Guidelines manual

**West Moreton Hospital and Health Service
Registered Training Organisation
Provider 40745**

Registered Training Organisation	West Moreton Hospital and Health Service
Operating as	Queensland Centre for Mental Health Learning
Prepared by	Kylie Lewis, Quality and Compliance Coordinator, Queensland Centre for Mental Health Learning
Approved by	RTO 40745 Chief Executive Officer and High Managerial Agents /Operational Management Committee, Queensland Centre for Mental Health Learning. • Laura Chandler, Director, Queensland Centre for Mental Health Learning and Chief Executive Officer of Hospital and Health Service, Registered Training Organisation (40745). • Irene Francisco, Acting Program Manager, Queensland Centre for Mental Health Learning and High Managerial Agent for Hospital and Health Service, Registered Training Organisation (40745). • Deb Whittington, Lived Experience and Training Manager, Queensland Centre for Mental Health Learning and High Managerial Agent for Hospital and Health Service, Registered Training Organisation (40745). • Diane Allwood, Business Manager, Queensland Centre for Mental Health Learning and High Managerial Agent for Hospital and Health Service, Registered Training Organisation (40745). • Lori Leach, Acting Research Manager, Queensland Centre for Mental Health Learning and High Managerial Agent for Hospital and Health Service, Registered Training Organisation (40745).

Version control

Version	Date released	Action	Authorised by
1.0	04/02/2026	Review to align with the new RTO standards and courses on scope.	Laura Chandler, Director

Contents

About us

West Moreton Hospital and Health Service (WMHHS) is a Registered Training Organisation (RTO). The Queensland Centre for Mental Health Learning (Learning Centre) is the unit based within WMHHS authorised to develop and deliver training to mental health, alcohol and other drugs health professionals to grow, develop, and nurture Queensland's skilled and sustainable mental health alcohol and other drugs workforce to provide a quality recovery focused approach to care.

Registered Training Organisation code

The WMHHS RTO code is 40745.

Contact us

(07) 3542 2111 or qcmhltraining@health.qld.gov.au
Website/LMS: www.qcmhl.qld.edu.au

Business objective

The Learning Centre's mission statement is: Empowering you to deliver person centred, recovery-oriented care through our development and delivery of evidence based, contemporary mental health training.

West Moreton Health have three key pillars under which the Learning Centre's strategic and operational plans are developed, and all activities align to these areas:

- **With communities, for communities** – we're working together with our communities and partners to build a healthier future

- **Reducing barriers, improving care** – we're making healthcare easy and connected, no matter who you are or where you're from

- **Great people, great work** – everyone plays a role in growing, supporting and celebrating our workforce.

Scope of registration

The WMHHS scope of registration is the vocational education and training (VET) training package qualifications, accredited courses and units of competency that the regulator, Australian Skills Quality Authority (ASQA), has explicitly approved the RTO to deliver. The scope overview is listed on the national register at National Training Register - 40745 West Moreton Hospital and Health Service.

There is currently one accredited course on the WMHSS scope of registration. 11362NAT Course in Observing and Documenting the Mental State Examination is accredited by ASQA and listed on the national register at National Training Register - 11362NAT Course in Observing and Documenting the Mental State Examination.

Every five years, the Learning Centre must apply to ASQA for renewal of the accredited course. The renewal application includes an in-depth review of the need for the course, content currency and that the outcomes of the course meet current industry standards. Once the renewed course is approved by ASQA, the Learning Centre must then apply to ASQA to have it added to the WMHHS scope of registration.

Legislation

To achieve national consistency in registering and monitoring RTOs and the enforcement of standards in the vocational education and training (VET) sector, the VET Quality Framework is adhered to. The framework comprises the following:

- *2025 Standards for Registered Training Organisations (RTOs)*
    - National Vocational Education and Training Regulator (Outcome Standards for NVR Registered Training Organisations) Instrument 2025 (referred to herein as **the Outcome Standards)** - standards to ensure nationally consistent, quality outcomes for learners and employers
    - National Vocational Education and Training Regulator (Compliance Standards for NVR Registered Training Organisations and Fit and Proper Person Requirements) Instrument 2025 (referred to herein as **the Compliance Requirements**) – requirements which all RTOs must comply with, comprised of administrative, binary or process-oriented requirements.
    - Credential Policy (referred to herein as **the Credential Policy**)
- *Financial Viability Risk Assessment Requirements 2021* - which relate to training organisations' ability to meet financial viability requirements
- *Data Provision Requirements 2020* - which sets out the requirement for providers to supply ASQA with data upon request, and to submit quality indicator data annually
- *Australian Qualifications Framework* - which is the national policy for regulated qualifications in Australian education and training.

