quality and to differentiate levels of self-assurance maturity, providing a structured basis for regulatory judgement, supporting decision making against the standards across assessment, monitoring and compliance activities for **provider-level** risks.

Structure of risk focus areas

TEQSA has defined 8 key risk focus areas, mapped to the requirements of the Threshold Standards, National Code and ESOS Act. The key risks, and outcomes sought for each focus area, will inform our assessment, analysis and response to provider risk in our regulatory activities.

Each of the 8 focus areas comprise the following elements:

1. **Title** – e.g. 'Student recruitment and admission'.
2. **Key outcomes** – A summary of the outcomes aligned with the Act and/or standard(s) for each focus area.
3. **Key risks** – The risks TEQSA identifies as having the greatest potential to cause harm or compromise the quality, integrity or reputation of Australian higher education. They encompass both risks that are material to an individual provider's compliance with the standard(s) and achieving the key outcomes, and risks that may emerge or escalate across the sector and threaten achievement of the key outcomes more broadly.

   The key risks for each focus area are not exhaustive, and providers are expected to meet and be accountable for all standards applicable to their context.

4. **Reference to Act and/or standard(s)** – The key risks are mapped to the applicable sections and standards within the Threshold Standards, National Code and ESOS Act[3].
5. **Self-assurance maturity matrix** – Contains outcome-level descriptors and example characteristics or indicators of provider self-assurance maturity. Each of these are mapped to advancing levels of maturity. The self-assurance maturity matrices provide a tool to assist providers to differentiate levels of quality and maturity of risk management practices for each of the outcomes sought in the risk focus areas of the RRF.
   - 'Outcome-level descriptors' provide a qualitative summary of anticipated outcomes for each level. The level descriptors for the baseline level align with the 'key outcomes' for the focus area.
   - 'Example characteristics' describe examples of outcome levels in practice. These are not exhaustive.

3. As CRICOS registration is a pre-requisite for delivery of ELICOS or Foundation Programs, key risks arising from non-compliance with the ELICOS Standards and the Foundation Program Standards are included in the key risks mapped back to ESOS Act and National Code.

Risk focus area: Corporate governance

The purpose of corporate governance is to set providers' strategic directions and priorities, delegate authority appropriately, and oversee organisational performance, while identifying, managing and controlling risks, maintaining organisational accountability, and setting expectations for organisational culture and integrity. These functions are exercised through a formally constituted corporate governing body that is responsible for informed decision making and effective oversight of the provider's sustainability, academic quality and public interest obligations (Guidance note: Corporate governance).

Shortcomings in corporate governance will expose a provider to significant risks, including failure to meet the requirements of the Threshold Standards, ineffective oversight of academic quality and integrity, unrealistic or unsustainable resourcing to deliver quality higher education, misrepresentation of the provider's activities or performance, or development of organisational cultures that discourage transparency, accountability or escalation of concerns. This often results in significant damage to the provider's reputation and erosion of public trust and confidence in Australian higher education.

Providers with good corporate governance work to ensure that the governing body is competent, diligent and exercises independent judgement in attending to the breadth of its governance responsibilities as required by the Threshold Standards. The governing body is supported by assurance and reporting arrangements that provide timely, accurate and relevant information about the provider's operations, risks and sustainability through its internal assurance mechanisms, including assurance that the provider meets all legislative and regulatory requirements. Good corporate governance relies on an effective working relationship of the governing body and executive leadership of a higher education provider.

Key outcomes are that:

- The provider's corporate governance is accountable through a formally constituted governing body that is collectively responsible for the governance and performance of the provider, and assures itself that the provider meets all its legislative and regulatory requirements.
- The provider's corporate governance is implemented via appropriate systems and processes that enable delivery of quality higher education, and enable effective management of risks, accurate information, finances, complaints and incidents.

Key risks are that:

- The governing body is **not accountable** for or does not have **clear oversight** of the provider's entire operations, inclusive of delivery via third-party arrangements and/or in transnational settings (linked to 6.1 of the Threshold Standards).
- Governing body **decisions are not well informed**, including by independent and academic advice and student feedback (linked to 6.1 of the Threshold Standards).
- The governing body does not comprise an **appropriate mix of qualified, experienced and suitable personnel** (linked to 6.1 of the Threshold Standards).
- **Roles, responsibilities and accountabilities/delegations** within the organisation are unclear or inappropriate (linked to 6.1 of the Threshold Standards).
- The provider does not have effective systems in place to **monitor its performance, self-assure** and **continuously improve** (linked to 6.1, 6.2 of the Threshold Standards).

- The provider does not proactively **identify** and respond to **sector risks** and emerging issues and implement appropriate management strategies (linked to 6.2 of the Threshold Standards).
- The governing body **does not have effective mechanisms to assure itself** that the provider **meets all its legislative and regulatory requirements** (linked to 6.2 of the Threshold Standards).

Maturity of self-assurance – Corporate governance

The following matrix provides outcome-level descriptors and illustrative example characteristics. These examples are not exhaustive and do not represent additional regulatory requirements. They are intended to explain the regulatory intent behind the desired outcomes and to highlight behaviours or practices that may prevent those outcomes from being realised.

