

# Quality Self-Assurance Review Summary



## Bendigo Kangan Institute

RTO number: 3077  
CRICOS number: 01218G  
Date finalised: 8 June 2021



Australian Government  
Australian Skills Quality Authority

ASQA

(Working together)

## Contents

<b>Provider Details</b> .....	<b>2</b>
AUDREC0011677.....	2
<b>Quality Self-Assurance Review team</b> .....	<b>2</b>
<b>Quality Self-Assurance Review Background</b> .....	<b>3</b>
<b>Quality Self-Assurance Review Outcome Summary</b> .....	<b>4</b>
Quality Self-Assurance Risks Outcome levels of the provider .....	4
<b>Self-Assurance Evidence Reviewed</b> .....	<b>5</b>
<b>Summary of the Quality Self-Assurance Review Findings and Risk Assessment</b> .....	<b>8</b>

## Provider Details

Provider's legal name:	Bendigo Kangan Institute
Trading name/s:	Bendigo Regional Institute of TAFE Bendigo TAFE VETASSESS EWORKS Australian Automotive Centre of Excellence Restaurant 18Eightyseven Training Virtual Campus Kangan Institute Kangan Bendigo TAFE Hair, Beauty and Barbering Spa Centre
RTO number:	3077
CRICOS number:	01218G
Contact details for Self-Assurance Review:	Name: Mrs Sally Curtain Position: CEO Phone: 13 82 33 Email: <a href="mailto:scurtain@kangan.edu.au">scurtain@kangan.edu.au</a>
Nominated Contact of Provider:	Name: Hemant Kokularupan Position: Executive Director Quality Phone: 0421 566 576 Email: <a href="mailto:hkokularupan@kangan.edu.au">hkokularupan@kangan.edu.au</a>
Registration VET expiry date:	30 June 2022
Registration CRICOS expiry date:	30 June 2022
Renewal Application VET:	RENVET0005336
Renewal Application CRICOS:	RENCRI0006837
Addition to scope Application	ADDVET0042165
Self-Assurance Review ID:	AUDREC0011677

## Quality Self-Assurance Review team

Lead Quality Assessment Officer:	Monica McFadyen
Assessment Officers:	Bronwyn Turton

## Quality Self-Assurance Review Background

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

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

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

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

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

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

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

## Quality Self-Assurance Review Outcome Summary

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

Based on the findings of this review, ASQA has confidence that you have suitable self-assurance systems and practices for delivering quality training and assessment in line with the requirements under the legislation and therefore, we do not need to conduct a further review and will grant your renewal of registration application submitted 28 March 2022.

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


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

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

## Self-Assurance Evidence Reviewed

- Website <https://www.kangan.edu.au>, accessed over the course of the review
- ASQA Self-Assessment Response, 9 December 2021
- 1 - Self Assurance framework
  - 1. Compliance Framework 2021
  - 2. Continuous Improvement Policy
  - 3. Enterprise Risk Register
  - 4. Risk Management Framework 2021 – 2022
  - 5. Executive Briefing – Culture Roadmap
  - 6. BKI Culture Roadmap ppt
- 2 - The report/s on the self-assurance processes applied and outcomes in 2021, related to the student journey
  - 1. Assessment Review Checklist
  - 2. Assessment tools – Rectification Action Plan
  - 3. CPCCWF3002 Assessment Mapping Tool
  - 4. CPCCWF3002 Teacher Copy
  - 5. CPCCWF3002\_Assessment Resource Teacher\_2021\_Final
  - 6. CPCCWF3002\_Log of Industrial Experience\_2021\_Final
  - 7. Agenda – Rectification Meeting – CPC31320 0909212
  - 8. CPC31320\_TAS\_WPL\_20210430\_1.0
  - 9. Tas Review Checklist V3 – CPC31320 – Copy
  - 10. NS summary for teams
  - 11. Self-Assurance Report – Marketing
  - 12. Self-Assurance Report – Enrolment
  - 13. Enrolment Policy
  - 14. Extract RE- Student Support
  - 15. Net promoter Score Overview
  - 16. Self-Assurance Report – Completions
- 3 - Validation register for validation conducted in 2021
  - 1. BKI Validation Register – 2021 V2
  - 2. BKI Validation Procedure
- 4 - Continuous improvement register for improvements actioned in 2021:
  - 1. BKI Continuous Improvement Register 2021\_Final\_Sample (2)
  - 2. 2021 Student Survey Results – Portfolio
  - 3. Net Promoter Score Overview
  - 4. Action Plan – ASQA Learner Engagement
- 5 - Complaints and appeals register
  - EXTRACT – Complaints Register