    ASQA is also subject to the National Vocational Education and Training Regulator Regulations 2011.

Source: VET Quality Framework | Australian Skills Quality Authority (ASQA)

Standards

Other standards relevant to the work of the Learning Centre are the *National Safety and Quality Health Service (NSQHS) Standards (2021)*

- Standard 1: Clinical Governance

- Standard 2: Partnering with Consumers

- Standard 5: Comprehensive Care

- Standard 6: Communicating for Safety

- Standard 8: Recognising and Responding to Acute Deterioration

Privacy and data

The Learning Centre's privacy and data management statement is detailed within the terms and conditions, available from the information link on our website:
Terms and Conditions Privacy Section 11

Responsibility

To ensure the continued high quality of accredited training and assessment, the Learning Centre strictly adheres to the *2025 Standards for Registered Training Organisations.*

Accredited and non-accredited training

The Learning Centre delivers a range of courses offering practical foundation knowledge for staff working with people experiencing mental health conditions and alcohol and other drug use, as well as specific skills focusing on safety and mental health recovery.

The Learning Centre clearly identifies which training is accredited and which is not in all course descriptions, on the service's website and associated marketing materials.

The quality of non-accredited training courses is guided by the Learning Centre's Quality Framework, which supports continuous improvement across training products and services, as detailed in the Non-Accredited Training Guidelines Manual.

Non-accredited courses do not have a Training and Assessment Strategy or Essential Course Information booklet. However, the Learning Centre applies relevant training and assessment principles of accredited training to non-accredited training.

Training Manager

Throughout this document, the term 'Training Manager' will be used interchangeably to refer to either the 'Program Manager' or 'Lived Experience and Training Manager'. Each of these roles provides oversight and decision-making over the Learning Centre training teams, which deliver accredited and non-accredited training.

Learning Management System (LMS)

The Learning Centre maintains a Learning Management System (LMS) to support the quality and compliance of online and face-to-face training for the Queensland Health workforce.

The Learning Centre uses Totara LMS, which allows learners to:

- create a learner profile
- access course information
- access general information (including linking with available supports)
- access a calendar of training events with booking functionality
- submit enrolment applications, including pre-training review documentation
- access course resources, learning and assessment materials for courses they are enrolled in
- access certification documentation.

Via the LMS, learners receive automated emails and notifications about enrolments, important information, reminders and changes to services. As an enterprise RTO primarily servicing the Queensland Health workforce, the Learning Centre does not use a separate student management system. The LMS functions as the primary platform for enrolment, completion and training records. For compliance and reporting purposes, a reporting dashboard is available, providing enrolment, completion, and compliance data and analytics. Information with respect to terms and conditions for LMS use is outlined in the Terms and Conditions statement, Learning Centre Terms and Conditions

Accredited courses

11362NAT Course in Observing and Documenting the Mental State Examination

The 11362NAT Course in Observing and Documenting the Mental State Examination (11362NAT) consists of one unit of competency – NAT11362001 Observe and document the mental state examination. The course was developed to address an industry need and does not have the depth to provide a full qualification. A statement of attainment is issued upon full attendance at the one-day course and successful completion of the assessment. (Refer to recognition of prior learning (RPL) for alternative completion).

Training manager

The Program Manager, Training and Development team, has oversight and decision making of this course.

Benefit

VET accredited courses are developed to meet a training need not covered by a training package qualification. 11362NAT is an industry specific course, written to support the learning and development of mental health, alcohol and other drug, health professionals.

ASQA endorsement provides recognition of the quality and robustness of the course, as accreditation means the course meets the *Standards for VET Accredited Courses 2021* and the *Australian Qualifications Framework* (AQF).

Purpose of the course

11362NAT provides participants with a range of knowledge and skills to objectively observe a person's mental state signs and symptoms, during a clinical interview, and document clinical evidence for each of the core components of the mental state examination.