Maturity of self-assurance – Corporate governance

Level	Outcome-level descriptors	Example characteristics
Undeveloped	• Corporate governance activities are not implemented via appropriate capabilities, systems and processes.	• Corporate governance is not accountable through a formally constituted governing body. • Corporate governance structures and mechanisms are ad hoc, unreliable or unstable. • Roles and responsibilities between executive and governing body are not well defined. • Governance activities are inconsistent and reactive. • There is minimal engagement with students or academic and professional staff in decision making. • Risk registers are absent and/or generic and lack insight into risks to the provider. • Mechanisms for reflecting on the performance of corporate governing bodies or systems do not exist or are not applied. • The fitness and propriety requirements of governing body members are not reviewed or ensured. • False or misleading information is delivered by the governing body to regulators or other official bodies. • There is a lack of awareness or control of legislative and regulatory requirements.
Baseline	• Corporate governance is accountable through a formally constituted body that is collectively responsible for the integrity, governance and performance of the provider. • The provider's corporate governance is implemented via capabilities, systems and processes that enable delivery of quality higher education, and effective management of risks, information, finances, regulatory compliance, complaints and incidents.	• Basic governance structures and responsibilities are in place. • The governing body evaluates systems and processes and determines actions to improve their efficacy. • The performance of the governing body is subject to regular review, and the review includes independent advice. • Monitoring considers relevant internal and external risks and opportunities, sets appropriate actions, and evaluates their outcomes. • The provider maintains a record of key risks and associated actions. • Input from internal and external sources supports the identification of risks to ensure continued compliance with legislative and regulatory requirements. • The governing body has access to accurate and reliable data relevant to informing key decisions. • The provider quality assures higher education activities undertaken on its behalf by third parties.

Maturity of self-assurance – Corporate governance *(continued)*

Level	Outcome level descriptors	Example characteristics
Embedded	• As per Baseline, and • The governing body takes steps beyond its baseline responsibilities to champion self-assurance and risk escalation in governance culture and processes.	• As per Baseline, and • Governance activities are integrated and routinely inform strategic and operational decisions. • The provider is focused on responsible monitoring and accountability, which collectively prevents the realisation of significant risks. • Continuous improvement of governance systems and processes is linked to strategic planning and understood as a driver of success. • Setting and delegation of actions are targeted and supported by monitoring and improvement activity. • Structured consultation with students, academic and professional staff supports informed decision making. • Feedback loops are transparent and operate effectively where lessons are learned and inform improvements. • Complaints, incidents and regulatory breaches are analysed for systemic lessons and lead to changes.
Advanced	• As per Embedded, and • Corporate governance operates as a dynamic system of continuous self-assurance and proactive risk management. • Self-assurance and risk management activities drive institutional improvement that builds confidence among students, staff and the community.	• As per Embedded, and • Self-assurance and risk management is led by the governing body and reflects a culture that prioritises staff and student wellbeing, student experience and success, and where applicable, quality and integrity in research . • Decisions made by the governing body are routinely informed by integrated institutional data (e.g. student outcomes, financial, staffing capability, risk metrics), and the impact of those decisions are measured and reviewed. • Students, academic and professional staff are trusted partners in self-assurance and risk management. • Outcomes and learnings from reviews and reflection positively shape institutional strategy and culture. • The governing body maintains strong assurance that the provider meets legislative and regulatory requirements through systematic monitoring, independent assurance mechanisms and clear accountability.

Risk focus area: Financial viability and sustainability

A provider's governing body should ensure that the provider is financially viable in the short term, and that financial resources are being managed in a sustainable way, to support quality at existing and planned levels of activity over the longer term. The members of the corporate governing body should be financially literate and have access to financial expertise to provide sufficient assurance about financial matters (Guidance note: Financial assessment).

Shortcomings in financial management will expose providers to risks to their ability to support quality in higher education. Financial status influences capacity to invest in sufficient facilities and infrastructure, to maintain adequate staffing levels and academic leadership, to provide support services to students, and to operate sustainably into the future.

Providers that maintain good financial management will apply sufficient financial resources to achieve their higher education objectives, will ensure continued access to sufficient financial and non-financial resources, and will work to maintain a healthy financial trajectory over time.

Key outcomes are that:

- The provider is financially viable.
- The provider has the capacity to invest in, and sustain, its operations to support quality higher education.

Key risks are that:

- The provider does not have systems in place to **manage finances and ensure business continuity** into the future (linked to 6.2 of the Threshold Standards).
- The provider does not have strategies to **mitigate risks to students** (including tuition safeguards) in the case of insolvency (linked to 6.2 of the Threshold Standards; section 29 of the ESOS Act and 3.3, 3.4 of the ESOS National Code).
- The **quality of education is adversely impacted** because the provider does not have sufficient funds (linked to 5.1, 6.2 of the Threshold Standards).

Maturity of self-assurance – Financial viability and sustainability

The following matrix sets out outcome-level descriptors and illustrative example characteristics. These are not comprehensive lists of characteristics, nor do they represent additional regulatory requirements. They are intended to explain the regulatory intent behind the desired outcomes and to identify some of the behaviours or actions that can prevent positive outcomes from being realised.

