

Stakeholder Feedback Policy		
Code: B3.15	Area: Non-Academic B	
Policy Owner: BoD	Version #: 1.6	Date: 17 Jun 2022
Policy Developer/Reviewer: QAM	Review date: 17 Jun 2025	

VERSION HISTORY

Version	Authorised by	Approval Date	Details
1.0	EMG	02 Oct 2019	New policy.
1.1	PRG	06 Jan 2020	Added Section 2.5: Peer Reviews.
1.2	EMG	12 Oct 2020	Expanded the SSCC feedback process, allowed a student representative to be chosen by the Dean & Academic Support Officer if there are no self-nominations, added the Stakeholder Feedback Register and Graduate Satisfaction Survey.
1.3	PRG	25 Nov 2020	Added requirement that the completed SSCC course feedback table be uploaded to Moodle.
1.4	BoD	11 Dec 2020	Transferred ownership to BoD
1.5	PRG	26 Mar 2021	Updated <i>Student Survey Report</i> and <i>Graduate Survey Report</i> and <i>Teaching Staff Survey Report</i> review pathways due to QAF update.
1.6	BoD	17 Jun 2022	Added that campus posters with QR codes must be provided as another anonymous feedback avenue for SITCM students and patients.

PURPOSE AND SCOPE

The aim of this policy is to:

- Ensure clear pathways for student, staff and other stakeholder feedback are available.
- Facilitate SITCM's continuous improvement through an effective and consistent process for processing stakeholder feedback.

This policy applies to students, staff and other stakeholders at the Sydney Institute of Traditional Chinese Medicine (SITCM).

1 OVERVIEW

The Sydney Institute of Traditional Chinese Medicine (SITCM) recognises the importance of feedback to an organisation's continuous improvement and development, and is therefore committed to ensuring that all stakeholders, including staff, students and others, are able to provide feedback to SITCM through convenient and accessible pathways.

This policy outlines the mechanism by which stakeholders may provide feedback, and by which SITCM may process the feedback.

This policy has been informed by the *Higher Education Standards Framework (Threshold Standards) 2021*, particularly Section 5.3 Monitoring, Review and Improvement.

2 POLICY

2.1 STAKEHOLDERS

Stakeholders comprise any group or individual who has an interest in SITCM. This includes, but is not limited to, the following groups:

- 1) Current students;
- 2) Current staff;
- 3) Graduates;
- 4) Potential students;
- 5) Patients of the SITCM Clinic;
- 6) Agents;
- 7) Shareholders;
- 8) Professional bodies; and
- 9) Government bodies with regulatory oversight.

2.2 PRINCIPLES OF STAKEHOLDER FEEDBACK

- 1) When SITCM receives stakeholder feedback, the feedback will be shared with relevant parties in a timely manner for their consideration.
- 2) Where appropriate, the privacy of the feedback giver will be protected in accordance with the *Privacy Policy* and the *Privacy Act 1988*.
- 3) All feedback will be carefully considered.
- 4) Wherever possible, SITCM will provide the feedback giver with a response to their feedback.
- 5) Stakeholder feedback will be used to inform the improvement of SITCM as an organisation, in ways that include but are not limited to:
 - a. Course design and delivery;
 - b. Campus facilities and resources;
 - c. Professional development opportunities for staff;
 - d. Adjustments to policy.

2.3 STUDENT FEEDBACK

- 1) Students are advised of the various avenues for feedback available to them during Orientation, through the SITCM website's [Student Feedback](#) and via campus posters.
- 2) If feedback from a student constitutes the raising of a grievance related to an academic matter, the *Academic Grievance Policy and Procedure* applies.
- 3) If feedback from a student constitutes the raising of a grievance related to a non-academic matter, the *Non-Academic Grievance Policy and Procedure* applies.

2.3.1 STUDENT FEEDBACK SURVEYS

- 1) In the final weeks of every semester, a student survey is conducted for every unit and for the course as a whole.
- 2) The survey questions are developed by the Quality Assurance Manager and provided to students to anonymously complete during class by the Administration Office.
- 3) The Quality Assurance Manager uses the data produced by the student surveys to create the *Student Survey Report*, which is reviewed by the Teaching and Learning Committee (TLC).
- 4) The TLC may delegate actions to the Executive Management Group (EMG) to address any issues identified by this report.