This course is intended to provide participants with the following vocational outcomes:
- Observe the features of each of the core components of the mental state examination
- Consider the influence of contextual factors on the person's presentation
- Record clinically relevant observations and provide a rationale for clinical judgements made
- Apply the minimum standard for mental state examination documentation when making records.

Target cohort

The intended learner cohort are people working in mental health, alcohol and other drugs clinical services predominantly within Queensland Health, or those working towards qualifications in this field. Both early career and experienced clinicians may benefit from this course, though materials are targeted to early career clinicians to support accessibility.

Whilst Queensland Health mental health, alcohol and other drugs staff are the primary target audience, training is available, and highly appropriate to:
- clinicians, practitioners and mental health, alcohol and other drugs workers from other Queensland Health services who provide a service to, or support, people experiencing mental health issues

- mental health clinicians/practitioners from other Government services and departments
- mental health clinicians/practitioners of non-Government (private) services
- staff and support services who work with consumers of mental health services in other capacities, or who, in their line of work, assist people experiencing mental health problems
- university students on placement in mental health services.

CHCSS00103 Mental Health Peer Work Skill Set

Background

The CHCSS00103 Mental Health Peer Work Skill Set consists of three (3) units of competency and reflects the skill requirements for peer workers entering the mental health workforce.

- CHCLEG001 Work legally and ethically
- CHCPWK001 Apply peer work practices in the mental health sector
- CHCPWK003 Apply lived experience in mental health peer work.

As an Enterprise RTO, the Learning Centre has chosen to include two (2) additional units of competency in this delivery to address industry needs.

- CHCPWK004 Work effectively in consumer mental health peer work
- CHCPWK005 Work effectively with carers as a mental health peer worker.

Three (3) statements of attainment will be issued upon full attendance at the six (6) online classrooms and successful completion of the assessment.

- CHCSS00103 Mental Health Peer Work Skill Set
- CHCPWK004 Work effectively in consumer health peer work
- CHCPWK005 Work effectively with carers as a mental health peer worker.

This course will be delivered as a live pilot program in 2026, comprising two (2) distinct cohorts of up to 16 participants each. Participants who meet all assessment requirements will achieve the three (3) statements of attainment mentioned above.

To strengthen the reliability of evaluation outcomes, both cohorts will be collectively reviewed. This combined analysis will capture comprehensive feedback from learners and workplace supervisors, enabling a deeper understanding of the program's effectiveness, accessibility, and relevance to workplace contexts.

Following the delivery of the second cohort, a formal validation process will be undertaken. This will include reviewing assessment tools, training resources, and learner outcomes to identify opportunities for continuous quality improvement. Any refinements or updates to learning materials, delivery methods, or assessment strategies will be implemented at this stage to ensure the course meets internal and industry standards.

The rationale for this staggered, two-cohort pilot model is to address immediate industry priorities. These include responding to internal workforce development demands and enhancing accessibility for the regional and remote workforce.

Additionally, the timing of the pilot aligns with the forthcoming review of the Human Ability training package, expected to conclude around April 2026.

Once the updated training package is released, the pilot deliveries in progress will be completed, after which future deliveries of this course will be temporarily paused to allow for the redevelopment of learning materials, training and assessment strategies, and delivery frameworks. This approach supports current industry needs while ensuring full alignment with the updated national standards and maintaining the course's compliance, quality, and relevance.

During the pilot deliveries of this course, Recognition of Prior Learning (RPL) will not be offered. This is because we want to ensure that the pilot includes learners who can fully benefit from the complete training and assessment process, and to gather comprehensive feedback for improving the course design.

Refer to the recognition of prior learning (RPL) section of this document for alternative completion options following the pilot deliveries.

From this point forward, any reference to "skill set" refers collectively to the five (5) units of competency mentioned above.

Training manager

The Lived Experience and Training Manager, Lived Experience Training team, has oversight and decision making for this course.

Benefit

VET accredited courses are developed to address specific training needs not covered by existing training packages. The units within this skill set provide industry-specific learning designed to build the capabilities and confidence of mental health Lived Experience (Peer) workers, supporting their professional growth and contribution to the sector.

ASQA endorsement provides recognition of the quality and robustness of the course, as accreditation means the course meets the *Standards for VET Accredited Courses 2021* and *Australian Qualifications Framework* (AQF).

