SCEI
Southern Cross Education Institute

RISK MANAGEMENT POLICY AND PROCEDURE

PP200

PURPOSE

Southern Cross Education Institute is dedicated to delivering high quality vocational education and training (VET) while ensuring responsible and sustainable operations. The purpose of this Risk Management Policy and Procedure is to provide assurance to the Southern Cross Education Institute (SCEI) Corporate Board and community stakeholders that SCEI has an effective risk management framework which systematically identifies, assesses, mitigates, and monitors risks that could potentially affect SCEI operations, students, staff, and reputation.

This policy and procedure ensures that risks are managed proactively to maintain compliance, operational efficiency, and the quality of training and assessment.

The objectives of this policy are to:

- Framework the organisational approach to risk management.
- Improve and direct decision-making, accountability and outcomes through the effective use of risk management.
- Integrate risk management into daily operations of the training organisation.
- Consider issues of risk in strategic and operational decision making to be included in the continuous improvement process.

SCOPE

This policy applies to all staff, governing body members, trainers and assessors, administrative personnel, and external stakeholders involved in the operations and governance of Southern Cross Education Institute.

DEFINITIONS

CEO	Chief Executive Officer
Institute / SCEI	Southern Cross Education Institute
Level of Risk	Magnitude of a risk, expressed in terms of the combination of consequences and their likelihood
Operational Risk	Risks associated with transactional activities undertaken as part of day-to-day operations, such as enrolling students and scheduling of classes and the payment of invoices.
Project Risk	Risks associated with individual projects. All projects carry a certain degree of risk, which must be considered according to each project's unique circumstances and project management arrangements.
Regulatory Risk	Risks associated with regulatory compliance. These risks are driven by the SCEI's regulatory obligations arising from legislation.

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Risk	An uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives. A risk is measured by a combination of the probability of a perceived threat or opportunity occurring, and the magnitude of its impact on objectives.
Risk Analysis	Process to comprehend the nature of risk and to determine the level of risk
Risk Assessment	Overall process of risk identification, risk analysis and risk evaluation
Risk Appetite	The amount and type of risk an organisation is prepared to accept in the pursuit of its organisational objectives
Risk Management	Coordinated activities to direct and control an Institute with regard to risk.
Risk Management Plan / Matrix	Documented outcomes arising from the application of the risk management process.

POLICY

1. **Risk Management Framework**: SCEI is committed to fostering a culture of risk awareness and continuous improvement. Our approach adopts systematic and proactive risk management which includes:
   - 1.1. This policy
   - 1.2. Risk Management Frameworks as detailed in ***Appendix A: SCEI Risk Assessment Framework – RTO Standards 2025*** and ***Appendix B: SCEI Risk Assessment Framework – ANMAC Accreditation Standards.*** These frameworks allow SCEI to conduct:
     - 1.2.1. **Risk Identification** across all areas of the organisation.
       - 1.2.1.1. Risks are identified from various sources, including student and industry feedback, audit reports, and internal reviews.
       - 1.2.1.2. Typical risks include regulatory non-compliance, non-identified governance structure, financial instability, academic integrity issues, and student dissatisfaction.
     - 1.2.2. **Risk Assessment** based on the likelihood and consequence of occurrence to determine an overall risk rating (low, medium, high, or extreme). Risk analysis must be **based on evidence** (e.g., audit findings, complaints, feedback). Assessment outcomes guide the prioritisation of risk mitigation strategies.
     - 1.2.3. **Risk Control and Mitigation -** appropriate control measures are implemented to minimise or eliminate risks, including training, procedural changes, and resource allocation. Strategies are developed for ongoing monitoring, evaluation and continuous improvement.
     - 1.2.4. **Risk Monitoring and Review -** regular reviews are conducted to evaluate the effectiveness of risk management strategies. Monitoring includes internal audits, feedback collection, and performance evaluations.
     - 1.2.5. **Continuous Improvement** of SCEI risk management practices is based on making data-driven adjustments to ever refine our operations, policies and procedures.
   - 1.3. Supporting policies that complement risk management such as PP23 Continuous Improvement Policy and Procedure and PP52 Occupational Health and Safety Policy and Procedure.
2. **Risk Identification and Assessment:** SCEI conduct regular assessments of potential threats to its operations, encompassing areas such as health and safety, financial stability, governance, compliance, staff turnover, student attrition, resource availability, technological infrastructure, and reputation. Risk assessment is a standard agenda item at both Corporate Board meetings and Academic Governance / Leadership meetings.