- 5) The data produced by VET student surveys are used to create *VET Student Survey Reports*, which are reviewed by the EMG to inform changes to SITCM policies and operations.

2.3.2 GRADUATE FEEDBACK SURVEYS

- 1) Every year, a graduate satisfaction survey is conducted for the students who completed their Bachelor of Traditional Chinese Medicine course in the previous year.
- 2) The survey questions are developed by the Quality Assurance Manager and provided to graduates to anonymously complete by the Administration Office.
- 3) The Quality Assurance Manager uses the data produced by this survey to create a *Graduate Survey Report*, which is reviewed by the TLC.
- 4) The TLC may delegate actions to the EMG to address any issues identified by this report.
- 5) The Administration Office uses the data from this report to fulfil relevant government data reporting requirements.

2.3.3 STUDENT STAFF CONSULTATIVE COMMITTEE (HE)

- 1) The HE Student Staff Consultative Committee (SSCC) is responsible for representing the interests of SITCM's Higher Education students to SITCM management.
- 2) Each unit has a designated student representative.
- 3) International students have a designated student representative.
- 4) Aboriginal and Torres Strait Islander students have a designated student representative if applicable.
- 5) Student representatives are chosen by class election at the beginning of each academic year, in accordance with the *Student Staff Consultative Committee Terms of Reference*.
 - a. If no students in a unit wish to nominate themselves to be that unit's student representative, then the Dean and Academic Support Officer may jointly choose the student representative from among the students in that unit.
- 6) The units that each student representative represents are updated as each student representative commences the second semester of that same year.
- 7) The Chair of the SSCC is a member of the Academic Board (AB).
- 8) The Associate Chair of the SSCC is a member of the TLC.
- 9) A student may raise an issue with their student representative, who will pass it on to the Academic Support Officer while maintaining the student's confidentiality if requested to do so.
- 10) A SSCC meeting is held once per semester, and involves representatives discussing student issues and passing their suggestions on to the Academic Support Officer.
 - a. Prior to an SSCC meeting, the Academic Support Officer asks each student representative to solicit feedback from their classmates and provide all responses in a unit feedback table.
 - b. The Academic Support Officer collates all unit feedback tables into one course feedback table and provides each item of feedback to the relevant staff member for comment and/or action.
 - i. All feedback relating to academic matters is sent to the Dean or Course Coordinator, who is responsible for ensuring that it is addressed.
 - c. The course feedback table is updated with staff responses and then provided to all student representatives for discussion during the SSCC meeting.

- d. Following the SSCC meeting, the Academic Support Officer provides any new or updated student feedback to relevant staff for further comment and/or action.
- e. The course feedback table is finalised with these further staff responses and then both uploaded to Moodle and emailed to all student representatives.
- f. The finalised course feedback table is presented at the next TLC meeting for discussion and actioning, with the Chair of the TLC then reporting key issues to the AB by as appropriate.

2.3.4 STUDENT REPRESENTATIVE GROUP (VET)

- 1) The VET Student Representative Group is responsible for representing the interests of SITCM's VET students to SITCM management.
- 2) Each course has a designated student representative.
- 3) A Student Representative Group meeting is held once per semester, and involves representatives discussing student issues and passing their suggestions on to the Registrar.
- 4) A student may raise an issue with their student representative, who will pass it on to the Registrar while maintaining the student's confidentiality if requested to do so.

2.3.5 FEEDBACK ON MOODLE

- 1) Students may leave anonymous feedback via a link that is visible at the top of the Moodle homepage.
- 2) The Academic Support Officer checks the anonymous feedback page on Moodle weekly.

2.3.6 SUGGESTION BOXES

- 1) The SITCM Campus contains six suggestion boxes where students may leave anonymous feedback.
- 2) The Librarian checks all suggestion boxes weekly and passes any feedback received on to the Quality Assurance Manager.