- 6 - Bendigo Kangan Institute Board and Committee Structure & Key areas of non-compliance
  - 1. CPPCLO2005 Assessment Validation Form
  - 2. CPPCLO2014 Assessment Validation Form
  - 3. CPPCLO2018 Assessment Validation Form
  - 4. CPPCMN2002 Assessment Validation Form
  - 5. ICTICT204 Assessment Validation Form
  - 6. SHBBFAS001 Assessment Validation Form
  - 7. SHBBHRS001 Assessment Validation Form
  - 8. SHBXCCS001 Assessment Validation Form
  - 9. Rectification plan and product Review-Construction & Industry
  - 10. Extract complaints register
  - 11. BSBWHS513 DET assessment review checklist dd
  - 12. BSBWHS513 Trainer Guide 27-09-21
  - 13. BSBWHS513 Trainer Guide Mapping
  - 14. ICTWEB306 SoR Assessment review checklist v1.0
  - 15. ICTWEB306 AM TQM v1
  - 16. ICTWEB306 AT1 BA TQM v1
  - 17. ICTWEB306 AT1 KQ TQM v1
  - 18. ICTWEB306 AT2 BA TQM v1
  - 19. ICTWEB306 AT2 MC TQM v1
  - 20. ICTWEB306 AT2 PE TQM v1
  - 21. Internal Governance Review - Exec Summary
  - 22. Internal Governance Review - Final Report
  - 23. Management Action Plan BPA TCA Audit March 2021-25
  - 24. Template - G&Q Compliance Report
  - 25. 7 October 2021 - G&Q Compliance Report
  - 26. 21 October 2021 - G&Q Compliance Report (2)
  - 27. 27 October 2021 - Head of Governance Risk and Compliance to CEO - INFO Notice of County Court proceedings
  - 28. 4 November 2021 - G&Q Compliance Report (2) (1)
  - 29. 19 November 2021 - G&Q Compliance Report
  - 30. 2 December 2021 - G&Q Compliance Report
  - 31. 16 December 2021 - G&Q Compliance Report
  - 32. 2021 Annual Declaration on Compliance - CEO Email and Executive Briefing
  - 33. 2021 Annual Declaration on Compliance
  - 34. 2021 Financial Management Compliance Framework Annual Attestation Review
  - 35. 2021 DRAFT Financial Management Compliance Report
  - 36. Bendigo Kangan Institute - TAFE Annual Return 18 March 2022

- 
- 37. Annual Return Guidance - signed 24
  - 38. BKI Board of Directors Charter August 2021
  - 39. Education and Business Development Committee Charter v 1
  - 40. Finance Audit and Risk Management Committee Charter v 1
  - 41. Governance and Culture Committee Charter v 1
  - 42. Scope of Registration Procedure
  - 43. Net Promoter Score Results
  - 44. Internal Audit Report
    - a. Review of Internal Audit Function
    - b. Scheduled Internal Audit Reports
    - c. Implementation of Recommendations and Register
    - d. Fact Sheet Internal Audit at BKI
    - e. Updated Strategic Internal Audit Plan from RSM
  - 45. Board of Governance Handbook version 1.7 October 2021
  - 7 - Staff and student communication
    - 1. Academic and Regulatory Compliance Policy v 2.0
    - 2. Policy Development Toolkit
    - 3. Communication Process & Templates
    - 4. Student Employer Comms Letters for Course Transition
    - 5. Hour of Power Senior Leader Induction ppt
    - 6. 2021 Hour of Power Calendar ppt
  - 8 - BKI self-assurance plan and policies
    - 1. Self-Assurance Policy and Procedure List
    - 2. BKI Self-Assurance Plan 2022
    - 3. BKI Self-Assurance Practice Guide 2022
    - 4. Continuous Improvement Policy
    - 5. Policy Development Toolkit
  - 9 - Skills First Program 2020
    - 1. 3077 BKI Skills First Program 2020 Audit and Assurance Report (1)
    - 2. BKI Final bpa Management action plan
    - 3. Management Action plan EOP Audit All
  - 10 - Student data
    - 1. 2019 Student Data Evidence
  - Additional information email received 8/6/2022 regarding:
    - Fit and Proper Persons Declaration
    - Communication



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

## Standards for RTOs 2015 – Standard 2

The operations of the RTO are quality assured.