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2.1. Each identified risk is evaluated based on:

- **Likelihood (L)** – The probability of the risk occurring.
- **Consequence (C)** – The potential impact if the risk materialises.
- **Risk Rating (R)** – Calculated by multiplying Likelihood and Consequence (L × C).

Likelihood (L)	Descriptor	Consequence (C)	Descriptor
Rare (1)	Unlikely to occur	Insignificant (1)	Minimal impact, no disruption
Unlikely (2)	Could happen occasionally	Minor (2)	Some disruption, minor compliance issue
Possible (3)	Might occur regularly	Moderate (3)	Noticeable impact, requires corrective action
Likely (4)	Will probably occur	Major (4)	Significant impact, potential regulatory scrutiny
Almost Certain (5)	Expected to occur frequently	Severe (5)	Severe impact, non-compliance, possible legal action

2.2. **Risk Rating Formula: L × C = Risk Level**

- **Low (1-3):** Monitor and review periodically.
- **Medium (4-6):** Implement specific action plans.
- **High (8-12):** Immediate corrective measures required.
- **Extreme (15-25):** Urgent intervention and escalation necessary.

3. **Risk Mitigation Strategies**: Following risk assessments, SCEI will implement appropriate strategies and controls to minimise potential harm. These strategies will be established and regularly monitored to ensure their effectiveness. Mitigation approaches may include but are not limited to:
   a. Risk Avoidance: Eliminating the risk entirely by discontinuing a specific activity.
   b. Risk Reduction: Decreasing the likelihood or impact of the risk.
   c. Risk Transfer: Sharing the risk with a third party through insurance or strategic partnerships.
   d. Risk Retention: Acknowledging the risk and maintaining close monitoring.

4. SCEI shall provide training and awareness programs on risk management for staff and stakeholders, primarily delivered through sector and department meetings or via email communication. These sessions will clarify individual roles and responsibilities in identifying, assessing, reporting, and mitigating risks. Regular updates and refresher information will also be communicated through these channels to address changes in regulations, emerging risks, and continuous improvement initiatives. This approach ensures consistent understanding and commitment to risk management practices across the organisation.

5. SCEI shall utilise internal and external audit reports, the risk register, corrective and preventive action reports, as well as feedback from students (including SRC, during training, and post-placement), industry partners, and staff to identify compliance risks. Appropriate corrective and preventive actions will be implemented to address and resolve identified risks, ensuring continuous improvement and adherence to regulatory requirements.

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PROCEDURE

1. **Management Responsibilities for Risk and Compliance Management**

   1.1. SCEI Management works collaboratively with all SCEI staff (Academic and Non-Academic) to manage strategic, operational, regulatory and project risks, including:

   1.1.1. Develop, review and delivery of all related risk management and matters.

   1.1.2. Identify and report on emerging risks and significant events to senior management and governance teams.

   1.1.3. Undertaking risk analysis and assessments.

   1.1.4. Work with associated departments including consulting with SCEI's regulatory compliance team on risk management matters.

   1.1.5. Develop and implement risk strategies.

   1.1.6. Embed risk practices and capacity within SCEI to foster a culture risk management.

   1.1.7. Promote awareness of the Risk Management framework and provide risk management training and education to all staff.

   1.1.8. Monitor implementation of continuous improvement activities.

   1.1.9. Review the Institute's operations and initiate change as required.

   1.1.10. Deal with other business that may arise.

   1.2. CEO / delegate is responsible for scheduling all Academic Governance / Leadership Board Meetings which are held monthly as well as maintaining the minutes of meeting and implementation of suggestions for improvement. CEO / delegate work collaboratively with SCEI staff to manage strategic, operational, regulatory and project risk.

   1.3. CEO / delegate is responsible for ensuring the policies and procedures they develop, and review, will ensure compliance with relevant regulatory obligations and have ongoing positive implications.

2. **Training / Program Coordinator Responsibilities for Risk and Compliance Management**

   2.1. Training / Program Coordinators are responsible for day-to-day operation and scheduling of Campus Department Meetings as well as National Department meetings which will be held monthly.

   2.2. These meetings will involve a discussion of all aspects of the SCEI Operation including:

   2.2.1. Provide advice to staff on the implication of new or amended legislation.

   2.2.2. Educate and promote a culture of regulatory compliance among relevant staff, policies and procedures of operational risk, regulatory risk, and project risk.

