Subject	Maintaining Quality within the Institution
Module	The Quality Cycle: Planning and Acting
Торіс	2.3 Acting

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1. Introduction



This topic, *Acting*, discusses the implementation of plans including responsibilities of committees and line managers. This topic also outlines a summary report of most frequent areas requiring action from external quality audit recommendations.

Objectives: Acting

Upon completion of this topic, you should be able to

- discuss whether there is clear identification of who is responsible for quality within the institution
- identify the most common areas which require actions from external quality audit

2. Accountability and Responsibility

Acting refers to any actions undertaken to assure and improve quality. Where there are formal plans, the action to be taken, outcome, timeline and person responsible should be clearly identified. However, many plans, especially institutional plans, actually identify the person accountable for a particular action rather than the person **responsible**, the difference being that the person accountable is usually the head of a major area (e.g. Deputy Vice-Chancellor Academic or Chief Operating Officer) who will not take operational responsibility for delivering the particular outcome, delegating this instead to the person responsible (e.g. Head of the Teaching and Learning Centre or Head Librarian). Agreeing accountabilities and responsibilities is a key concern with regard to Acting, whether the Acting in question refers to a formal plan or not. In theory, this also applies where accountability and/or responsibility is ascribed to a Committee, the Teaching and Learning Committee for example. Obviously, a whole committee will only sign off the actions undertaken, while designated people will be responsible for Acting (e.g. the Chair of the Committee or particular Sub-Committee) – again it is important that there is an explicit recognition of the difference between accountability (the committee) and responsibility (designated people).

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Finally, on accountability and responsibility, the question of 'who is responsible for quality?' often arises – which in this context can be read as 'who is responsible for Acting on quality?'. One popular answer is that everyone is responsible for quality and that quality is mainstreamed within the operations of the institution. While there is always some truth in this position, it also raises the possibility that if everyone is responsible for quality, no one is responsible, to paraphrase the earlier Wildavsky's planning reference. Similarly, if there are no dedicated Committees, leadership positions or resources to support quality specifically, it is easy for quality to fall off the agenda, especially if an external audit or accreditation process is not imminent. Again, if everyone is responsible for quality, then it would be expected that some detail of their responsibilities in this area would be found in their job description and their performance and training needs in this area would be evaluated in the annual performance planning process. With no overall leadership of quality in the institution, it is unlikely that this will happen and thus the effectiveness of a distributed and mainstreamed responsibility for quality will be severely compromised.

3. Acting at Institutional Level

How does an institution recognise its major areas for Acting to assure and improve quality? There are many levels at which information comes through, from the complaints and grievances of students and staff, the formal monitoring, review and benchmarking mechanisms discussed in following modules, to informal and anecdotal information from many sources. Strategic retreats and planning exercises often also unearth imperatives for Acting as well as planning. Any and all of these can result in Acting to improve quality at institutional level.

That said, considerable institutional level activity, albeit only every 5 years or so, is focused on fulfilling the requirements of external quality audits by national quality agencies. National agencies themselves have been stuck in the model of periodic (e.g. 5 yearly) review and have for the most part imposed this on institutions – even going so far as to mandate the institution undertake its own 'self-review' in order to produce the portfolio upon which the audit will be based. With very few exceptions, institution to say that it has a quality system based on routine monitoring rather than periodic review and that it knows its own priorities for improvement based on this ongoing system and therefore does not need to undertake a self-review prior to an external audit, this has not been the pattern. Of course, by conforming to the quality agency pattern of 5 yearly review, many institutions experience a 'dead time' for quality improvement in between what are seen as the 'extra-ordinary' event of an external audit. This area is considered further in Module 4.

4. Acting on an Institutional Self-Review and Quality Agency Report

The process for undertaking an institutional self-review is outlined in a later module and for the present purpose will be taken as complete – the question here concerns Acting on a self-review report. It is important to restate the importance of having an action orientated format for the review report with clear designation of each action to be undertaken, the outcome to be achieved, the person accountable, the person responsible and the timeline. Sometimes 'resources required' are added to the action plan although for the most part there are rarely 'new' resources identified and it is expected that areas will prioritise their activities to accomplish the actions required (this is a less popular aspect to the 'mainstreaming' argument with regard to quality outlined above).