Maturity of self-assurance – Financial viability and sustainability

Level	Outcome-level descriptors	Example characteristics
Undeveloped	• The provider is not financially capable of operating in the short term. • The provider does not have capacity to invest in and sustain quality higher education over the longer term.	• There are insufficient earnings, cash, assets or credit to support delivery of higher education. • There is insufficient ability to grow revenue and manage expenditure, or monitor and manage financial risks, to sustain delivery over time. • Governance oversight of financial position is insufficient or incomplete. • Mechanisms to ensure maintenance of sufficient funds to refund tuition fees to overseas students, where required, are limited or insufficiently robust.
Baseline	• The provider is financially viable. • The provider has the capacity to invest in, and sustain, its operations in quality higher education.	• Basic financial controls and processes are in place. • The provider can maintain sufficient liquidity and investment to support key academic functions. • The provider exhibits sufficient financial performance, planning, and oversight, and an appropriate financial trajectory, to sustain quality higher education. • The provider exhibits a consistent track record of financial performance and prudence. • Accurate and timely financial information is available to inform business planning and decisions. • The provider anticipates and responds to risks, key sector drivers and trends affecting its business model.

Maturity of self-assurance – Financial viability and sustainability *(continued)*

Level	Outcome level descriptors	Example characteristics
Embedded	• As per Baseline, and • Actions to maintain financial viability and sustainability are integrated with academic, workforce and operational strategy and planning.	• As per Baseline, and • Student enrolment numbers, staffing and asset investment are supported by historic trends and robust research or market analysis. • Financial monitoring, reporting and analysis are routine and highly developed. • Financial and business planning, and budgeting are well aligned with the institution's strategic plan. • Financial management supports the provision and continuous improvement of quality higher education. • Sustainable financial planning is integrated into strategic planning and considers development of financial and non-financial resources. • Change and growth are aligned with academic and corporate strategy and ensure resourcing required for quality teaching and research.
Advanced	• As per Embedded, and • Sustainability is embedded into decision making, with a strong culture of financial literacy and accountability. • The provider's financial governance model is supported by transparent governance and open reporting.	• As per Embedded, and • Financial and business planning is resilient and responds to disruptions and major shifts without negative impacts to quality. • Financial audit results consistently meet or exceed regulatory requirements.

Risk focus area: Academic governance

The purpose of academic governance is to ensure the integrity and quality of teaching, learning, research and research training, and scholarship. A provider's academic governance framework regulates its academic decisions and quality assurance, and ensures expert academic oversight and assurance that informs both academic leaders and the corporate governing body in the exercise of its accountability for academic quality and integrity (Guidance note: Academic governance).

Where providers do not have robust academic governance, the provider will be exposed to risks including compromised credibility, currency and comparability of its courses and qualifications, inadequate academic leadership, unclear expectations, stagnant or declining standards of scholarship, and ineffective or poorly informed academic and corporate decision making due to weak assurance, escalation or visibility of academic and integrity risks (Guidance note: Academic quality assurance).

Providers with good academic governance work to ensure strong oversight by the academic governing body (e.g. an academic board) that exercises independent academic judgement and operates within a clear relationship with corporate governance. The academic governing body carries out a cyclical program of self-assurance that allows it to identify and respond to episodic and routine risks, underpinned by reliable records that include evidence collected, reports developed, deliberations and decisions.

Key outcomes are that:

- The provider establishes and maintains academic leadership consistent with the type(s) and level(s) of higher education offered, and academic leadership provides the corporate governing body with competent advice on academic matters.
- The provider assures itself of the integrity and quality of teaching, learning, research and research training, and scholarship that informs teaching.

Key risks are that:

- The provider does not have effective systems for developing, approving, reviewing and **continuously improving courses of study** (linked to 3.1, 5.1, 5.3 of the Threshold Standards).
- There are inadequate processes and structures for **establishing and assigning responsibilities for academic oversight**, the monitoring of benchmarks for academic quality and academic leadership (linked to 6.3 of the Threshold Standards).
- The provider does not have effective systems and processes to **prevent, identify, respond to, and mitigate risks** to academic quality, and academic integrity , and the integrity of higher education awards (linked to 1.4, 3.1, 5.2 of the Threshold Standards and Standard 8 of the National Code).

Maturity of self-assurance – Academic governance

The following matrix provides outcome-level descriptors and illustrative example characteristics. These examples are not exhaustive and do not represent additional regulatory requirements. They are intended to explain the regulatory intent behind the desired outcomes and to highlight behaviours or practices that may prevent those outcomes from being realised.

Maturity of self-assurance – Academic governance

Level	Outcome-level descriptors	Example characteristics
Undeveloped	• Appropriate academic leadership is not established and maintained. • The integrity and quality of academic operations are not adequately assured.	• Academic leadership is inconsistent with the type(s) and level(s) of higher education offered. • The corporate governing body is not competently advised on academic matters. • Risk registers are absent and/or generic and lack insight to the risks to the provider. • Oversight assuring the integrity and quality of teaching, learning, research and research training, and scholarship, and management of risks to students is ineffective or non-existent.
Baseline	• The provider establishes and maintains academic leadership consistent with the type(s) and level(s) of higher education offered, and academic leadership provides the corporate governing body with competent advice on academic matters. • The provider assures itself of the integrity and quality of teaching, learning, research and research training, and scholarship that informs teaching.	• The academic governing body is responsible for a cyclical program of self-assurance, which enables it to identify and respond to episodic and routine risks. • The collective oversight of the academic community is exercised through the academic governing body, which shares information with the corporate governing body to support its assurance activities. • The corporate governing body effectively manages risks to the independence and integrity of the academic governing body. • Academic governance ensures the provider's activities adhere to relevant institutional policy obligations.