   2.2.3. Identify, assess, and mitigate operational, regulatory, and project risks.

   2.2.4. Contribute to the assessment of any risks.

   2.2.5. Provide expert advice in support of risk assessments.

   2.2.6. Ensure any occurrence of regulatory non-compliance is reported to senior management and / or governance committees in an accurate and timely manner.

   2.2.7. Assessment of the units and / or modules.

   2.2.8. Delivery Methodology / Issues.

   2.2.9. Moderation of Assessment outcomes.

   2.2.10. Professional Development opportunities.

   2.2.11. SVTS / Skills SA / VSL Requirements.

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2.2.12. Student services including addressing students LLN needs within the delivery methodology.

2.2.13. Recording of Results.

2.3. Training / Program Coordinators are expected to understand the regulatory environment relevant to their role and /or activities.

2.4. Training / Program Coordinators are expected to provide timely specialist advice on risk indicators / best practice protocols.

2.5. Training / Program Coordinators are required to inform the CEO / delegate when they become aware of changes to activities undertaken within their area that may affect the regulatory obligations that SCEI is required to monitor.

3. **Staff Responsibilities for Risk and Compliance Management (Academic and Non-Academic)**

3.1. All staff are expected to understand the regulatory environment relevant to their role and / or activities

3.2. Staff are expected to seek timely specialist advice on risk indicators / best practice protocols.

3.3. Any staff member who becomes aware of new legislation that applies to the SCEI, either due to changes to the law and / or commencement of new activities within the SCEI, must contact the Training/Course Coordinator and / or line Manager accordingly.

3.4. A monthly meeting of all staff within a department will be scheduled and facilitated by Training / Course Coordinator and / or Administration Manager which staff are expected to attend and participate in.

3.5. These meetings will involve a discussion of all aspects of the SCEI operations as well as sector specific information including:

3.5.1. Policies and Procedures.

3.5.2. Procedural issues / suggestions for improvement.

3.5.3. SVTS / Skills SA / VSL Requirements.

3.5.4. Student services.

3.5.5. Department KPI's.

3.6. Action arising from any meetings will be documented and evidence of the action taken will be maintained and recorded in Continuous Improvement Register.

4. **Internal Audit**

4.1. Internal audits are conducted annually as per the Internal Audit schedule which is stored on the VET SharePoint Quality Drive

4.2. The Quality Assurance Manager in conjunction with the CEO/delegate is responsible for scheduling and conducting Internal Audits.

4.3. A report on each Internal Audit will be documented, a rectification plan developed, and appropriate action will be taken to rectify any non-compliances / suggestions for improvements within 3 months.

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RELATED DOCUMENTS

- PP23 Continuous Improvement Policy and Procedure
- PP52 Occupational Health and Safety Policy and Procedure
- RGTR20 Continuous Improvement (Diploma of Nursing)
- RGTR01 Continuous Improvement - VET
- PP88 Student and Stakeholder Feedback Policy and Procedure
- PP93 Validation and Moderation Policy and Procedure
- PP39 Legislative and Regulatory Compliance
- PP08 Critical Incident Policy and Procedure

LEGISLATIVE CONTEXT

- Standards for NVR Registered Training Organisations 2025, Standard 1.8, 4.2, 4.3, 4.4
- 2022 Standard VET Funding Contract Skills First Program: Clause 7 and Clause 12 of Schedule 1
- Enrolled Nursing Accreditation Standards 2012, Standard 9
- VET Student Loans Act 2016
- VET Student Loans Rules 2016
- National Vocational Education and Training Regulator Act 2011

RESPONSIBILITIES

The position(s) responsible for implementing and ensuring compliance with the policy and procedure are:

- CEO
- Quality Assurance Manager
- Training/Program Coordinator
-

The position(s) or groups who should be aware of the policy and procedure content are:

- All staff

Author	Quality Assurance Manager and Chief Executive Officer
Approved by	Academic Governance / Leadership Board
Effective date	March 2025
Reviewed	June 2025
Version	2
Review date due	June 2026

Appendix A: SCEI Risk Assessment Framework – RTO Standards 2025

Risk Identification

Each identified risk is evaluated based on:

- **Likelihood (L)** – The probability of the risk occurring.
- **Consequence (C)** – The potential impact if the risk materialises.
- **Risk Rating (R)** – Calculated by multiplying Likelihood and Consequence (L × C).