### Clause 2.2

**Risk Level: Medium Risk**

The RTO:

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

### Summary of Findings

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

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

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

The **Compliance Framework September 2021**, details how the provider is implementing the framework to assist in navigating the complex layers of legislation and regulation that governs its operations. The Framework integrates reporting across three sections:

- Section 1: Compliance Registers
- Section 2: Policy Development and Compliance
- Section 3: Audit Review and Systems.

As part of the framework the provider developed a **Self-Assurance Plan** that is set by Quality Assurance. These are measured against four accountability pillars consisting of Financial Controls, Accountability, People, Wellbeing and Safety and Academic Quality. This review will focus on the self-assurance process applied to the student journey.

The provider has submitted documents that demonstrate:

- it has a high level understanding of its responsibilities regarding ensuring quality training and assessment within the organisation and across its scope of registration. Accountability is included in the suite of organisational values. The Board is responsible for the overall

governance of the provider. Responsibilities regarding risk management are built into its Risk Management Framework as follows:

- the Board and Chief Executive Officer are accountable for the Institute’s policy development program
- the Board is responsible for overseeing the Institute’s Strategic Internal Audit Plan and the Chief Executive Officer is accountable for the rectification of actions arising out of audits (internal and external), reviews or investigations and for ensuring the Institute has the required systems to support compliance
- the Chief Governance and Quality Officer is the Executive responsible for Legislative Compliance, Risk Management and Audit and is required to provide quarterly reporting to the Board on legislative compliance
- the Executive Team is collectively responsible for legislative compliance oversight and action
- the Head of Governance Risk and Compliance leads the provider’s legislative compliance, risk management and audit programs This role is also responsible for co-ordination of ongoing development of compliance management processes
- Senior Leadership Teams and Managers implement rectification action and report compliance breaches to Governance Risk and Compliance on a quarterly basis, ensure staff are aware of compliance obligations and identify new and changing compliance obligations
- individual employees are required to adhere to the provider’s policies and procedures, identify and report any compliance risks and issues and deliver controls and rectification plans as needed.

The framework reporting provides several reports over the varying obligations and operations of the provider

- it has a Self-Assurance Framework **BKI self-assurance plan and policies** that is informed by:
  - the Risk Management Framework and its corresponding Enterprise Risk Register
  - Compliance Framework policies and procedures
  - a continuous improvement policy and monitoring register.

**Academic Quality** identifies the outcome of the review conducted on the compliance obligations relevant to the Standards for RTOs for the first quarter of 2022. It provides an overview of where they are in the process of actioning items that were identified as needing rectification. This included the review and update of their policies and procedures.

The Continuous improvement polices was scheduled for review in November 2021. This policy incorrectly refers to ASQA as the Australian Qualifications and Skills Authority.

The **Continuous Improvement Policy** details several mechanisms it has in place to monitor the quality of its operations under 4.0 Policy Statement. It does not include complaint outcomes as a mechanism of the evaluations to continually improve. It does, however, refer to complaints in section 4.3 where its states, *‘Complaints are viewed as an opportunity for improvement and learning by BKI’* and that *‘BKl reviews complaints on a regular basis in order to mitigate any systemic issues that may be producing on going complaints or dissatisfaction*

with *BKI processes*'. It does not include how this will be conducted, only that the Manager Academic Governance and Quality is responsible for complaints and appeals management.

Exemplars reviewed in relation to the student journey:

### Marketing

- The provider has a marketing handbook, including a marketing checklist, that outlines the processes required to meet the needs of its associated policies. Effectiveness of the process and practice is monitored by annual review. However, this checklist aligns to some of the requirements of clause 4.1 of the Standards for RTOs. It does not include the following checks to be conducted of Clause 4.1:
  - accurately represents '...' the training products on its scope of registration
  - does not guarantee that:
    - i. a learner will successfully complete a training product on its scope of registration; or
    - ii. a training product can be completed in a manner which does not meet the requirements of Clause 1.1 and 1.2; or
    - iii. a learner will obtain a particular employment outcome where this is outside the control of the RTO

A review of the providers website <https://www.kangan.edu.au/> accessed on 16 May 2022, did not identify any issues with its marketing practices. The self-assurance process is effective in confirming the provider's marketing practices are compliant with the *Standards for Registered Training Organisations (RTOs) 2015* (Standards for RTOs), the *National Code of Practice for Providers of Education and Training to Overseas Students 2018* (National Code 2018) and the *Education Services for Overseas Students Act 2000* (ESOS Act).

The website <http://bendigokangan.edu.au/> accessed on the 16 May 2022, does not include current information and links are not active particularly to course guides. The provider has identified this as an issue and is in the process of rectification.