2.3.7 FEEDBACK VIA CAMPUS POSTER QR CODES

- 1) Students may at any time leave anonymous feedback by scanning the QR codes on feedback posters that are placed around each floor of the SITCM campus.
- 2) Every time a student provides feedback by this avenue, the Quality Assurance Manager receives an email notification.

2.4 STAFF FEEDBACK

- 1) Staff are advised of the various avenues available for them to provide feedback during their induction.
- 2) If feedback from a staff member constitutes the raising of a grievance, the *Staff Grievance Policy and Procedure* applies.

2.4.1 DISCUSSIONS WITH MANAGEMENT

- 1) Any staff member may contact their supervisor or other member of SITCM management to provide feedback.
- 2) This contact may be done face-to-face, via email, phone or written correspondence.
- 3) In Week 2 of every semester, the Dean emails each of that semester's teaching staff to offer support and encourage feedback.

2.4.2 STAFF FEEDBACK SURVEYS

- 1) In the final weeks of every semester, a teaching staff survey is conducted.
- 2) The survey questions are developed by the Quality Assurance Manager and provided to teaching staff to anonymously complete by the Administration Office.
- 3) The Quality Assurance Manager uses the data produced by this survey to create a *Teaching Staff Survey Report*, which is reviewed by the TLC.
- 4) The TLC may delegate actions to the EMG to address any issues identified by this report.
- 5) The data produced by VET trainer surveys is used to create *VET Trainer Survey Reports*, which are reviewed by the EMG.

2.4.3 TEACHING STAFF MEETINGS

- 1) At every semesterly higher education teaching staff meeting, attendees are encouraged to provide feedback to management.
- 2) At every VET trainer meeting, attendees are encouraged to provide feedback to management.

2.4.4 STAFF PERFORMANCE APPRAISALS

- 1) Staff performance appraisals are conducted annually in accordance with the *Staff Appraisal and Promotion Policy and Procedure*.
- 2) At these meetings, staff are encouraged to provide SITCM with meaningful feedback.

2.4.5 FEEDBACK ON MOODLE

- 1) Staff may at any time leave anonymous feedback on the learning management system Moodle.
- 2) The Academic Support Officer checks the anonymous feedback page on Moodle weekly.

2.4.6 SUGGESTION BOXES

- 1) The SITCM Campus contains six suggestion boxes where staff may leave anonymous feedback.
- 2) The Librarian checks both suggestion boxes weekly and passes any feedback received on to the Quality Assurance Manager.

2.4.7 UNIT REVIEWS

- 1) Every semester, each delivered unit undergoes a unit review in accordance with the *Course Review Policy and Procedure*.
- 2) As part of this process, four (4) units per semester undergo a peer review as a means for teaching staff to gain valuable feedback from peers.
 - a. Each of the four (4) units is assigned a different reviewer by the Dean.
 - b. The reviewer observes one lecture within the assigned unit and then:
 - i. Provides oral feedback to the lecturer; and
 - ii. Submits a completed *Formative Peer Review of Teaching* to the Course Coordinator.
 - c. If the *Formative Peer Review of Teaching* identifies any issues of concern, the Course Coordinator will discuss them directly with the lecturer.
 - d. The peer review arrangements for each semester are provided to teaching staff at the semesterly teaching staff meeting.
 - e. No unit will be reviewed twice within any one period of time until all other units have been reviewed at least once within that same period.

2.5 OTHER STAKEHOLDER FEEDBACK

Other stakeholders may use the following avenues to provide feedback:

- 1) Email, phone or postal mail, using the contact details provided on the SITCM website.
- 2) Informal discussions with a SITCM staff member.
- 3) The patient suggestion box located in the SITCM Clinic.
 - a. This box is checked by the Clinic Manager weekly, with any feedback reported to the Quality Assurance Manager.
- 4) The “[Client Feedback](#)” form on the SITCM website.
 - a. All submitted forms are automatically sent to the Clinic Manager, who informs the Quality Assurance Manager of any feedback.
- 5) The QR codes on feedback posters that are placed around the reception area of the SITCM Clinic.
 - a. Every time a student provides feedback by this avenue, the Quality Assurance Manager receives an email notification.
- 6) Representation on a governing body.
- 7) Periodic audits and reports by professional bodies and/or government bodies that have regulatory oversight.