Likelihood (L)	Descriptor	Consequence (C)	Descriptor
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Risk Rating Formula: L × C = Risk Level

- **Low (1-3):** Monitor and review periodically.
- **Medium (4-6):** Implement specific action plans.
- **High (8-12):** Immediate corrective measures required.
- **Extreme (15-25):** Urgent intervention and escalation necessary.

Identified Risk	Potential Impact	Likelihood (L)	Consequence (C)	Risk Rating (L × C)	Mitigation Strategies	Responsible Persons
Training and Assessment – Outcome Standard 1						
Standards 1.1 and 1.2 – Training						
Training not aligned with latest training package or industry standards (Standard 1.1)	Non-compliance, student skill gaps, industry dissatisfaction	3	4	12	Regularly review and update TAS using training.gov.au Engage industry reps to validate TAS relevance Conduct annual validation of all training products	1. CEO / Delegate or QA Manager 2. Course Coordinators
Generic content that doesn't reflect student cohort or industry needs (Standard 1.2)	Poor learner engagement and job-readiness	3	3	9	Contextualise resources for specific cohorts (e.g., EAL learners) Gather placement provider feedback on practical relevance Include contextualisation in internal moderation checklists	1. QA Manager 2. Course Coordinators
Delivery plans are poorly structured or frequently disrupted (Standard 1.2)	Learning gaps, poor student satisfaction, audit risk	3	3	9	Develop structured delivery plans per cohort Review delivery sequence during validation and via student feedback Ensure trainers follow approved session plans	1. QA Manager 2. Course Coordinators

Standards 1.3 – 1.5 – Assessment						
Tools are invalid, poorly mapped, or overly complex (Standard 1.3, 1.4)	Invalid outcomes, appeals, audit non-compliance	3	5	15	Map all tools to unit requirements Conduct peer moderation and validation pre- and post-delivery Provide assessor PD on tool use and evidence gathering	1. CEO / Delegate or QA Manager 2. Course Coordinators
Assessment tools do not include clear benchmarking answers (e.g., marking guides or model answers) (Standard 1.4)	Assessors may make inconsistent or invalid assessment decisions, risking non-compliance and appeals	3	4	12	Ensure all assessment tools are designed with detailed benchmarking guides aligned to unit requirements Conduct validation sessions to check consistency and clarity of benchmarks Require instructional designers to embed benchmarked criteria in all new and reviewed assessments	1. CEO / Delegate or QA Manager 2. Course Coordinators
Trainers and assessors do not follow the benchmark guidance when making assessment judgements (Standard 1.4)	Assessment decisions may not meet the Rules of Evidence (validity, reliability), risking audit issues or unfair outcomes for students	3	5	15	Provide assessors with regular training on how to use benchmarked assessment tools Monitor assessment practices through internal audits and moderation Implement performance oversight for assessors, including review of marked work against benchmarks	1. CEO / Delegate or QA Manager 2. Course Coordinators
No systematic review of outcomes or assessment quality (Standard 1.5)	Systemic errors go uncorrected, recurring non-compliance	3	4	12	Implement an annual validation schedule per product eg; Validation Master Plan Document outcomes and actions in validation reports Involve external industry experts in validation where possible	1. CEO / Delegate or QA Manager 2. Course Coordinators

Standards 1.6 and 1.7 – Recognition of prior learning and credit transfer						
Students are not made aware of their right to apply for RPL (Standard 1.6)	Missed opportunities for progression; non-compliance	3	3	9	Include RPL info in pre-enrolment and orientation materials Publish clear RPL policy on student portal Train staff to identify and promote RPL opportunities	1. CEO / Delegate or QA Manager 2. Course Coordinators 3. Trainers and Assessors 4. Enrolment Department
RPL decisions are inconsistent or poorly documented (Standard 1.6)	Appeals, reputational risk, audit non-compliance	3	4	12	Use standardised RPL assessment tools Require evidence-based decision-making Include RPL in assessment validation processes eg: Validation Master Plan	1. CEO / Delegate or QA Manager 2. Course Coordinators 3. Trainers and Assessors
Students are unaware of credit transfer options (Standard 1.7)	Redundant enrolment in completed units; poor student experience	3	3	9	Ensure CT eligibility is checked during enrolment Train enrolment and admin staff on AQF documentation and CT processes Include CT information in student pre-enrolment as well as student handbook and orientation	1. CEO / Delegate or QA Manager 2. Course Coordinators 3. Trainers and Assessors 4. Student Services 5. Student enrolment and admin
CT decisions lack supporting evidence or are poorly documented (Standard 1.7)	Non-compliance, unfair outcomes, audit risk,	2	5	10	Require AQF certification or authenticated transcript Maintain clear documentation on CT decisions Use a standardised CT application (FOR25) and recording process **trainer/assessor PD** includes assessment of RPL and CT decisions	1. CEO / Delegate or QA Manager 2. Course Coordinators 3. Trainers and Assessors 4. Student Services