### Enrolment and Support

- The self-assurance process applied to the student enrolment process is supported with the **Enrolment Policy**. The policy details the compliance requirements that must be considered when enrolling the students. The Version Control in the policy dates back to 2014 and shows the communication lines of the approval process with the Board of Studies and CEO approving the major changes. An **Enrolment Review Checklist** provides a self-assurance process for the review of the enrolment documentation provided to and received from the students. The monitoring process includes trained Authorised Enrolment Delegates reviewing attesting to enrolments being conducted appropriately. Internal mapping is conducted for all courses against the Australian Core Skills Framework so student ability is better aligned to a training product. Internal audits and reviews conducted regularly to confirm compliance and influence continuous improvements. The outcomes of the review led to many opportunities for improvement to strengthen their enrolment practices.
- The self-assurance process applied to enrolment reflect and support the self-assurance process for ensuring students are provided sufficient support in their

learning journey. It commences with the process it applies in the pre-enrolment evaluation of each student's individual skills and competencies including their digital capabilities. The Language, Literacy and Numeracy testing tool used provides instant feedback to the students and allows the training staff to apply appropriate support. The provider's Learning Support Team develop the foundation skills for students to successfully complete the course.

- The Provider is using the Net Promoter Score as a way to self-assure its enrolment and support practices. The process identified several emerging themes through feedback; however, it is not clear how these themes were actioned.

The provider demonstrated its quality assurance system in place to maintain compliance with clauses 5.1 and 5.2 and how areas of concern are raised and captured.

The provider has a dedicated team that provides varying support to students.

The provider's entry process noted in **Self-Assurance Process - Student Support** is mandatory for all students to determine their suitability and necessary support requirements prior to enrolment. The student engages in a Pre-training review/information session and an online Language literacy and Numeracy session as well as the enrolment process where the support needs are identified and included in a training plan.

The **Student Retention and Success Policy V1.0 accessed from its website <https://www.kangan.edu.au/courses/fees/kangan-policies>** on 10 June 2022, notes the training plan forms a written agreement in relation to what the student's additional needs may be and allows trainers the opportunity to provide the additional support. The training plan quality assures that appropriate support is provided to students to assist them in meeting the course requirements. For international students, an intervention strategy is applied to monitor, assist and support student to maintain course progression requirements.

- Similar process is applied for ELICOS students, Trainees and apprentices.

The provider has sufficient resources to ensure its practices align to clause 1.3 (b). However, the Student Retention and Success Policy is noted for international students on its website and it is not clear if this also applies in part to domestic students.

### **Training and assessment**

- The self-assurance process applied to the development of a training and assessment strategy was supported with the **Agenda Rectification Meeting**. The training products that are in development, purchased, licenced from third party providers or are currently in use, are reviewed against a standardised checklist for quality and compliance of training and assessment strategies and assessment tools.
- Industry consultation to seek industry feedback on the appropriateness of training and assessment strategies and resources is conducted by the teaching departments. Every trainer seeks regular contact with industry representatives to ensure industry needs are addressed. The provider also consults with industry peak bodies, licensing bodies, Skills Service Organisations, Industry Reference Committees, training advisory bodies, local employers community groups, regional/national businesses, relevant industry bodies or associations and/or enterprise RTOs. The provider has an Industry Engagement Register that captures the engagement outcomes to be fed back into the training and assessment

strategies. The process is applied for the development and review of all training and assessment strategies.

The providers quality assurance process confirms its practices meet compliances with Clause 1.6.

- The self-assurance process aligned to the development of the new training and assessment strategies includes a detailed template that provides guidance in the development. A completed template for *CPC31320 Certificate III in Wall and Floor Tiling* was submitted. The process includes relevant information that clearly details the delivery and requirements of the new qualification based on the student cohort.

The provider's exemplar training and assessment strategy demonstrate a high quality approach and process in the development of its training and assessment strategies that align its practices with the requirements of Clauses 1.1 and 1.2.