Purpose of the course

This course equips learners with the foundational knowledge and practical capabilities to work effectively in Lived Experience (Peer) roles within the mental health sector. It provides the essential skills to become a confident and ethical Lived Experience (Peer) worker, covering the core principles, values, and professional frameworks that underpin peer work, such as ethical practice, self-reflection, and purposeful use of lived experience. Learners discover how to apply their lived experience to support recovery, connection, inclusion, and hope for others while maintaining professionalism and self-care.

Through the integration of CHCPWK004 and CHCPWK005, learners develop a deep understanding of how to work collaboratively and respectfully with individuals, families, carers, and other health professionals within the mental health system. The program emphasises communication, boundary-setting, crisis response, advocacy, and self-care, enabling participants to build safe, empowering relationships and recognise the diverse perspectives and contributions that support recovery.

By completing this course, learners will be equipped to engage confidently and ethically across diverse mental health settings, contribute meaningfully to recovery-oriented services, and promote positive change.

Upon successful completion of the above units of competency, learners will be able to:

1. Describe the role of Lived Experience (Peer) work within the wider context of mental health services and how history, society, politics, culture, economics, and current research influence what Lived Experience (Peer) work looks like today.

2. Define the different roles, structures and scope of mental health Lived Experience (Peer) work.

3. Demonstrate the ability to critically reflect on personal beliefs and biases to maintain professionalism, ethics, and non-judgement, while consistently applying the core principles, values, and philosophies of Lived Experience (Peer) work in everyday interactions and decision-making.

4. Demonstrate the ability to identify, interpret, and apply organisational expectations, policies, procedures, and safe work practices.

5. Demonstrate the ability to advocate for and uphold the value, integrity, and ethical standards of the Lived Experience (Peer) work role by contributing to the improvement of workplace and organisational practices through informed feedback, cross-team collaboration, sector engagement, and proposing practical changes that enhance policies, procedures, and professional standards.

6. Establish and maintain appropriate boundaries and levels of sharing lived experience, including privacy, consent, and ethical considerations.

7. Apply lived experience purposefully and ethically within professional frameworks to build safe, positive, and effective peer relationships while delivering peer services that uphold professional, legal, and ethical standards, including confidentiality, rights, responsibilities, and duty of care.

8. Use strengths based communication approaches to understand and support each person's unique preferences, values, identities, and goals.

9. Assist individuals to access information, resources, education, and service options to support informed choice and participation.

10. Identify a range of mental health services and support networks and assist individuals to access these supports when needed.

11. Recognise signs of crisis, apply appropriate support strategies, and accurately determine when escalation is required.

12. Work collaboratively with other staff and professionals to deliver coordinated, holistic and culturally responsive support.

13. Recognise and report any situations of unethical behaviour, legal breaches, or conflicts of interest in line with workplace procedures.

14. Use clear problem-solving and ethical decision-making when facing complex or conflicting situations.

15. Maintain personal wellbeing and safety through self-care, supervision, debriefing, and managing the emotional impacts of the work.

As an enterprise RTO, the intended learner cohort for this training is individuals currently employed in identified Lived Experience (Peer) roles within Queensland Health. Both early career and experienced Lived Experienced (Peer) workers may benefit from this course, though the materials are targeted to early career workers. This approach enables the workforce to formalise existing knowledge and skills while aligning a shared understanding and application of best practice within a structured, well supported training environment.

This cohort profile was informed by industry and workforce engagement.

1. Marketing and Recruitment

Marketing and recruitment activities are informed by Quality Area 2 of the Outcome Standards.

All marketing and information disseminated by the Learning Centre is compliant with the Outcome Standards and Compliance Requirements, ensuring that prospective and current learners receive clear, accurate, accessible and timely information to make informed training decisions about the Learning Centre.

Course information is developed internally, uploaded to the Learning Centre website and used in promotional material. Current and/or prospective learners may access this information to identify suitable training options.

Current and prospective learners may contact the Learning Centre directly with training course enquiries. Learning Centre staff respond to enquiries with accurate and current responses, in a timely manner, ensuring the learner can make an informed decision.

Printed and electronic materials may be distributed on the Learning Centre's behalf by an approved third party. The Learning Centre accepts responsibility for marketing and advertising by an approved third party, by ensuring the requirements of the *Standards for Registered Training Organisations (RTOs) 2025* are met, and honours all commitments made in the marketing or advertising materials.