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Someone needs to be responsible for drawing up the action plan and for monitoring its completion, working through the senior staff accountable for the actions and with the Vice-Chancellor/CEO as the ultimate power in order to ensure completion. Acting is also assisted by the planning of interim updates on completion to both the Vice-Chancellor/CEO and to relevant committees of the institution (such as Academic Board or Senate) and the Governing Council.

An identical process can be undertaken for Acting on a final quality agency report, albeit that there are externally rather than internally imposed timelines for completion. In fact if the audit agency took full account of the institutional self-review document, then there should be a good deal of content in common between the two reports and a single action plan to effect the recommendations of both could be developed.

Common Themes for Action from External Quality Agency Reports

So what are the most common areas demanding action at institutional level? While there has been no analysis undertaken of common themes from institutional selfreviews, audit agencies from time to time produce summaries of the issues identified in a particular 'round' of audits. For example, the Australian Universities Quality Agency (AUQA) produced a report to address this question:

- Learning and Teaching in Australian Universities: <u>A thematic analysis of Cycle</u> <u>1 AUQA Audits (2009)</u>
- A somewhat different but useful AUQA resource for non-self accrediting higher education providers is: <u>Higher Education Private Providers and Non Self-accrediting Institutions in Australia (2011)</u>.
- For the full range of AUQA Occasional Publications see: <u>http://www.auqa.edu.au/qualityenhancement/publications/occasional/publications.</u>

Click the link below to view the priority areas for Acting identified by a quality agency.

An Executive Summary of the University report

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A summary of deficiencies identified in the (long) Executive Summary of the University report is as follows.

Learning and Teaching Plans: In general, the majority of plans were deficient in closing the loop between aims, action, evaluation and improvement. Few had progressed beyond a statement of intent and policies for good academic governance and teachi/ng process. Even those who attended to policies and processes of review and evaluation often neglected to build into their plans processes to ensure improvement based on outcome measurement. This signalled a need for more attention to indicator definition, outcome measurement and performance improvement in Cycle 2 audits.

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Having a comprehensive plan is, however, no guarantee of its implementation. In a number of institutions many staff did not know the details of the plans or understand their implications. Sometimes, the complex logic underlying plans, strategies and operational details interfered with effective communication and implementation by staff. Even where institutional plans had been adopted at the faculty and school level, they sometimes lacked coherence or appropriate outcome measures. The most common problem identified by audit panels was a weakness or failure in linking plans and policies to implementation and monitoring of effectiveness. Awareness and implementation of both strategic and learning and teaching plans at academic unit level was also often patchy within any given institution. This is perhaps not surprising in the first cycle of audits but could expect to be remedied in all institutions by the second round. Panels also identified deficiencies in feedback loops, citing a lack of methods by which central bodies knew if there had been a breakdown in implementation of policies at school or individual level. This problem was exacerbated in multicampus institutions.

Program or Course Review: In some cases, audit panels commented on the lack of: an overview or policy structure for review schedules; comprehensive terms of reference for review panels: guidance on information for reviews; and processes for responding to review recommendations. For these reasons, some panels expressed a lack of confidence that review outcomes would be addressed in a consistent and systematic manner. Often the feedback loop was missing – while reviews were undertaken, they might not have been used to bring about improvements and renewal in the courses reviewed. Reviews were often carried out in response to local needs rather than in accordance with planned review schedules. Some institutions appeared to rely heavily on the accreditation processes of professional bodies to provide academic quality assurance. They emphasised, however, that accreditation should be complementary to, rather than a replacement for, an institution's own reviews of the quality of its programs.

To reinforce the need for independent validation of standards, audit panels frequently commented on the need for closer links among course review and quality assurance, self-assessment and external audit, and institutions' planning and benchmarking processes.

Administrative and Committee Structure: In devolved institutions, the need was recognised for stronger mechanisms of central guidance and feedback loops to provide more confidence in quality assurance across the entire institution. While this need was often pointed out by audit panels, in many cases the institutions themselves had acknowledged the need to improve this aspect in their portfolio statements . . . the academic planning processes should be aligned in some way with the institution's resource planning processes. In the first cycle audits, such a link was not evident in their academic climate but at the times of these audits, few had institutionalised the claim in policies or structures or evidence of outcomes.