- The provider used the example of review of the assessment tools for the unit of competency, *CPCCWF3002 Install floor tiles* and for the development of a training and assessment strategy, *CPCC31320 Certificate III in Wall and Floor Tiling*. Shortfalls noted using the checklists, were translated into an action plan which resulted in the amendment and re-issue of assessment tools used for this training product. However, the following minor areas of concern were identified with the in-depth process applied:
  - **The Rectification Action Plan (Action Plan)** outlines the rectification required and is supported with the mapping guide. The Action Plan notes '*Knowledge Assessment requires minimal rectification to meet assessment criteria as highlighted on the assessment map*'. However, on review of the evidence submitted for *CPCCWF3002 Install floor tiles* the process applied did not identify gaps with some of the knowledge requirements and where a knowledge requirement may be delivered in another unit, the documentation did not reflect that this is occurring.
  - The mapping document is used as a self-assurance tool in mapping the training product requirements to the assessment tasks. However, in some cases the mapping document is not always accurate and although as a tracked changes copy, the inaccuracies are not captured in the tracked changes.
  - Assessment task 3 in the trainer guide assesses the students on the practical application of skills. The Final trainer guide notes this is to be assessed in the workplace over a period of time. The trainer guide captures a record of this assessment but only provides one observation date for all the task to be performed. Furthermore, the task to be assessed are not clear in the final trainer guide as the text is missing letters and words.
  - The Action Plan identified the gap in the assessment instrument and recommended the development of a Schedule or Industrial Experience. The **Log of Industrial Experience (Industry Log)** is a direct copy of each unit or competency requirements. It requires the students who are not assessors to map the elements and performance criteria to each task themselves. Although the Performance Evidence requirements are noted in the document, they are not a check list of the task performed.
- The provider's **Assessment Tool Review Checklist** notes that the knowledge requirements were partially addressed. The **Rectification Action Plan – CPCC31320** notes gaps identified as per mapping document and knowledge assessment task and notes 'requires minimal rectification'. It also notes including a list of responses for verbal questions. The CPCCWF3002 Assessment Mapping Tool does not map any knowledge requirements to other units delivered before this units.

The provider commenced an ongoing program of work to conduct a risk based review of assessment tools and training and assessment strategies with an aim to broadly lift the quality and compliance of assessment tools across the breadth of qualifications it offers, there are further minor areas of improvement required as noted in the findings above. Further validation reports provided to support request 6 are not all completed or populated although the validation was conducted in 2021. As an example:

- the **CPPCLO2005 Assessment Validation Form** notes the pre delivery validation meeting occurring on the 2 August 2021, with three participants. The recommendation includes several updates but does not reference the assessment instrument it applies to or a completion date. The validation team have not signed off on the as being the participants.
- the **CPPCLO2014 Assessment Validation Form** is not marked as pre delivery validation and has not included any completed and marked student assessment. No explanation was provided as to why student completed assessments were not included in the validation. Therefore, it has not included a statistically valid sample and a full validation process against the Principles of Assessment could not be applied. This validation tool was not signed by the validation participants. Furthermore, the question 'Are the number and types of assessment tools consistent with the TAS?' is not populated with a response.
- Similar findings as those listed above apply to **CPPCLO2018 Assessment Validation Form, CPPCMN2002 Assessment Validation Form**
- The **Assessment Validation Forms for SHBBFAS001, SHBBHRS001 and SHBXCCS001** although completed, do not include the review of completed student assessments Therefore, it has not included a statistically valid sample and a full validation process against the Principles of Assessment could not be applied. This validation tool was not signed by the validation participants.
- The **ICTICT204 Assessment Validation Form**, is completed appropriately.

The provider's quality assurance systems through moderation, pre delivery and post assessment validation, if applied correctly, ensures its practice will comply with Clauses 1.9 (c) and 1.8.

### **Completion**

The **Report on the self-assurance processes applied and outcomes in 2021**, details the self-assurance process applied to ensuring students have met all requirements before being issued with a VET qualification or statement of attainment. It contained a **Completion Review Checklist**. The Completion Review Checklist includes the compliance requirements to issuing AQF Certification Documentation. The first statement in the checklist notes:

- *'BKI issues AQF certification documentation only to a learner whom it has assessed as meeting the requirements of the training product as specified in the relevant training package or VET accredited course.'*

The document is then supported with a detailed descriptor of the practices, system and processes as well as opportunities for improvement identified in its quality internal review process. The outcomes of the actions taken are noted in the report with one being to notify and inform ASQA of the corrective action taken.

However, information contained in the checklist does not include a process that supports what the self-assurance measurements are to confirm learners were assessed as meeting the requirements of the training products. Specifically, consideration whether the assessment conducted assessment in line with its own established assessment system. For example, how is the provider self-assuring if the students did/did not complete assessment activities to the requirements set out in the provider's trainer/assessor guides and that the assessor marked the activity appropriately.

A robust quality assurance process will ensure that the provider is compliant with clause 3.1.

The provider transitioned the issuing of Award Certificates, Statements of Results and Statements of Attainment through the secure digital My eQuals portal in early March 2022. This allows issuance in digital format that students can access when needed.

