



**Mastery Institute Australia**

**Assessment Quality Control  
Policy and Procedure**

***Version 1.0***



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## 1. Purpose

The purpose of this policy and procedure is:

- To ensure all assessments comply with the Standards for RTO's and any competency issued to the student is justified and can be verified prior to issuing a certificate.
- To ensure that the assessment evidence being used in support of competency decisions complies with the rules of evidence of validity, sufficiency, authenticity and currency.
- To ensure MIA retains the completed student assessment items including the actual piece(s) of work completed by a student or evidence of that work, and the retained evidence of completed assessment has enough detail to demonstrate the assessor's judgement of the student's performance against the standard required.
- To ensure MIA issues AQF certification documentation only to a student whom it has assessed as meeting the requirements of the training product as specified in the relevant training package.

## 2. Policy

### 2.1 The requirement for Assessment Quality Control

MIA is adhere to ensure only issue AQF certification documentation to a VET student who have been assessed as meeting the requirements of the training product. Assessment quality control is an important component of our overall self-assurance arrangements.

This policy sets out the arrangements for the quality of assessment completeness and documentation is checked at various stages upon its completion. This includes by the trainer after they have concluded their assessment decision and prior to submitting these assessment records to the administration area for processing. Once the assessment record is received by the administration team, these records will be subject to a final review as part of the quality control process to ensure these records are complete and accurate.

Whilst it is not the role of the administrative team to undertake assessment or to make judgments about the assessment decision, this policy does empower the administrative team with the authority to review these records and determine if the records are accurate and complete. This includes confirming that records have been dated and signed by all parties, assessment documentation and evidence submitted by the student is complete and adequate evidence has been recorded by the assessor to demonstrate their judgement about the students' performance.

This quality control process is really the final opportunity to identify inaccurate and incomplete assessment records and to prevent them from entering the record system and from assessment results to be inappropriately reported that cannot be substantiated with satisfactory assessment records.

## **2.2 Entering of assessment outcomes into the student management system**

Trainers or those undertaking assessment are not authorised to enter assessment outcomes into the student management system, at any time. Only authorised administrative team personnel are to enter assessment outcomes into the student management system.

## **2.3 Remediation of Assessments**

A critical component of this assessment quality control policy is the procedure to be followed where assessments are received by administrative support and are identified as incomplete or inaccurate. The remediation of these incomplete or inaccurate assessment records in a timely manner will safeguard the compliance of MIA and the integrity of our assessment system. Administrative team personnel are authorised to identify inaccuracies or incompleteness with assessment records and to return the record to the trainer that undertook the assessment with notes on the areas that the trainer must review and remediate.

It is the responsibility of the relevant trainer to respond professionally to these opportunities to remediate incomplete assessment and to return the complete assessment to the administrative team within the required timeframe as specified in the procedure. It is also the responsibility of the trainer to use this opportunity to identify opportunities for improvement in their own practices to prevent future assessments from requiring remediation.

## **2.4 Feedback or concerns**

Trainers who are required to undertake assessment remediation are not to engage with the administrative team directly about these requirements and are to direct any feedback or concerns only to the Training Manager.

## **2.5 Identifying opportunities for Professional Development**

The administrative team are to monitor the instances of assessment remediation to identify any trends to the issues being identified in submitted assessment documentation that is identified as inaccurate or incomplete. These observations of these trends present a valuable opportunity for management to implement arrangements that will systematically address these problems to prevent the need for assessment remediation. These arrangements may include working directly with trainers to improve their assessment practices and or facilitating professional development for all those



involved in the assessment process to achieve better alignment with policy requirements and to support the integrity of our assessment system.

The Compliance Manager is to prepare a Continuous Improvement Report to report these trends arising from identified assessment remediation which are to be referred to the management meeting for consideration as part of the continuous improvement process.

### 3. Procedures

#### 3.1 Assessment completion and submission

MIA trainers and assessors are responsible for completing assessment and submitting these for reporting.

- The trainer/assessor is to review each assessment record prior to it being submitted for reporting.
- The complete assessment record and evidence must be submitted for each assessment that is undertaken. This must include all completed assessment records and all work that was submitted by the student for assessment. Other than the assessment record itself, this will include items such as completed written knowledge assessments, project submissions, portfolio submissions, case study responses, completed workplace documents. It is critical that administrative support can access in the student management system, or in hard copy, not only the completed assessment record, but
  - all work completed by the student that contributed to the assessment decision.
  - All submitted assessment records must be complete and accurate.
- The trainer must review the work to identify the unacceptable use of AI sourced content to ensure the assessment evidence is authentic and the student has not breach academic integrity.
- The trainer must review and mark the assessment according to the assessor guide or marking guide to ensure the assessment is conducted with reliability.