Support and Incentives for Staff: It was evident that most institutions had implemented aspects of these initiatives but few reports mentioned it explicitly, possibly because it had become common practice.

Graduate Attribute: About 80 per cent of institutions had established a set of graduate attributes prior to the first cycle audits . . . Graduate attributes were

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variously referred to as graduate qualities, graduate characteristics, graduate outcomes, core skills and generic skills. Although graduate attributes were defined in most cases, it was unusual to find explicit descriptions of the ways in which they were incorporated into the curriculum. Explicit assessment of outcomes in terms of graduate attributes was also not widespread but many institutions were in the process of addressing this deficit. Often graduate attributes shared the fate of teaching and learning plans in that staff and students were not fully aware of them or their advantages.

Assessment: Audit panels frequently found cause to recommend that the academic board establish an institutional level process by which to assure itself that the university's degrees were of comparable standard in terms of content, scope and evaluation criteria with those of other Australian and overseas universities. Eighteen per cent of recommendations made in Cycle 1 dealt with the need for external benchmarking, improving or developing consistent assessment policies and practices and ensuring multi-campus consistency, while 16 per cent dealt with the need for academic boards to take more responsibility for ensuring compliance with quality assurance processes. This type of comment was especially common in relation to institutions that operated on a highly devolved academic decision-making model. In those cases, audit panels strongly recommended central policies and quality assurance procedures as well as external (to the campus) moderation of assessment to ensure confidence in the standards of graduates. Even in those institutions where good policies were in place, audit panels noted the need for vigilance, particularly where flexible delivery options and alternative articulation arrangements were available, rendering issues associated with student assessment more complex. Flexible arrangements require more rigorous, systematic and transparent policies and processes to underpin confidence in their outcomes.

Consistency Across Multiple Campuses: Multi-campus institutions faced real difficulties in balancing inter-campus consistency with student-centred learning and modern approaches to course delivery and assessment. In some cases, the legacy of amalgamation of previously independent organisations into a single institution was still apparent at the time of audit. Some had adopted an incremental approach moving from relative campus autonomy to cooperative and then centrally regulated policies. Another issue relevant to multi-campus and distance education institutions was assessment turn-around time. AUQA identified a recurrent theme arising from interviews with offshore and distance education students which indicated that assessment turn-around times could be longer than specified, or that the specified times were too long. Given that assessment plays an important role in the learning process, AUQA recommended that efforts should be made to speed up assessment turn-around times so that students could benefit from their assessment prior to submitting subsequent work.

Academic Benchmarking: Commonly, audit panels pointed to the desirability of establishing, at the institutional level, a comprehensive process to ensure that degrees were of comparable standard in terms of content, scope and evaluation criteria with those of other Australian and overseas universities. Before embarking on identification of comparable institutions, however, it is important that institutions have clarity about what is meant by benchmarking and the intended outcomes of the process so as to choose appropriate partners for comparison. There was a broad range of interpretation of what the term

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benchmarking means . . . In some cases, benchmarking systems that had been implemented were not extended beyond the main campus, particularly when other campuses were distant from the main campus or overseas . . .

Even in some universities which explicitly benchmark against peer universities in Australia and internationally, the panels commented that a more formal strategy could more thoroughly embed benchmarking as a development tool within a university culture of improvement.

Academic Quality Assurance: Most problems seemed to occur with delivery to multiple campuses, or distance education (flexible learning), where it often appeared to be assumed that no special QA accommodation needed to be made. In some cases, processes for teaching and learning and even assessment methods differed between modes and locations of delivery but were not accompanied by specific or well articulated processes for allowing the institution to ensure that the quality of experience and learning outcomes was equivalent. In general terms, there was a tension between a desire to standardise programs whilst also retaining sufficient flexibility for appropriate forms of customisation. In such cases, panels recommended the need for systematic staff discussion so that a more shared understanding could emerge. In dual sector institutions panels also observed the need for institutions to develop clear policy to guide teaching in different pedagogic frameworks, specifically those of vocational education and training (VET) and higher education. Quality assurance for programs taught overseas posed considerable difficulties for many, as well as a reputational risk for some. In a large number of audits AUQA recommended that the academic board take a more active role in the ongoing close scrutiny of the academic aspects of programs taught offshore and develop a detailed academic quality assurance framework for all offshore ventures. In several instances, AUQA recommended that institutions develop principles to guide the development, management and monitoring of transnational programs and partnerships, including probity and due diligence procedures and the maintenance of consistent and appropriate admission standards, including English competency. An important distinction noted in at least one case is the need for courses offered by overseas partners to belong to the parent Australian institution, rather than being 'accredited' by the Australian institution. Paragraph 16 of the 2007 National Protocols for Higher Education Approval Processes states that "Universities and other selfaccrediting institutions do not have the power to accredit the courses of other institutions."