This process ensures their practices align to Clauses 3.2, 3.3, 3.4, and 3.6.

To example how identified issues are addressed and monitored, the provider demonstrated how the findings in the **Skills First Program 2020 Audit and Assurance Report** were analysed and translated into a **Management Action plan** with nominated responsibility and timelines. This included;

- reviews of training and assessment services and operations are undertaken through:
  - the evaluation of delivery performance data
  - feedback from clients, industry, trainers, and staff
  - validation of outcomes and information from the complaints and appeals register
  - conducting internal reviews to identify continuous improvement actions
  - industry engagement and consultation
  - validation of training and assessment strategies and assessment resources which is monitored using a validation register.
- the provider has developed and implemented a self-assurance plan and accompanying practice guide to proactively address compliance gaps, manage continuous improvement opportunities, and enable the demonstration of its ability to operate a self-assurance approach to compliance
- the provider has a **Risk Culture Improvement Plan** which incorporates monitoring and review through the organisation's performance management, measurement and reporting activities and commenced a Cultural Action Plan with a customer centric focus.

#### Self-Assurance Findings Summary

#### No further actions required

The evidence reviewed confirms that Bendigo Kangan Institute:

- has systems in place to systematically monitor its training and assessment strategies and practices to ensure ongoing compliance with Standard 1
- has systems in place to collect evaluation information from industry, staff and students
- has a continuous improvement policy with nominated responsibilities

- conducts regular analysis of the outcomes of its monitoring activities to identify opportunities for improvement, emerging trends or systemic issues
- has systems in place to action any identified issues to continually improve the RTO's training and assessment strategies and practices.

### Areas for Improvement

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

- the Assessment Tools – Rectification Action Plan has capacity to nominate responsible persons and timelines for completing actions; however, question marks (???) were used to identify the nominated responsible person and due dates were not indicated for all actions noted
- the Marketing Review Checklist used to check all marketing material prior to its release does not include the following checks to be conducted of Clause 4.1:
  - accurately represents ‘...’ the training products on its scope of registration
  - does not guarantee that:
    - a learner will successfully complete a training product on its scope of registration; or
    - a training product can be completed in a manner which does not meet the requirements of Clause 1.1 and 1.2; or
    - a learner will obtain a particular employment outcome where this is outside the control of the RTO.
- The website <http://bendigokangan.edu.au/> continues to include non-current information and links that are not active particularly to course guides.
- Compliance Framework Section 13.1, Accountability and Integrity incorrectly refers to Australian Skills Quality Authority (ASQA) as the Australian Skills Qualifications Authority.
- Assessment Mapping Tool does not map any knowledge requirements to other units delivered before this units. There are minor gaps in the assessment of some of the knowledge requirement.
- Ensure the validation process:
  - includes reviewing a statistically valid sample of the assessments and
  - ensures the validation reports are completed.
- Include a quality review process to self-assure the learners were assessed as meeting the requirements of the training products before issuing.



## Standards for RTOs 2015 – Standard 6

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

### Clause 6.5

Risk Level: Low Risk

The RTO:

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

### Summary of Findings

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

The provider has submitted documents and exemplars that demonstrate:

- it has a system in place to capture and review records of complaints and to identify potential causes of complaints and appeals that comprises:
  - formal and informal methods to register complaints and grievances
  - a Complaints and Compliments framework that includes student appeals. There is an accompanying policy, procedure. A **complaints and appeals register** is maintained and analysed for emerging themes and includes information regarding how the provider uses and protects confidential records
  - a nominated Quality Assurance (QA) team member to oversee the process and manage the records.

Exemplars reviewed demonstrate:

- an **extracted 2021 Complaints Register** - All show the capture of complaint details, designated reason for complaint, and outcomes.
- graphic, thematic analysis of the 2021 complaints register identifies the department, reason and outcomes of complaints received
- insights for 2022, based on the 2021 analysis.

The **EXTRACT – Complaints Register** advises that the provider implemented a Feedback Framework in 2021, which manages complaints and compliments across the Institute. The complaint process ensures procedural fairness is applied at all times. The analysis undertaken on the review of the complaints register identifies and categorises themes and causes of complaints. These themes are used to inform continuous improvement initiatives. These initiatives are reported to the Institute's Executive members and monitored by the Governance, Risk and Compliance team. The outcomes of complaints and the actions taken are considered on a quarterly basis to quality assure they align with the providers ethical, compliance, policy, and procedural expectations.