All marketing material is reviewed and approved by the Operational Management Committee (OMC), which includes the following RTO High Managerial Agents (HMA): the Learning Centre Business Manager, Systems Manager, Training Managers and the RTO CEO/Director, Learning Centre.

1.1 Accurate and clear information

The Learning Centre provides current, accurate, clear, and accessible information about the services provided and training products within the scope of registration. Prospective learners, or third parties, are well-informed of services provided prior to, or upon confirmation of their enrolment or commencement. All marketing material used to promote accredited training products ensures the following requirements are met:

- full RTO name and code are listed
- accurate contact details and RTO logo included
- course code and full title as published on the national register (from training.gov.au)
- accurate list of all units of competency offered within the course and reflective of the Training and Assessment Strategy for the course
- training mode, location, start date and duration information
- mode of delivery is stated
- fees, subsidies and co-contribution fees
- entry requirements, licencing outcomes, work placements

- recognition of AQF certification documents issued by another RTO
- non accredited versus accredited offerings are clearly outlined
- licencing or outcomes are explained
- upfront and comprehensive course information provided prior to enrolment or payment (refer to the **Essential Course Information booklet** for the relevant course).

1.2 Essential course information

Current and prospective learners can easily access information to assist them in selecting suitable training courses through the Learning Centre's website. They may also contact the Learning Centre directly to obtain advice on selecting the most suitable course for their needs.

All accredited training products include an Essential Course Information booklet. This booklet is available on the relevant course page of the LMS and emailed to learners upon enrolment. This booklet contains key information to help prospective learners decide on the suitability of the training product for them, based on their existing skills, knowledge, competencies and support needs. Final confirmation of course suitability occurs through the pre training review conducted as part of the enrolment process.

The essential course information booklet covers the following areas:

- course details
- entry requirements
- enrolment
- learning support
- additional learning (non accredited)
- training and assessment
- completion
- general information and governance
- evaluation
- legislation
- terms and conditions
- personnel contact information.

1.3 Nationally Recognised Training logo

The Nationally Recognised Training (NRT) logo may be used to promote training within the WMHHS scope of registration, which is recognised under the VET Quality Framework.

The logo is not associated with training excluded from the scope of registration (i.e. non-accredited training), and is not used on products such as stationery, business cards, building signage, mouse pads, or pens.

Only Australian Qualifications Framework (AQF) certification documentation depicts the NRT logo. The logo is not depicted on any other certificates.

The NRT logo is used in accordance with the conditions of use specified in Schedule 2 of the *Compliance Requirements,* including:

- promoting nationally recognised training, provided training is within the scope of registration
- impressions are not made that may lead an observer to conclude the NRT logo applies to all training provided, where this is not the case
- the logo is not used where training is accredited, but it is outside the scope of registration
- where training is promoted but does not meet the requirements stipulated in Schedule 2 of the *Compliance Requirements*, or is outside the scope of registration, it is made clear that the NRT logo is not associated with that training.

1.4   Withdrawal

A withdrawal option is included in all electronic marketing and advertising releases.

1.5   Consent

Written permission is obtained from any person or organisation featured in marketing or advertising materials, in name or image, through the completion of the Queensland Government consent form.

Refer to section 9.5 of these guidelines for further details on the record retention and disposal practices.

1.6   Guarantee of completion

The Learning Centre, or an approved third party, does not guarantee or imply in any marketing material that:

- a learner will successfully complete a training product
- a training product can be completed in a manner that does not adhere to the *Compliance Requirements*
- a learner will obtain an employment outcome, where this is outside the control of the Learning Centre.

A training product that enables a learner to obtain a licensed or regulated outcome is undertaken only where this has been confirmed by the respective industry regulator in the jurisdiction in which it is being advertised.

1.7   Printed material

The RTO name and provider code are clearly visible on printed marketing and advertising products. The NRT logo is included only when advertising a training product within the scope of registration.

1.8   Website

The Learning Centre's website is consistently maintained, with content kept up to date. The website displays contact menu options.

The RTO name and provider code are prominently included in the footer of every page. On any page referencing an accredited training product, the code and title of the product as recorded on the national register are used. The NRT logo is used only in association with a training product within the scope of registration.

Non current training products are advertised only while that product remains on the scope of registration, including information on currency and if it has been superseded or replaced.

1.9 Social media

All social media communications include the RTO name and provider number. Replies to comments made in response to communications do not require the RTO name or provider number. When advertising references a specific training product, the code and title of the training product are included, and, where relevant, reflect the details on the national register.