Maturity of self-assurance – Academic governance *(continued)*

Level	Outcome level descriptors	Example characteristics
Embedded	• As per Baseline, and • Leadership champions robust, independent, high-functioning academic governance as a crucial contributor to success.	• As per Baseline, and • Systems for periodic review of courses, and ongoing monitoring of course performance, are rigorous, consistent and independent. • A strong culture of maintaining and promoting integrity and quality in teaching, learning, research and research training, and scholarship is evident across the provider's operations. • Governance processes have data analytics and reporting embedded. • External referencing of performance is well validated, drives improvements to teaching and learning, and feeds back to corporate decision making and monitoring. • Academic self-assurance is evidence based and documented via reports and records of the academic governing body's decision making.
Advanced	• As per Embedded, and • The provider's academic governance model of continuous improvement is recognised across all levels and parts of the institution and reflects a shared responsibility for academic quality and integrity.	• As per Embedded, and • Academic, assessment and teaching improvements are peer reviewed and consistently operate beyond requirements for compliance. • Performance data supports the success of strategies to improve student attainment and graduate outcomes. • A comprehensive and dynamic program of academic risk management mitigates threats to award integrity that arise from cheating.

Risk focus area: Student recruitment and admission

A provider should ensure its admissions framework is applied with integrity. It should be transparent, consistent, accommodate student diversity, and facilitate equal opportunities for academic success. (Guidance note: Admissions (coursework)).

Deficiencies in a provider's admissions framework will expose the provider to risks to its ability to recruit, support and retain students. The quality of a provider's admissions framework influences its capacity to make decisions regarding admissions, exemptions and waivers, to continuously improve admissions policy, requirements and practices, and to support student success.

A robust admissions framework, and its consistent and equitable application, contributes to safeguarding the quality and reputation of Australian higher education and the quality of the student experience.

Key outcomes are that:

- The provider ensures prospective students are well informed and are appropriately qualified for entry to higher education.
- The provider ensures fair, transparent and equitable admissions requirements and practices.
- Higher education is accessible, and policies and procedures support the participation and success of a diverse student population.

Key risks are that:

- Students receive **inaccurate, misleading or inadequate information** to make choices about the provider and the course of study (linked to 7.1, 7.2 of the Threshold Standards and Standards 1, 3 of the National Code).
- Recruitment practices are not effectively monitored to **guard against non-genuine students** being admitted or the exploitation of overseas students (linked to Standards 4, 7 of the National Code).
- Admissions processes do not ensure that admitted **students have the academic preparation and proficiency** in English needed to participate and succeed in their intended study (linked to 1.1 of the Threshold Standards and Standard 2 of the National Code).
- Student **engagement, progression and retention** are not monitored to ensure that recruitment and admissions processes are appropriate (linked to 1.3 of the Threshold Standards and Standard 8 of the National Code).
- **Credit and recognition of prior learning** are inappropriately granted, or not recognised where appropriate, either disadvantaging students or threatening the integrity of the course of study and qualification (linked to 1.2 of the Threshold Standards and Standard 2 of the National Code).
- Recruitment practices do not support overseas students to complete their course within the required duration and **fulfil their visa requirements** for course attendance and course progress (linked to 1.1 of the Threshold Standards and Standards 2, 4, 8 of the National Code).
- Policies, practices or monitoring **mechanisms to support diversity and equity are not applied and/or are inadequate** and uphold to barriers to access, lower participation and reduced retention or success among equity groups (linked to 2.2 of the Threshold Standards).

Maturity of self-assurance – Student recruitment and admission

The following matrix provides outcome-level descriptors and illustrative example characteristics. These examples are not exhaustive and do not represent additional regulatory requirements. They are intended to explain the regulatory intent behind the desired outcomes and to highlight behaviours or practices that may prevent those outcomes from being realised.

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Maturity of self-assurance – Student recruitment and admission

Level	Outcome-level descriptors	Example characteristics
Undeveloped	• Prospective students are not adequately informed to make decisions about entering higher education. • Admissions requirements and practices are not fair, transparent and equitable.	• Admissions information is not readily accessible by prospective students. • Students are admitted without regard to limitations that would impede their progression and completion. • Admissions decisions are arbitrary or disadvantage students because of personal characteristics. • Monitoring, review and improvement of admissions requirements and practices is poor or non-existent. • Controls to identify or manage risks to non-genuine or vulnerable students do not exist. • There are high unexplained visa refusal and cancellation rates.
Baseline	• The provider ensures prospective students are well informed and are appropriately qualified for entry to higher education. • The provider ensures fair, transparent and equitable admissions requirements and practices. • Higher education is accessible, and policies and procedures support the participation and success of a diverse student population.	• A formal admissions framework is in place and consistently applied by staff. • Admissions information is readily accessible by prospective students. • Students have the academic and English language proficiency to participate in their intended study. • Decisions to grant credit or RPL are consistent, do not disadvantage the student, are well documented, and maintain the integrity of the course. • Student diversity is considered and accommodated in the admissions framework. • Agent performance and conduct is monitored and reported to inform decisions on contract renewal.