2.6 HOW SITCM MANAGES AND RESPONDS TO FEEDBACK

- 1) If an SITCM staff member receives formal feedback from an SITCM stakeholder (excluding their manager), they must either immediately resolve it themselves or report it to the Quality Assurance Manager.
- 2) Feedback provided to SITCM is recorded as follows:
 - a. The Academic Support Officer reports feedback gathered at SSCC meetings in SSCC meeting minutes, which are then presented to the TLC for discussion and action.
 - b. The Quality Assurance Manager summarises feedback gathered from regular satisfaction surveys in regular reports, which are then presented to the TLC for discussion and action.
 - c. The Quality Assurance Manager collates all other stakeholder feedback into the *Stakeholder Feedback Register*, which is then presented to the EMG for discussion and action.
- 3) Feedback is addressed as follows:
 - a. If the feedback relates to a major academic issue, it is presented at the next TLC meeting.
 - i. The TLC determines the appropriate action in response to the feedback (if any), unless the feedback relates to an issue that requires AB input, in which case the Dean reports it at the next AB meeting.
 - ii. If the issue is reported to the AB, the AB determines the appropriate action and refers the matter to the EMG for implementation.
 - b. If the feedback relates to a major non-academic issue, it is presented at the next EMG meeting.
 - i. The EMG determines the appropriate action in response to the feedback (if any), unless the feedback relates to an issue that requires Board of Directors (BoD) input, in which case the CEO reports it at the next BoD meeting.
 - ii. If the issue is reported to the BoD, the BoD determines the appropriate action and refers the matter to the EMG for implementation.
 - c. If the feedback relates to a minor issue, the most relevant staff member should be notified directly for efficient resolution.

- 4) If possible, the stakeholder(s) who provided the feedback will be notified of the outcome of the discussion and whether it will be acted upon.
 - a. If the feedback is not anonymous, SITCM's response can be provided directly to the stakeholder.
 - b. If the feedback is provided anonymously on the learning management system Moodle, SITCM's response can be provided on Moodle.
 - c. If the feedback is provided anonymously via a student representative, SITCM's response can be provided to that student representative.
 - d. When appropriate, responses to student feedback will be provided in the *Student Newsletter*, which is emailed to all students four (4) times per year.

3 PROCEDURE

3.1 PROCEDURE FOR WHEN STAFF RECEIVE FEEDBACK

- 1) Feedback is provided to a staff member (e.g. from a student).
- 2) If the staff member is unable to immediately resolve the feedback themselves, they notify the Quality Assurance Manager of the feedback.
- 3) The Quality Assurance Manager enters the feedback into the *Stakeholder Feedback Register*.
- 4) The Quality Assurance Manager presents the feedback to the staff member or body who is best placed to address the feedback.
- 5) This staff member or body makes a considered decision to act or not act upon the feedback, and notifies the Quality Assurance Manager of the decision.
- 6) The Quality Assurance Manager updates the entry in the *Stakeholder Feedback Register* and, where possible, ensures that the person who provided the feedback is notified of the outcome.

4 RELATED POLICY AND OTHER DOCUMENTATION

- 1) Higher Education Standards Framework (Threshold Standards) 2021.
- 2) E2.16 Privacy Policy.
- 3) Privacy Act 1988.
- 4) E2.07 Non-Academic Grievance Policy and Procedure.
- 5) A1.14 Academic Grievance Policy and Procedure.
- 6) Student Consultation Schedule.
- 7) Student Survey Report.
- 8) VET Student Survey Report.
- 9) Graduate Survey Report.
- 10) Student Staff Consultative Committee Terms of Reference.
- 11) E2.11 Staff Grievance Policy and Procedure.
- 12) Teaching Staff Survey Report.
- 13) VET Trainer Survey Report.
- 14) B3.11 Staff Appraisal and Promotion Policy and Procedure.
- 15) A1.12 Course Review Policy and Procedure.
- 16) Formative Peer Review of Teaching.
- 17) Stakeholder Feedback Register.
- 18) Student Newsletter.