1.10 Online directories

Within any RTO directory listing, the WMHHS RTO name and provider number are included.

1.11 Online advertisements

When advertising online, the WMHHS RTO name and provider number are included. Any reference to an accredited training product accurately reflects product details as recorded in the national register.

1.12 Television/radio

As an enterprise RTO, the Learning Centre does not generally advertise through public media. If advertising through television or radio outlets, the WMHHS RTO name and provider number are to be included, for example, as a disclaimer at the end of the advertisement. If a learner is speaking in the Learning Centre's advertising, in support of/on behalf of the Learning Centre, their written consent is to be obtained prior to the advertisement, and the consent form is retained on the Learning Centre's network drive. Refer to section 9.5 of these guidelines for further details on record retention and disposal practices.

1.13 Notification of changes

With respect to any change to terms and conditions, the Learning Centre reserves the right to modify these terms and conditions at any time. Any changes will be effective immediately upon posting at [Learning Centre Terms and Conditions](). It is the responsibility of each individual to review these terms and conditions periodically to stay informed of any updates.

1.14 Record keeping

Copies of marketing and advertising material are retained on the Learning Centre's network drive, in accordance with record retention and disposal practices outlined in section 9.5 of these Guidelines.

2. Enrolment

Enrolment activities are informed by Quality Area 2 of the Outcome Standards.

Key course information and entry requirements are provided in the Essential Course Information booklet and explained during the enrolment process. Standard entry requirements across all accredited courses are:
- all participants must be 18 years or over, and
- either working in mental health, currently studying towards a mental health qualification, or working in an identified Queensland Health Lived Experience (Peer) role.

Further details and recommended entry requirements for each accredited course can be found in the Essential Course Information booklet and the Training and Assessment Strategy specific to that course.

Learners are to create their individual learner profile in the LMS and self enrol in the training courses of their choice (accredited and non-accredited). The system records and issues learner assessment results.

2.1 Unique Student Identifier

In accordance with the Student Identifiers Act 2014, all participants enrolling in VET courses must have a USI. From 1 January 2015, the Learning Centre is prevented from issuing a qualification to a learner unless the learner has provided a valid USI.

Learners attending accredited training must provide a USI in their enrolment form prior to attending the course. This USI is verified by the Learning Centre before the learner's enrolment is confirmed. The Learning Centre does not apply for a USI on behalf of any learner.

In complying with the USI initiative, learner USIs are collected and verified before a qualification or Statement of Attainment is issued for any nationally recognised training completed.

Privacy and security of USIs and related documentation are ensured by restricting access to this information to only those staff requiring it as part of their work. All staff comply with the Queensland Public Service Code of Conduct, which covers maintaining information privacy.

If a learner has an exemption from providing a USI, they are informed, upon confirmation of their enrolment, that their result is not accessible through the Commonwealth and will not appear on any authenticated VET transcript prepared by the Registrar. Any USI that does not verify negates the issue of AQF certification documentation until the number is verified.

2.2 Language, literacy, numeracy and digital literacy (LLND)

The enrolment process for accredited training products requires all learners to complete a Pre-Training Review, which includes an LLND declaration of ability. Learners who indicate at enrolment that they may need additional support through the LLND declaration of ability will be offered appropriate assistance. Each training product includes an LLND check tailored to the level of ability required for that program and may also involve a self-assessment to identify specific support needs.

Detailed information is outlined in the relevant section of the Training and Assessment Strategy for each training product. The LLND declaration of ability is integrated into the learning management system (LMS) pre-enrolment process. Learners who identify LLND support needs cannot progress to enrolment until suitable support options, including any required accommodations, have been discussed and established. For those with identified support needs, details of both the LLND declaration of ability and self assessment are retained in the relevant course folder on the Learning Centre's network drive.

2.3 Fees

Clear and accurate information about fees, including the full terms and conditions and the fee structure, is available on the Learning Centre's website (LMS) for current and prospective learners prior to enrolment. The terms and conditions statement covers:

- fees that must be paid, including how and when to pay these
- terms and conditions of payment
- fee payment methods and records
- refunds policy
- transfer of fees paid
- tuition assurance scheme (currently not applicable)
- evidence of unconditional financial guarantee (currently not applicable).

Payment is made through the enrolment process on the LMS.