Maturity of self-assurance – Student recruitment and admission *(continued)*

Level	Outcome level descriptors	Example characteristics
Embedded	• As per Baseline, and • Admissions requirements and frameworks are regularly reviewed in consultation with staff, students, employers and industry stakeholders with a focus on fairness, transparency and informed choice.	• As per Baseline, and • Regular monitoring and analysis of student performance informs continuous improvement of the admissions framework. • Student feedback and success data feeds back into improvements to recruitment processes and entry requirements. • Review and improvement of admissions draw on analysis of student subgroups' needs. • Information for prospective students facilitates easy, meaningful comparison between courses, and with other providers' offerings. • Admissions decision making is reviewed for consistency and equity. • There are consistently low visa refusal and cancellation rates, paired with consistently high retention of those students. • Agent performance and conduct is routinely monitored and reported, with evident impacts on contract renewal.
Advanced	• As per Embedded, and • Good admissions practices are treated as essential to maintaining the integrity and reputation of higher education, and as a key mechanism to enhance inclusion and student success.	• As per Embedded, and • Misleading and/or inaccurate information is proactively identified and corrected through routine internal audits. • The provider is transparent in publishing (de-identified) results and analysis of admissions outcomes. • Admissions practices successfully balance inclusion measures with academic preparedness. • The success of strategies to improve the outcomes of recruitment and admissions is reflected in performance data oversighted by the governing body.

Risk focus area: Student participation, support and experience

A provider must ensure it provides staffing sufficient for the nature and level of course(s) it delivers, learning resources that are relevant, up to date and accessible to students when needed, and support services that foster student learning, safety and wellbeing to support equitable participation and access for diverse student cohorts and students at risk (Guidance note: Staffing, Guidance note: Learning resources and educational support, Guidance note: Wellbeing and safety).

Deficiencies in staffing, resources and support will expose the provider to risks to its ability to deliver quality education and ensure students' safety and wellbeing. Insufficient staffing, resourcing and support may lead to erosion of quality in delivery, compromised academic leadership, avoidable loss and suffering, and reduced academic progress.

Good provision of staffing, resources and support will ensure students' educational experiences are grounded in strong academic leadership and communities of scholarship, that students have access to resources capable of meeting their needs, and that they are supported in developing their capacity for independent learning and inquiry.

Key outcomes are that:

- The provider understands the needs of students, including diverse cohorts and students at risk, and ensures that they are appropriately supported to achieve learning outcomes.
- The provider ensures students' wellbeing is protected, and they have a positive learning experience.

Key risks are that:

- The **learning environment, facilities and resources are not fit for purpose** and/or put students at risk of harm (linked to 2.1, 2.2, 2.3, 3.3 of the Threshold Standards and Standards 5 and 6.9 of the National Code).
- Students are not supported to **provide feedback**, and/or are exposed to further harm in making complaints or reporting incidents, risks or issues (linked to 2.3, 2.4 of the Threshold Standards and Standards 5.2, 6.8, 6.9, 10 of the National Code).
- The provider does not proactively **identify students at risk of unsatisfactory progress** and provide tailored support (linked to 1.3 and 2.2 of the Threshold Standards and Standard 6.2, 6.3, 6.4 of the National Code).
- **Support services are unavailable**, or are inadequately informed by, and tailored to, the needs of specific student cohorts, including research students (linked to 2.3, 4.2 of the Threshold Standards and Standards 5, 6.1, 6.3, 6.6, 6.9 of the National Code).

Maturity of self-assurance – Student participation, support and experience

The following matrix provides outcome-level descriptors and illustrative example characteristics. These examples are not exhaustive and do not represent additional regulatory requirements. They are intended to explain the regulatory intent behind the desired outcomes and to highlight behaviours or practices that may prevent those outcomes from being realised.

Maturity of self-assurance – Student participation, support and experience

Level	Outcome-level descriptors	Example characteristics
Undeveloped	• Students are not appropriately supported to achieve learning outcomes. • The provider does not take reasonable steps to ensure students' safety and wellbeing.	• There are too few suitably experienced and qualified staff to support the student cohort. • Academic leaders lack the skills and experience to credibly oversee teaching and learning. • Resources are insufficient, irrelevant, obsolete, or subject to unreasonable barriers to access. • Barriers affect equitable participation for some student cohorts. • Little to no data is collected on student wellbeing needs or student engagement with support services. • Support services are insufficient or inaccessible, or do not adequately address student safety, wellbeing or participation needs.
Baseline	• The provider understands the needs of students and ensures that they are appropriately supported to achieve learning outcomes. • The provider ensures students' wellbeing is protected, and they have a positive learning experience.	• There are adequate suitably experienced and qualified staff to support the student cohort and provide credible academic leadership. • Resources and support services are sufficient to meet students' needs, including the needs of diverse student cohorts, and are readily accessible to students. • The provider conducts effective risk assessments and implements preventative controls for risks to safety and wellbeing. • Periodic internal and external student surveys are conducted.