Staff were informed of the new Complaints Framework in 2021, through a series of information and training sessions. The process is supported with new evaluation tools leadership team key insights and messages associated with the evaluation of feedback and complaints. The system includes a **Feedback Register Complaints and Compliments** (the register). The register includes all feedback received for 2021 & 2022. The register is supported with an analysis of the overall complaints in relation to department areas, issues, primary and secondary outcomes and the reasons for outcomes.

The analysis for 2021 and 2022 shows a decline in complaint issues for 2022 that were substantially higher in 2021. The **Governance and Quality Compliance Reports** include the high level complaints that are known by the Victorian ombudsmen, ASAQ and Victorian Equal Opportunity and Human Rights Commission.

The **breaches and rectification report** clearly details the actions taken and improvements implemented for the high level complaints reported in the **Governance and Quality Compliance Reports**.

The **Net Promoter Score Results** using the North Star metrics identifies the themes in order of frequency based on feedback and the rational/actions the provider is taking on each theme. The summary results include a simplified view on how the provider is closing the loop on areas of concern.

The providers **Continuous Improvement Policy** notes in section 4.3 that '*Complaints are viewed as an opportunity for improvement and learning by BKI*'. The **Continuous improvement register** did not include any complaints raised in the complaint register. Although the complaint register is followed up with analysis noted in graph charts, the evidence does not support the theme causes were included in the continuous improvement report to confirm the provider corrective actions are monitored for effectiveness to eliminate or mitigate the likelihood of reoccurrence.

The process ensures their practices align to Clauses 2.2, 6.3 (a) and 6.5.

#### Self-Assurance Findings Summary

No further actions required

The evidence reviewed confirms that Bendigo Kangan Institute:

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

#### Areas for Improvement

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

- the complaints feedback register does not nominate responsibility or timelines for any actions required.
- include the analysis and actions of the theme causes in the continuous improvement process to confirm appropriate corrective action applied is monitored to eliminate or mitigate the likelihood of reoccurrence.

## Standards for RTOs 2015 – Standard 7

The RTO has effective governance and administration arrangements in place.

### Clause 7.1

**Risk Level: Medium Risk**

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

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

### Summary of findings

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

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

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

The provider has submitted documents that demonstrate:

- it has a Risk Management Framework that is based on requirements in accordance with the Victorian Government Risk Management Framework (VGRMF)
- the Board, Education committee and VETASSESS Committee are vested with the powers to make decision on the validation, continuous improvements, complaints, internal reports on compliance and breaches in registration outcome. However the exemplars provided:
  - for validation were incomplete in some instances and did to follow the principles of including a statistical valid sample of completed assessments for a full validation process to occur against the Principals of Assessment
  - the Rectification plan and product Review- Construction & Industry do not include a status update for most of the actions required although the actions are past the expected completion date.

The **Extract complaints register** clearly details the actions taken and includes comments if not actioned.

- it is in the process of implementing significant organisational change, including the implementation of a new Board Committee structure and the introduction of several new internal committees to oversee the development and delivery of its transformation agenda. The review process is well underway and the new structure is detailed in the **Governance Fora – Recommendations document**. This document aligns the new responsibilities delegated to each forum to avoid cross over in roles. The process commenced in 2021 and will require time to embedded supporting quality processes into the new structure.
- it maintains a register of Fit and Proper Person Declarations for any person or entity which exercises a degree of control or influence over the management of direction of the organisation
- since 2020, the provider has, in practice:
  - collected Fit and Proper Person Declarations from Board members and the Executive annually

- required all Executive and Board members to submit a number of probity documents, including conflicts of interest and police checks, prior to commencing their role with the provider
- specifically for the Board, have collected annual declarations of interests as part of its annual return.

Exemplars reviewed demonstrate:

- its compliance procedures include preparation of the Annual Declaration on Compliance, Notification of Material Changes or Fit and Proper Person Declarations in accordance with ASQA as its VET Regulator
- the application for renewal of VET registration that is under consideration contain Fit and Proper Person declarations for :
  - Sally Curtain, Non-Owner and Executive Officer & Board member
  - Claire Rasmussen, Non-Owner and High Managerial Agent
  - Annie Tiso, Non-Owner and High Managerial Agent
  - Gideon Perrott, Non-Owner and Executive Officer
  - Graham Fryer, Non-Owner and Executive Officer
  - Michelle Johnstone, Non-Owner and Executive Officer
  - Phill Murphy, Non-Owner and Executive Officer
  - Rob Thomason, Non-Owner and Executive Officer
  - Janelle Arena, Non-Owner and Executive Officer
  - Anne Brosnan, Non-Owner and Executive Officer & Board member
  - Audrey Sanderson, Non-Owner and Executive Officer & Board member
  - Cheryl Woollard, Non-Owner and Executive Officer & Board member
  - Hal Swerissen, Non-Owner and Executive Officer & Board member
  - Katrina Lai, Non-Owner and Executive Officer & Board member
  - Margaret O'Rourke, Non-Owner and Executive Officer & Board member
  - Margaret Salter, Non-Owner and Executive Officer & Board member
  - Michael McCartney, Non-Owner and Executive Officer & Board member
  - Peter Harmsworth, Non-Owner and Executive Officer & Board member.