Any unresolved payment concerns are escalated as a priority to the Learning Centre's Business Manager for timely resolution.

Refunds are processed in accordance with the current advertised terms and conditions.

The Learning Centre currently does not collect more than $1,500 in prepaid fees from any individual learner. If at any time the Learning Centre requires, either directly or through a third party, a prospective or current learner to pre pay fees in excess of $1,500 (being the threshold prepaid fee amount), the Learning Centre will ensure it meets the conditions set out in the *Compliance Requirements*.

There are currently no other fees or charges applicable, e.g. replacement certificate or statement fee, administration fees, or materials fees.

The Learning Centre does not currently offer student loans or offer training associated with government funding arrangements.

2.4 Learner support needs

At the time of enrolment, learners are asked to indicate any support needs by providing details in the online enrolment form. Depending on the nature of the enquiry, the appropriate Learning Centre staff member will contact the learner to confirm the type of support required and determine whether it can be provided by the Learning Centre or if external assistance should be pursued by the learner. While every effort will be made to accommodate additional support needs, the Learning Centre cannot guarantee that all requests can be met in every instance.

If, after enrolment, before attending training or once training has commenced, a learner becomes concerned about their learning needs, they should communicate with the Learning Centre promptly by email, phone or in person to discuss possible support options with the relevant educator or training manager, depending on the nature of the enquiry. This advice is outlined in the Essential Course Information booklet for the relevant course.

Refer to section 3.2 of these guidelines for detailed information on managing Reasonable Adjustments.

2.5 Expected standards of behaviour

Clear information about expected standards of behaviour is available on the Learning Centre's website (LMS) and the Essential Course Information for current and prospective learners prior to enrolment.

The Learning Centre maintains a culturally safe, inclusive, and respectful learning and working environment, free from discrimination and harassment for all individuals, including staff, prospective students, current students, and other stakeholders.

The [Code of Conduct for the Queensland Public Service](#) outlines accepted behaviours of learners and staff, regardless of whether they are Queensland Health employees or from the wider community.

Where a person displays unwarranted behaviour that breaches the standards outlined in the Code of Conduct, educators may require that person to leave the training venue.

Learners who act in an unruly, offensive, or disrespectful manner toward educators or fellow learners may be offered one warning to cease their behaviour. Continued or serious misconduct will result in their removal from the training and cancellation of their enrolment, with no entitlement to a refund.

Educators will address inappropriate behaviour in a way suited to the immediate circumstances, maintaining the psychosocial safety of the learning environment as much as possible. The Training Manager will be notified as soon as practicable to provide support. If further action is required, the Training Manager will contact the learner's line manager. A record of the incident and its management may be held in the learner's training file.

If a person is asked to leave, the educator will take reasonable steps to ensure their safety and wellbeing. The Training Manager has the final authority to decide whether the learner may participate in future training sessions.

If a learner feels they have been treated unfairly, they are encouraged to submit a written grievance via email addressed to the relevant Training Manager within 30 calendar days, QCMHLTraining@health.qld.gov.au.

If during training, a learner believes discrimination or harassment has occurred, they are encouraged to report the matter promptly to the educator, and/or contact the relevant Training Manager via phone or email.

Incidents will be recorded and managed in accordance with West Moreton Health and Queensland Health policies and procedures.

2.6 Enrolment confirmation

Confirmation of enrolment is provided by email to the account nominated by the learner. The confirmation email contains information on:

- the code and title of the course
- the duration of the training
- the location of training
- any third-party details, if training is delivered by a third party.

2.7 Recognition of prior learning

Recognition of prior learning (RPL) identifies and evaluates the skills and knowledge a person has acquired through previous training, work or life experience. These existing competencies may be applied toward a course, qualification, or unit of competency, potentially resulting in credit or formal recognition. RPL provides an alternative pathway to achieve a qualification or Statement of Attainment.

The Learning Centre implements an assessment system that ensures all assessments, including RPL, comply with the assessment requirements of the relevant Training Package or VET-accredited course, as well as the Principles of Assessment and Rules of Evidence outlined in the *2025 Standards for Registered Training Organisations.*

The Learning Centre is committed to providing clear, fair and supportive RPL processes. Learners receive information about RPL during the enrolment process, and the RPL application kit is readily available upon request from the Learning Centre, which contains detailed information and necessary application forms.