Maturity of self-assurance – Student participation, support and experience *(continued)*

Level	Outcome level descriptors	Example characteristics
Embedded	• As per Baseline, and • Resources and support services facilitate independent learning and enquiry above and beyond the requirements of learning outcomes. • Fostering and maintaining the safety and wellbeing of students and staff is a strategic priority and linked to the provider's purpose.	• As per Baseline, and • Libraries, other learning resources, and student services flexibly service diverse needs. • Coordination and provision of learning resources and student services eliminate or minimise barriers to access, ensuring ready access by all students. • Outcomes of periodic internal and external student surveys are analysed, disseminated and acted on. • Strategies for managing risks to safety and wellbeing are subject to rigorous, cyclic continuous improvement.
Advanced	• As per Embedded, and • The provider takes a whole-of-institution approach to participation, support and experience and anticipates changing student needs to provide a safe, inclusive and appropriately supported learning environment.	• As per Embedded, and • Activities to support student participation, support and experience are co-designed with students and are integrated into academic and operational planning. • Provision of learning resources and student support services minimises barriers to access, ensuring ready access by all students. • The success of strategies to improve student participation, support and experience is reflected in performance data oversighted by the governing body.

Risk focus area: Student attainment

A provider must ensure that any grades awarded in a course of study reflect the level of student attainment, that the integrity and credibility of its qualifications and research are protected, and that on completion the student has demonstrated the course's learning outcomes and is only awarded a qualification if all requirements have been fulfilled (Guidance note: Course design (including learning outcomes and assessment), Guidance note: Academic and research integrity).

Deficiencies in management of student attainment, including the integrity of assessment and the award of qualifications, will expose the provider to risks to the integrity and credibility of the qualifications it issues. Poor oversight of student attainment may undermine the validity, reliability and integrity of assessments, qualifications, research, course designs and learning outcomes, and may compromise the provider's ability to manage student retention, progression and completion, the provider's reputation and standing, and that of Australian higher education as a whole (Guidance note: Academic monitoring, review and improvement).

Good management of student attainment of learning outcomes will include ongoing monitoring, review and improvement of methods of assessment and student achievement, comprehensive cyclic review of all accredited courses of study, careful oversight of academic and research integrity, and courses designed such that learning outcomes are informed by national and international comparators.

Key outcomes are that:

- Graduate outcomes are evidence based and achievable, and students are provided with genuine and reasonable opportunity to achieve learning outcomes.
- The provider supports students to succeed in, and progress from , higher education with qualifications that are highly regarded and maintain the integrity of Australia's higher education system.
- The provider ensures the integrity of student attainment by upholding and promoting academic and research integrity.

Key risks are that:

- On completion of a course of study/research, **students cannot demonstrate the learning outcomes** for the course of study/research (linked to 1.4, 3.1 of the Threshold Standards).
- Qualifications are **inappropriately awarded** to students or there is **loss of confidence and trust** in higher education awards (linked to 1.4, 1.5 of the Threshold Standards).

Maturity of self-assurance – Student attainment

The following matrix provides outcome-level descriptors and illustrative example characteristics. These examples are not exhaustive and do not represent additional regulatory requirements. They are intended to explain the regulatory intent behind the desired outcomes and to highlight behaviours or practices that may prevent those outcomes from being realised.

Maturity of self-assurance – Student attainment

Level	Outcome-level descriptors	Example characteristics
Undeveloped	• The provider is inattentive to risks to the credibility of its qualifications and research. • The provider dedicates few resources to managing and promoting academic and research integrity. • There is a loss of confidence and trust in higher education awards issued by the provider.	• Grades and qualifications do not reflect student attainment. • Learning outcomes are poorly designed, poorly aligned with assessment, or cannot be adequately demonstrated. • Mechanisms for maintaining academic and research integrity are immature, compromised, or non-existent. • Monitoring and review of risks associated with retention, progression, completion and outcomes is inadequate. • Assessments are not regularly reviewed for validity, consistency or suitability.
Baseline	• Graduate outcomes are accurate, evidence based and achievable, and students are provided with genuine and reasonable opportunity to achieve learning outcomes. • The provider supports students to succeed in, and progress from, higher education with qualifications that are highly regarded and maintain the integrity of Australia's higher education system. • The provider ensures the integrity of student attainment by upholding and promoting academic and research integrity.	• Grades and qualifications awarded reflect the level of student attainment. • Qualifications are only issued on successful assessment and attainment of all learning outcomes. • Learning outcomes are consistent with the level and field of education and meet sector benchmarks. • There are effective mechanisms for monitoring and managing risks to academic and research integrity. • There are systematic processes that ensure the methods and types of assessment used demonstrate expected skills and knowledge. • The provider actively monitors and manages risks to students associated with attainment, retention, progression, completion and outcomes. • Graduate outcomes are monitored, and the outcomes are used in continuous improvement activities.