Future Directions: In this first cycle of audits, it was apparent that, with a few notable exceptions, most of the institutional effort had been expended at the 'front end' of the process, in developing policies, plans and processes. Closing the loop, implementation, evaluation and feedback, were much less well developed . . . In the second cycle, audits placed more detailed and explicit emphasis on evidence, outcomes and their use in improving performance can be expected. In this first round, it was apparent that many institutions were struggling with consistent approaches to teaching and learning for multi-campus and offshore teaching and assessment. Equally, more attention to flexible, student-centred programs and the special challenges they hold for quality assurance of the learning experience would be warranted. In the second cycle, experience with these challenges should have matured and audit panels should be seeking evidence of more rigorous approaches. The other challenge that presented itself clearly throughout these first cycle audit

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reports is the gulf between the policy makers and decision makers on the one hand, and the teachers and academic administrators on the other. In large and devolved institutions, the gulf is harder to bridge. Since many audit reports drew attention to the failure of policies to be acknowledged or implemented at unit level, this gap should have been rectified by the time of the next audit. The importance of strong leadership by a vice-chancellor committed to teaching and learning quality cannot be over-emphasised and was evident from findings of the first round of audits. Genuine commitment was signalled by those institutions that attached a quantum of core funding to performance on indicators of teaching and learning quality outcomes . . . This analysis of the first cycle of AUQA audits indicates that the following factors are conducive to effecting quality assurance for learning and teaching: strategic plans that acknowledge the teaching and learning responsibility; teaching and learning plans and policies that articulate a vision for achieving strategic goals in teaching and learning; simple mechanisms for collecting evidence of performance against plans and feeding back for improvement; mechanisms to link unit funding to outcomes in teaching and learning; evidence of effective uptake of policies and ownership of objectives at all levels in the institution; oversight of all aspects of academic quality, through specialist committees, by the academic governing body; reporting and accountability mechanisms that foster compliance with policies; external and professional involvement in course design and review; mechanisms for course design and review that are linked with resource planning; compliance with a designated schedule of course and unit reviews according to a designated process; well-developed systems for ensuring comparability between delivery modes and locations; policies that reward individuals for excellent performance in teaching and learning; policies that reward academic units for teaching and learning related outcomes and compliance with quality assurance policies; clear definitions of the purposes and processes for benchmarking and identified peer institutions for benchmarking.

These then are priority areas for Acting as identified by one quality agency over approximately a 7-year period to 2009.

5. Discussion

Discussion: Acting

Consider the following key questions regarding Acting at your own (or choose one) institution:

- Is there clear identification of who is responsible for quality how does the relationship between line management and committee responsibility work in practice?
- Has your institution undertaken a self-review or an external quality agency audit? What was the result and to what extent were recommendations followed through to completion?
- Out of all the areas of deficiency identified in the AUQA report, which would be the top 3 you would identify as having priority for your own institution?

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6. Summary

This topic covered the following main points:

- If there are no dedicated Committees, leadership positions or resources to support quality specifically, it is easy for quality to fall off the agenda, especially if an external audit or accreditation process is not imminent.
- Some of the most common areas demanding action at institutional level are:
 - learning and Teaching Plans
 - o program or Course Review
 - o administrative and Committee Structure
 - support and Incentives for Staff
 - o graduate Attribute
 - o assessment
 - o consistency Across Multiple Campuses
 - o academic Benchmarking
 - o academic Quality Assurance
 - o future Directions