Although the provider's practice ensures the executive officers meet each of the relevant criteria specified in the Fit and Proper Person Requirements in Schedule 3, the information provided for this review demonstrated that the practice of annual collection of Fit and Proper Person Declarations is not being followed. Specifically:

- the Fit and Proper Person Declaration submitted by Claire Rasmussen is not current in accordance with the provider's practice. It is signed and dated 24 June 2019.

The evidence reviewed included; website <https://www.kangan.edu.au>, accessed 6/6/2022, ASQA Self-Assessment Response, 9 December 2021, documents contained in Folder titled; 6 - Bendigo Kangan Institute Board and Committee Structure & Key areas of non-compliance, Academic and Regulatory Compliance Policy v 2.0 and additional information email received 8/6/2022 regarding Fit and Proper Persons Declaration.

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

### **No further actions required**

The evidence reviewed confirms that Bendigo Kangan Institute:

- has a governance system that ensures its executive officers are vested with sufficient authority to ensure the RTO complies with the RTO Standards at all times
- have a practice in place to ensure the executive officers meet each of the relevant criteria specified in the Fit and Proper Person Requirements in Schedule 3; however, the information provided for this review demonstrated that the practice of annual collection of Fit and Proper Person Declarations is not being followed:
  - the Fit and Proper Person Declaration submitted by Claire Rasmussen is not current in accordance with the provider's practice. It is signed and dated 24 June 2019.

### Areas for Improvement

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

- ensure that all reports are completed in accordance with their own policies and procedures
- whilst the provider has a practice for annual collection of Fit and Proper Person Declarations in place for Board members and the Executive, there is no documented process or procedure to ensure that all executive officers and high managerial agents currently meet, and that they continue to meet, the Fit and Proper Person Requirements in Schedule 3
- the Fit and Proper Person Declaration submitted by Phill Murphy is incomplete. The document does not identify the relationship of the person with the organisation.

### Standards for RTOs 2015 – Standard 8

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

#### Clause 8.6

**Risk Level: Medium Risk**

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

### Summary of Findings

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

Request 7 contains the following documents to demonstrate two way communication within the organisation and with its clients:

- 1. Academic and Regulatory Compliance Policy v 2.0
- 2. Policy Development Toolkit
- 3. Communication Process & Templates
- 4. Student Employer Comms Letters for Course Transition
- 5. Hour of Power Senior Leader Induction ppt
- 6. 2021 Hour of Power Calendar ppt

These documents demonstrate the provider:

- has a practice for collection and analysis of the impact of legislative changes that includes shared responsibility for deciding reporting requirements and communication channels
- has a range of formal channels for communicating change to staff and students
- has a feedback policy and a range of methods to gain feedback from students, staff and other stakeholders
- has a mechanism to capture, analyse and implement any identified rectification or improvement gained from feedback
- has a Policy Framework that guides development, monitoring and provision of policy documents to staff and students

Exemplars reviewed demonstrate:

- that a communication strategy was developed to address the impact of the COVID-19 pandemic on students and staff that resulted in the regular, scheduled use of a number of staff communication channels.

### Self-Assurance Findings Summary

**No further actions required**

The evidence reviewed confirms that Bendigo Kangan Institute:

- has a practice in place to inform staff and clients of any changes to legislative and regulatory requirements that affect the services it delivers.

### Areas for Improvement

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

- the provider has a practice in place to inform staff and clients of any changes to legislative and regulatory requirements; however, it does not have an overarching policy and procedure in place that provides guidance on how the provider communicates any changes to legislative and regulatory requirements that impacts the services it delivers.
- whilst relevant stakeholders are mentioned in practice, and there is a policy and procedure for gaining feedback, there was no demonstration of a policy or procedure that commits to regularly engaging with stakeholders. The evidence did not include a process for communicating to internal and external stakeholders on any legislative or regulatory changes that will have an impact on the service it delivers to them.