Maturity of self-assurance – Student attainment *(continued)*

Level	Outcome level descriptors	Example characteristics
Embedded	• As per Baseline, and • Attainment is assured through integrated systems of curriculum and assessment design, moderation and continuous improvement. • Academic and research integrity are embedded in all teaching and learning activities.	• As per Baseline, and • Lapses in assurance of qualifications and research are identified and definitively acted upon, prioritising the interests of students and the reputation of Australian higher education. • The provider ensures its training, policies and procedures evolve to respond to emerging risks to academic and research integrity. • Methods and practices to identify and mitigate risks to academic and research integrity are subject to rigorous continuous improvement. • The provider has robust governance oversight to manage both the individual and root cause of breaches academic or research integrity. • Graduate outcomes are monitored, and analysis informs strategic planning and innovation.
Advanced	• As per Embedded, and • Academic and research integrity is championed throughout all levels of leadership. • Student attainment, academic and research integrity are inherent to, and actively considered, in all institutional processes.	• As per Embedded, and • Academic and research integrity is actively promoted and upheld as a shared value across all levels of staff and students. • Institutional culture encourages transparency around breaches of academic and research integrity. • The success of strategies to assure legitimate attainment is reflected in performance data oversighted by the governing body.

Risk focus area: Research

A provider must assure the quality and integrity of research and research training conducted under its auspices. Research must give rise to new knowledge or new use of existing knowledge, research training must facilitate both acquisition of advanced skills, techniques and knowledge in conducting research, and a contribution to the field of research by the candidate, and the provider must cultivate and maintain a culture of research integrity (Guidance note: Research and research training, Guidance note: Research requirements for Australian universities).

Deficiencies in research oversight will expose the provider to risks to conducting and sponsoring research and delivering research training. Poor research oversight may undermine the design and implementation of research policy and procedure, and management of research quality, ethics, health and safety, funding and resourcing, attribution and authorship, and compliance with intellectual property law. Poor research oversight may also compromise the provider's ability to design, deliver and manage supervision and assessment of research training.

Good research governance and oversight will ensure that researchers are supported in the creation of new knowledge by appropriate facilities and infrastructure, and mature policies and mechanisms pertaining to course design, supervision, review, quality assurance, integrity, and risk management in research.

Key outcomes are that:

- The provider contributes to the creation of new knowledge and original creative endeavour.
- The provider implements systems to ensure the integrity of research and research training.

Key risks are that:

- **Effective frameworks for ethical research** do not exist, and/or there are ineffective systems for recording research outputs (linked to 4.1 of the Threshold Standards).
- Research outputs **do not meet breadth, volume and quality standards** commensurate with the provider's registration category (linked to Part B of the Threshold Standards).
- Policies, procedures, infrastructure and resourcing for research training and/or supervision arrangements for research candidates **are inadequate or not fit for purpose** (linked to 4.2 of the Threshold Standards).
- The provider **does not promote or foster a culture of research integrity** and institutions meeting their responsibilities with respect to the provision of ongoing research integrity training and education for relevant staff and students (linked to 5.2 of the Threshold Standards).

Maturity of self-assurance – Research

The following matrix provides outcome-level descriptors and illustrative example characteristics. These examples are not exhaustive and do not represent additional regulatory requirements. They are intended to explain the regulatory intent behind the desired outcomes and to highlight behaviours or practices that may prevent those outcomes from being realised.

Maturity of self-assurance – Research

Level	Outcome-level descriptors	Example characteristics
Undeveloped	• The provider's contribution to new knowledge and original creative endeavour is negligible. • The quality of research or research training is poor. • Systems to ensure the integrity of research and research training are inadequate.	• Research activity is minimal, overly restricted, or does not meet relevant benchmark standards. • Research policy, including a framework for ethical research, is underdeveloped. • Mechanisms for promoting and maintaining research integrity are lacking. • Research facilities and infrastructure are not fit for purpose. • Research candidates do not acquire the relevant skills. • Research is conducted and overseen by under-qualified staff. • Assessable research outputs are not suitably assessed. • Academics supervising research students are not 'active in research' and/or the institutional environment is not supportive of academics being 'active in research'. • The provider does not appropriately quality assure research training delivered by third parties.
Baseline	• The provider contributes to the creation of new knowledge and original creative endeavour. • The provider implements systems to ensure the integrity of research and research training.	• The quantity and focus of research are appropriate to the provider category and/or area(s) of specialisation. • Research meets relevant benchmark standards. • Research policy framework is well developed and maintained. • There are effective mechanisms for promoting and maintaining research integrity. • Facilities and infrastructure are fit for the type and quantity of research undertaken. • Research candidates acquire the relevant skills. • Research is conducted and overseen by appropriately qualified staff. • Assessable research outputs are assessed by suitably qualified external assessor(s). • Academics supervising research students are 'active in research' and the institutional environment is supportive of academics being 'active in research'. • The provider appropriately quality assures research training delivered by third parties. • Research activity contributes to new knowledge and original creative endeavour. • Systems are in place to ensure the integrity of research and research training.