Standard 1.8 – Facilities, resources and equipment						
Facilities or equipment are inadequate, unsafe, or inaccessible (Standard 1.8)	Training quality suffers, safety incidents, audit penalties	3	5	15	Conduct annual facility and resource audits Maintain facilities register with regular inspections Collect regular feedback from students on learning environment	1. CEO / Delegate or QA Manager 2. Course Coordinators 3. Trainers and Assessors
Third-party facilities are not properly monitored or maintained (Standard 1.8)	Health and safety risks; training not aligned to training product	3	4	12	Pre-screen and approve all placement sites Use a checklist for equipment/resources prior to placement Monitor placements with regular contact and student feedback	1. Course Coordinators 2. Trainers and Assessors 3. Work Placement Coordinators / Officers 4. Work Placement Assessors / Clinical Facilitators
Students do not have access to required resources during work placement (Standard 1.8)	Competency gaps, safety risks, poor placement experiences	3	4	12	Pre-screen and approve all placement sites - Use a checklist for equipment/resources prior to placement - Monitor placements with regular contact and student feedback	1. Course Coordinators 2. Trainers and Assessors 3. Work Placement Coordinators / Officers 4. Work Placement Assessors / Clinical Facilitators
No documented risk strategies for student use of equipment/resources (Standard 1.8)	Non-compliance and increased liability during practical learning	2	4	8	Develop and maintain a risk register for work-integrated learning Provide WHS training before placements Require host sites to submit safety compliance declarations Review **student feedback and incident reports** from placements	1. Course Coordinators 2. Trainers and Assessors 3. Work Placement Coordinators / Officers 4. Work Placement Assessors / Clinical Facilitators

VET Student Support – Outcome Standard 2						
Standards 2.1 and 2.2 - Information						
Students are not provided accurate or complete pre-enrolment information (Standards 2.1)	Misunderstanding of course requirements, student dissatisfaction, compliance breaches	3	4	**12 – High**	Provide pre-enrolment checklists / interview Ensure course information is updated regularly Conduct spot checks of published content	1. CEO / Delegate or QA Manager 2. Course Coordinators 3. Student Services 4. Student enrolment and admin 5. Marketing department
LLN and digital literacy are not assessed prior to enrolment (Standards 2.2)	Students unable to engage with course materials, higher dropout risk	3	4	**12 – High**	Embed LLN and digital skills screening in enrolment process Provide bridging or foundation skills where required	1. CEO / Delegate or QA Manager 2. Student enrolment and admin 3. Marketing department
Standards 2.3 and 2.4 – Training support						
Students are not aware of support services or how to access staff (Standard 2.3)	Delayed support, poor retention and engagement	3	3	**9 – High**	Promote support services during orientation session- Display access information in mySCEI and physical spaces Set response SLAs for student queries Ensure all staff know how to direct the students to make an appoint or to contact the SSO department.	1. CEO / Delegate or QA Manager 2. Campus Manager 3. Student Services 4. Trainers and Assessors
Reasonable adjustments for students with disability are not offered or poorly managed (Standard 2.4)	Non-compliance, discrimination complaints, poor student outcomes	2	5	**10 – High**	Encourage voluntary disclosure of disability- Provide training for staff on making and documenting reasonable adjustments Communicate limitations clearly if adjustments can't be made	1. CEO / Delegate or QA Manager 2. Campus Manager 3. Student Services 4. Trainers and Assessors 5. HR