Sufficient evidence (comments) recorded by the assessor with enough detail to demonstrate the assessor's judgement of the student's performance against the standard required. Please note, tick and flick will not be accepted.

#### 3.2 Assessment Review

The administrative team are responsible for conducting a quality check on the assessment record using the Checklist - Assessment Quality Control - Admin. To support the assessment quality control process, the administrative team are to:



- Undertake a detailed quality check of each assessment record within **five working days** of record being received at the office.
- The quality check must verify that submitted assessment records are complete and accurate including:
  - The assessment record includes all supporting evidence completed and submitted by the student.
  - The complete and accurate details of the student in all required spaces.
  - Complete and accurate details of the assessor in all required space.
  - Clearly recording the assessment result for each assessment activity and the overall decision of competency for the unit of competency.
  - The date on which the assessment was conducted.
  - Signatures by the assessor in all required spaces and the student where required.

### 3.3 Reporting assessment results

- i. **Assessment record is complete and accurate** - Where the assessment record is determined to be complete and accurate by administrative support, the assessment outcome for the applicable unit of competency is to be recorded within the student management system with the applicable AVETMISS outcome code.

The following are the AVETMISS outcomes that may be selected:

- 20 Competency achieved/pass
- 30 Competency not achieved/fail
- 40 Withdrawn/discontinued
- 41 Incomplete due to RTO closure
- 51 Recognition of prior learning granted
- 52 Recognition of prior learning not granted
- 60 Credit transfer/national recognition
- 61 Superseded subject



- 70 Continuing activity
- 81 Non-assessable activity – satisfactorily completed
- 82 Non-assessable activity – withdrawn or not satisfactorily completed
- 85 Not yet started

**Note:** The date recorded for the assessment outcome within the student management system must align with the final date recorded by the assessor on the assessment record. The assessment date and the outcome date must be the same.

- ii. **Assessment records are incomplete or inaccurate** - Where assessment records are identified as incomplete or inaccurate they must be remediated. The following steps will be taken:
  - a. The assessment record is returned to the responsible assessor within **five working days**. Administrative support personnel are to provide written advice on the specific areas within the assessment record that do not comply with the minimum requirements. Please note, it is not the role of the administrative support team to fix these inaccuracies however so minor.
  - b. Administrative support personnel are to inform the Training Manager of instances where incomplete or inaccurate records have needed to be returned to the assessor. This enables the Training Manager to monitor compliance with procedures and provide additional training and professional development to assessors who are not submitting complete or accurate records. Where warranted, the Training Manager may also initiate performance management to ensure compliance.
  - c. Once received by the responsible assessor, the assessment is to be remediated and returned to administrative support within **five working days**. This means that the remediation of incomplete or inaccurate assessment must take precedence over newly completed assessments. It is critical that the assessor apply attention to detail to ensure all records are complete and accurate. Failure to do so will only result in the assessment record being rejected again and further delaying the administrative process.

### 3.4 Issue certificate

When all units of competency have been issued as “Competency Achieved”, administration staff are to initiate the AQF certificate issuance process. Refer to: *Issuing Certificates and Outcomes Policy and Procedure*.

### 3.5 File records

Following the completion of the assessment review and reporting, the assessment record is to be marked as “Quality Checked and Entered” ensuring that the date entered is recorded on the assessment record and is initialled by the reviewer. The assessment record is then to be filed and archived. Refer to: *Student Records Retention and Management Policy and Procedure*.

| P&P Version Control             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| <b>Standards:</b>               | Outcome Standards for RTOs, Standard 1.4<br>Compliance Standards for RTOs for RTOs, Standard 5                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Responsibility</b>           | CEO and Compliance Team                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Reference</b>                | <p>Outcome Standards for RTOs, Quality Area 1 – Training and Assessment, Standard 1.4: The assessment system ensures assessment is conducted in a fair and appropriate way and enables accurate judgements of VET student competency.</p> <p>Compliance Standards for RTOs for RTOs, Standard 5 – AQF certification documentation. The RTO must only issue AQF certification documentation to a VET student whom it has assessed as meeting the requirements of the training product</p> |