Maturity of self-assurance – Research *(continued)*

Level	Outcome level descriptors	Example characteristics
Embedded	• As per Baseline, and • New knowledge and creative endeavour are impactful on the relevant research or professional communities. • There is a mature culture of research integrity, open to internal and external review and validation.	• As per Baseline, and • Internal reviews assess and assure research quality, impact and compliance across disciplines. • The provider consistently demonstrates capability in meeting standards of research quality over time. • Research outcomes consistently show integrity is embedded in culture and practice.
Advanced	• As per Embedded, and • The provider demonstrates leadership in ethical research culture, researcher development and the creation of original knowledge.	• As per Embedded, and • Breaches of research integrity and ethics are identified and definitively acted upon to improve policy and practice, and to mitigate any resulting harms to participants, subjects, the broader community, and to the standing of Australian higher education. • The provider contributes to research improvements by developing, evaluating and sharing its research integrity, training and quality assurance practices with the broader sector. • The success of strategies to improve research integrity and training is reflected in performance data oversighted by the governing body.

Risk focus area: Workforce capability

A provider must ensure it maintains a staffing profile that enables it to fulfil its higher education mission and operate effectively across academic and corporate functions (Guidance note: Staffing).

Deficiencies in a provider's workforce planning will expose the provider to risks to its ability to meet the educational, academic support and administrative needs of student cohorts, foster wellbeing and safety, and provide appropriate academic oversight and leadership, and to maintain governance oversight and quality assurance of academic and research activities.

Good workforce and professional development planning will plan for, monitor and sustain enough sufficiently capable staff across the provider's teams to achieve its higher education mission, respond to changing circumstances, and fulfil all relevant regulatory requirements.

Key outcomes are that:

- The provider has a sufficient number of adequately skilled, qualified or experienced staff to deliver quality higher education.
- The provider has robust processes for recruitment, training and ongoing professional development.

Key risks are that:

- Staff are **not appropriately skilled, qualified and supported** (through training, professional development, scholarships, research opportunities or other systems) to perform their role (linked to 3.2, 4.1 of the Threshold Standards and 6.7 of the National Code).
- Academic leaders **do not have current expertise** in the field of education to oversee teaching, learning and academic governance (linked to 3.2 of the Threshold Standards).
- There is **insufficient staffing** to meet the educational, academic support and administrative needs of student cohorts (linked to 3.2 of the Threshold Standards and 6.6, 11.2 of the National Code).
- An unstable workforce **diminishes the availability and quality of teaching and student support** (linked to 3.2 of the Threshold Standards and 6, 11.2 of the National Code).

Maturity of self-assurance – Workforce capability

The following matrix provides outcome-level descriptors and illustrative example characteristics. These examples are not exhaustive and do not represent additional regulatory requirements. They are intended to explain the regulatory intent behind the desired outcomes and to highlight behaviours or practices that may prevent those outcomes from being realised.

Maturity of self-assurance – Workforce capability

Level	Outcome-level descriptors	Example characteristics
Undeveloped	• The staffing profile is insufficient to deliver quality higher education. • Processes for recruitment, training, and professional development are insufficient, immature or ad hoc.	• There is unrealistic projections of staffing requirements with unsustainable financial and/or educational outcomes. • The staffing mix is collectively unable to provide sufficient academic leadership and oversight at an appropriate level. • Teaching staff are unable to lead intellectual inquiry at the requisite level. • The learning environment does not foster scholarship and/or research training. • There is an insufficient or inappropriate skill base to provide academic or personal support to students. • There is absent or inconsistent monitoring and recognition of staff development needs. • The provider has a poor capacity to adapt to uncertainty and changing circumstances.
Baseline	• The provider has a sufficient number of adequately skilled, qualified or experienced staff to deliver quality higher education. • The provider has robust processes for recruitment, training and ongoing professional development.	• Workforce needs are reviewed periodically. • Staffing planning and projections realistically consider financial and educational outcomes, and account for the changing needs of student cohorts. • The staffing profile is sufficient to deliver quality higher education. • Staffing mix provides academic leadership and oversight at an appropriate level. • Academic staff are capable of leading and fostering intellectual inquiry at the requisite level. • Staff hold adequate teaching and research expertise for their responsibilities. • The learning environment fosters scholarship and research training. • Academic and support staff are appropriately skilled. • Staff wellbeing and professional development needs are considered, planned for, and supported. • Governance mechanisms provide effective oversight of staffing arrangements.

Maturity of self-assurance – Workforce capability *(continued)*

Level	Outcome level descriptors	Example characteristics
Embedded	• As per Baseline, and • The composition and skill base of the staffing profile adapts to the changing needs of the student cohort. • Processes for recruitment, training and professional development, support staff in meeting the needs of students, and developing their own professional, teaching and research/creative practice.	• As per Baseline, and • Workforce plans are consistently reviewed, for the purpose of responding to student needs and developments in the discipline/s. • Planning is based on systematic analysis of the staff profile, considering internal and external factors, with clear strategies, objectives and targets. • Workforce planning and professional development strategies are aligned with strategic planning and budgets, and implemented through well-maintained policies and procedures. • Workforce planning and professional development strategies include appropriate consultation with staff groups, managers and governing bodies.
Advanced	• As per Embedded, and • There is a culture of excellence in workforce planning, resourcing and implementation with a focus on capability building and staff wellbeing. • The provider actively develops and maintains a sustainable workforce that is responsive to student needs, developments in the discipline/s and changes within the sector.	• As per Embedded, and • Workforce plans are linked to anticipated and emerging skills and professional development requirements. • The success of strategies to improve workforce capability is reflected in performance data oversighted by the governing body.

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