Standard 2.5 – Diversity and inclusion						
Learning environment does not foster diversity or cultural safety (Standard 2.5)	Alienation of diverse students, disengagement, reputational risk	2	4	**8 – High**	Deliver staff training on inclusion and cultural safety Integrate First Nations and inclusive practices into delivery Regularly review feedback from diverse learners	1. CEO / Delegate or QA Manager 2. Campus Manager 3. Student Services 4. Trainers and Assessors 5. HR
Standard 2.6 – Wellbeing						
Wellbeing needs of students are not identified or addressed (Standard 2.6)	Students experience stress, anxiety, reduced academic success	3	3	**9 – High**	Conduct wellbeing risk analysis by course Maintain a directory of wellbeing services- Promote these services regularly to all students	1. Campus Manager 2. Student Services 3. Trainers and Assessors
Standards 2.7 and 2.8 – Feedback, complaints and appeals						
Complaints process is unclear, inaccessible, or unfair (Standard 2.7)	Unresolved issues escalate to regulators, reputational damage	2	5	**10 – High**	Maintain a transparent, accessible complaints process Ensure procedural fairness and timeframes are communicated Analyse complaints data for trends to inform improvement	1. CEO / Delegate or QA Manager 2. Campus Manager 3. Student Services 4. Trainers and Assessors
Appeals process is not transparent or independent (Standard 2.8)	Perception of bias, non-compliance, ASQA action	2	5	**10 – High**	Document appeals process clearly with timelines Offer access to an independent review body Use appeal outcomes in quality improvement cycle	1. CEO / Delegate or QA Manager 2. Campus Manager 3. Student Services 4. Trainers and Assessors

VET workforce – Outcome Standard 3						
Standard 3.1 – VET workforce management						
Insufficient workforce to meet training demand due to poor planning or high turnover (Standard 3.1)	Disruption of delivery, reduced student satisfaction, non-compliance	3	4	12	Regular workforce planning meeting between HR and Senior management team aligned with delivery schedules and intakes. Maintain a casual trainer pool Introduce staff retention strategies	1. CEO / Delegate or QA Manager 2. HR Department 3. Course Coordinators
Lack of support, poor onboarding, or inconsistent PD leads to disengaged or underperforming staff (Standard 3.1)	Reduced motivation, quality issues, high attrition	3	9	9	Create structured onboarding and PD plans / FOR234 Direct supervision plan for trainers (not TAE Qualified) Allocate PD budgets and schedule quarterly sessions Conduct regular staff check-ins and feedback surveys	1. CEO / Delegate or QA Manager 2. HR Department 3. Course Coordinators
Inadequate monitoring of staff performance or workforce planning (Standard 3.1)	Workforce gaps go unnoticed; reactive management	3	3	12	Integrate workforce review into governance agendas Track and analyse complaints/feedback by trainer Conduct annual self-assessment of workforce capability	1. CEO / Delegate or QA Manager 2. HR Department 3. Course Coordinators
Standards 3.2 and 3.3 – Trainer and assessor competencies						
Non-compliance with trainer and assessor credential requirements. ie. lack of necessary qualifications or fail to maintain currency, (Standard 3.2)	Non-compliance, ASQA sanctions financial loss, reputational damage	1	4	4	Implement a robust credential verification process during recruitment. Maintain an up-to-date register of staff qualifications and professional development activities. Schedule regular audits to ensure ongoing compliance with credential requirements.	1. CEO / Delegate or QA Manager 2. HR Department 3. Course Coordinators
Insufficient industry currency among trainers and assessors - not engaging in regular industry activities, resulting in outdated industry knowledge. (Standard 3.3)	Delivery quality diminishes, outdated skills transferred to students	4	4	16	Encourage and facilitate industry engagement opportunities, such as industry placements or attending industry events. Require annual PD logs and industry engagement evidence. Provide support for staff to participate in relevant industry networks.	1. CEO / Delegate or QA Manager 2. HR Department 3. Course Coordinators

Governance – Outcome Standard 4						
Standards 4.1 and 4.2 – Leadership and accountability						
Fit and Proper Person Requirements (Standard 4.1)	Governing personnel will not act ethically and responsibly, Poor decision-making, regulatory breaches	2	5	10 (High)	All individuals holding governance, leadership, or executive roles as well as trainers and assessors within SCEI will be subject to: **Screening and Background Checks:** Verification of qualifications, criminal history, and previous professional conduct. **Reference Verification:** professional references and employment history. **Regular Monitoring:** Ongoing checks and evaluations to detect any changes in status. **Stakeholder Feedback:** Incorporating feedback from students, staff, and industry partners regarding governance effectiveness.	1. CEO / Delegate or QA Manager 2. HR 3. Course Coordinators
Lack of leadership oversight in risk management. (Standard 4.1)	Non-compliance, financial loss, reputational damage	2	4	8 (High)	Conduct regular training sessions on governance responsibilities. Implement a structured induction program for new governing members. Establish clear documentation outlining roles and decision-making processes.	1. CEO / Delegate or QA Manager 2. Course Coordinators
Governing persons lacks understanding of RTO obligations and/or their role and responsibilities, (Standard 4.2)	Poor decision-making, regulatory breaches	2	5	10 (High)	Provide **regular compliance training**; All members of Governing body to subscribe to ASQA's and other regulatory body's e-correspondence RTO obligations and legislative requirements / updates to be included as a standing agenda item during meeting.	1. CEO / Delegate or QA Manager 2. HR

Standard 4.3 – Risk management						
No formal risk assessment framework (Standard 4.3)	Non-compliance, audit failures, funding loss	1	5	5(Medium)	Develop and implement a comprehensive risk management framework. Engage external auditors for unbiased risk assessments.	1. CEO / Delegate or QA Manager
Risks are not reviewed regularly (Standard 4.3)	Emerging risks not addressed, potential penalties	2	4	8 (High)	Include risk assessment / **risk review as a standing agenda item** during Corporate Board meetings, Academic Governance / Leadership Board meetings and Department meeting	1. CEO / Delegate or QA Manager 2. Course Coordinator / heads of department
No process for escalating critical risks (Standard 4.3)	Delays in response, reputational damage	1	5	5 (Medium)	Conduct regular reviews of PP08 Critical Incident Policy and Procedure and update as required	1. CEO / Delegate or QA Manager
Poor financial planning and oversight (Standard 4.3)	Financial instability, risk of closure	3	5	15 (Extreme)	Conduct **monthly financial reviews during the corporate board meetings** Ensure governing persons possess financial literacy relevant to their roles. Maintain a **3-year financial forecast**	1. CEO / Delegate or QA Manager
Inadequate funding for compliance initiatives (Standard 4.3)	Risk of non-compliance penalties	4	4	16 (Extreme)	Allocate **budget for compliance-related improvements.**	1. CEO / Delegate or QA Manager
Child Safety and Wellbeing (Standard 4.3)	Inadequate measures to protect students under 18, leading to safety and compliance issues.	1	5	5 (High)	Develop and enforce a child safety policy aligned with national principles. Conduct background checks for staff working with minors. Provide training on child safety and mandatory reporting obligations.	1. CEO / Delegate or QA Manager 2. Course Coordinator / heads of department
Conflict of Interest (Standard 4.3)	Undisclosed conflicts compromising the integrity of decision-making processes.	3	4	12 (High)	Implement a conflict-of-interest policy requiring regular disclosures. Foster a culture of transparency and ethical behaviour. Provide training on identifying and managing conflicts of interest.	1. CEO / Delegate or QA Manager 2. HR

Standard 4.4 – Continuous improvement						
No structured feedback process for continuous improvement. Failure to systematically collect and analyse feedback, hindering ongoing improvement efforts. (Standard 4.4)	Quality issues go undetected, student dissatisfaction	2	4	8 (High)	Implement student, staff & industry partners surveys and annual self-assessment audits. Findings of the above surveys to be included as a standing item during the: 1. Academic Governance / Leadership Board meetings 2. Department meeting 3. Staff performance reviews Implement a continuous improvement plan with clear timelines and responsibilities.	1. CEO / Delegate 2. QA Manager
Failure to act on complaints and feedback (Standard 4.4)	Poor training outcomes, loss of student trust	2	4	8 (High)	Establish a **Complaints Register** 1. Implement a continuous improvement plan with clear timelines and responsibilities	1. CEO / Delegate 2. QA Manager

SCEI
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Appendix B: SCEI Risk Assessment Framework – ANMAC Accreditation Standards.

Criteria Area	Identified Risk	Potential Impact	Likelihood (L)	Consequence (C)	Risk Rating (L × C)	Mitigation Strategies
ANMC Standard 1: Course Governance & Accreditation						
This framework aligns with the Australian Nursing and Midwifery Council (ANMC) National Accreditation Standards and Criteria – Standard 1. It covers governance, risk management, stakeholder engagement, RPL, course equivalence, and professional placement arrangements						
Course Governance & Quality Assurance	Inconsistent delivery across locations or modes	Inequitable student outcomes; audit failure	3	4	12 - High	Implement centralised governance oversight- Conduct regular audits across campuses and delivery modes- Document curriculum mapping to outcomes
Stakeholder Consultation & Transparency	Limited consultation with industry, students or placement providers	Curriculum lacks relevance; poor placement preparation	3	4	12 - High	Establish formal advisory committees- Include student reps in governance discussions- Schedule regular feedback forums with placement sites
Recognition of Prior Learning (RPL)	RPL policies do not align with AQF or professional body expectations	Audit non-compliance, unfair access to course credit	2	4	8 - High	Ensure RPL policy aligns with AQF and NMRA guidance- Review RPL decisions for consistency and fairness- Provide staff training on RPL requirements
Risk Management in Placement Settings	Students placed in settings with unmanaged safety or supervision risks	Harm to students or patients; liability exposure	3	5	15 - Extreme	Require risk assessments for all placement sites- Formalise agreements with placement providers- Deliver WHS briefings and monitor placement experiences
Placement Agreements & Oversight	No or poorly managed agreements with professional experience providers	Lack of clarity in responsibilities, student dissatisfaction	3	3	9 - High	Maintain a register of signed placement agreements- Review agreement terms annually- Include expectations and dispute resolution processes
Equivalence of Course Outcomes	Inconsistent delivery across international, remote or e-learning settings	Graduates may not meet national competency standards	3	5	15 - Extreme	Apply common assessment benchmarks and moderation- Conduct course equivalence audits- Verify graduate outcomes through mapped competencies

Criteria Area	Identified Risk	Potential Impact	Likelihood (L)	Consequence (C)	Risk Rating (L × C)	Mitigation Strategies
Cross-Border or E-learning Quality	Digital modes are not monitored for quality or learner support	Poor learning outcomes, regulatory scrutiny	3	4	12 - High	Standardise digital delivery platforms and learner supports- Provide training to digital educators- Audit online course engagement and satisfaction

Standard	Identified Risk	Potential Impact	Likelihood (L)	Consequence (C)	Risk Rating (L × C)	Mitigation Strategies
ANMC Standards 2-9 (Diploma of Nursing)						
2: Staffing and Academic Leadership	Academic staff lack relevant qualifications or nursing registration	Non-compliance, diminished quality of education	3	4	12 - High	Verify RN registration and qualification alignment on hire- Require evidence of qualifications for cross-disciplinary teaching- Conduct regular staff file audits
3: Student Recruitment and Access	Inadequate disclosure of course or registration requirements	Students unprepared for regulatory or professional expectations	3	4	12 - High	Provide clear pre-enrolment information including regulatory and English language requirements- Confirm understanding at induction- Embed cultural safety and equity principles in admission practices
4: Course Structure and Placement Hours	Students do not complete the minimum 400 hours of professional experience	Graduates may not meet regulatory competency expectations	2	5	10 - High	Track hours through placement management system- Audit student logs- Include contingency placements for missed hours
5: Curriculum Content	Course fails to adequately include Indigenous health, chronic disease, and mental health	Lack of graduate cultural competence, gaps in critical areas	3	4	12 - High	Map curriculum to national health priorities- Use guest speakers and community input- Regularly review units against ANMC statements and training package updates

Standard	Identified Risk	Potential Impact	Likelihood (L)	Consequence (C)	Risk Rating (L × C)	Mitigation Strategies
6: Teaching and Learning Approaches	Teaching methods do not accommodate diverse learning styles or workplace readiness	Reduced engagement, skill gaps on graduation	3	3	9 - High	Use blended learning, simulation, reflective and collaborative activities- Incorporate interprofessional training- Gather student feedback on delivery formats
7: Assessment Practices	Assessment tools lack reliability, fairness or contextual validity	Appeals, poor preparedness for real practice, non-compliance	3	5	15 - Extreme	Standardise and validate assessment tools- Moderate results with clinical and academic input- Use varied, real-world assessments including simulation and workplace assessment
8: Professional Experience Placement	Inadequate supervision or unsafe placement environments	Safety incidents, lack of competency development	3	5	15 - Extreme	Use formal agreements with all placement sites- Require site risk assessments- Monitor placement quality with student feedback- Justify supervision models and ratios in course documentation
9: Research and Inquiry	Course lacks emphasis on evidence-based practice or research literacy	Graduates underprepared for lifelong learning and quality improvement	2	4	8 - High	Embed nursing inquiry principles in core units- Include literature review and research