- The applicant must provide a verifiable unique student identifier (USI).
- RPL applications are subject to fees as outlined in the Terms and Conditions

    – RPL fees are charged at the one-day face-to-face training rate per unit of competency ($250) to cover costs associated with securing an assessor to undertake the RPL process. If an applicant is deemed not to achieve RPL, they are offered a place at face-to-face training free of charge.

Once an enquiry is received, the relevant Training Manager will contact the applicant to discuss the RPL process and explain alternative options, such as completing the full course. If the applicant chooses to proceed, they will be provided with an RPL Kit.

A qualified assessor is then appointed to oversee each RPL application. Assessment decisions for RPL are made in a fair, transparent and consistent manner across all candidates, ensuring the integrity of the training product. All RPL documentation is retained in the learner/candidate's file.

RPL is an assessment process, so the Learning Centre must ensure the authenticity, currency and equivalence of evidence provided. Approved assessors ensure this through a variety of different methods, including:

- verification of certifications and evidence
- requiring the candidate to demonstrate their skills and knowledge through challenge tests, practical demonstrations or competency conversations
- contacting previous employers or third party referees to confirm the experiences and skills documented by the candidate.

Candidates with incomplete evidence to support RPL may be asked to undertake the assessment component of the course to provide missing evidence.

If the candidate is required to complete assessment tasks, they will be completed under the supervision of a qualified assessor.

Note – For applicant enquiries about RPL for a clustered unit of competency such as CHCPWK001, CHCPWK003, CHCPWK004 or CHCPWK005, we explain that these units are jointly assessed through a combined assessment process.

Applicants are informed that to be assessed through RPL for one of these individual units, they must provide the evidence specified in the relevant RPL Kit, demonstrating that they meet all required elements, performance criteria, performance evidence, and knowledge evidence for that unit.

Noting that if they intend to complete training and assessment for the other units included in the combined assessment, the assessment for their chosen unit will occur as part of that combined assessment process. This information is provided to potential RPL applicants in the Essential Course Information booklet.

2.8 Study credit transfer

The Learning Centre recognises all existing competencies held by applicants, regardless of where, how, or when those competencies were gained. Learners who have completed an equivalent training product are eligible and supported to apply for credit transfer. Upon enrolment, the Learning Centre informs learners about the credit transfer process and provides opportunities to apply. Applications for credit transfer must be submitted prior to commencing the course. The credit transfer application form is available from the Learning Centre website (LMS).

- The Learning Centre will accept and mutually recognise the decisions and outcomes of any RTO or body in partnership with an RTO, thereby ensuring mutual acceptance throughout Australia of the qualifications and Statements of Attainment awarded by other RTOs.
- The Learning Centre recognises AQF certification documents issued by other RTOs, as well as authenticated VET transcripts issued by the Registrar. After reviewing and verifying their validity, the Learning Centre will apply a credit to all relevant units of competency or modules.
- For learners who have activated permission in the USI registry system, the Learning Centre will directly view their VET transcript via the USI transcript service.
- Credit transfer applies when the certification documentation provided ty the learner is either a current unit of competency or superseded and equivalent to those that form part of the training and assessment program offered by the Learning Centre.
- Certification documentation must be presented as either originals or certified copies of an original (certified by a Justice of the Peace or Commissioner of Declarations).
- Original copies that are sighted by the RTO must be signed by an authorised representative of the Learning Centre to verify authenticity. Original certification documentation must be returned to the applicant, and a copy is retained on file by the Learning Centre.
- The Learning Centre provides study credit unless licencing or regulatory requirements may prevent a unit or module from being awarded through a credit process. For example, where a unit of competency has legislative, WH or industry requirements for refresher training, the Learning Centre will not offer credit transfer and will offer the learner to undertake an assessment-only option to complete the course.

After all the required documentation is received, the Learning Centre will advise the learner in writing, as soon as possible, of the study credit transfer decision. Information will be included about the right to appeal the decision.

3. Learner support and progression

Learner support and progression are informed by Quality Area 2 of the Outcome Standards.

The Learning Centre's Business Support Assistant is the initial contact person for current and prospective learners with support needs. Depending on the nature of the enquiry and the level of support needed, the Business Support Assistant will liaise with relevant Learning Centre staff.

3.1 Determining learner needs

Learner needs are identified throughout the learner journey, including during the online enrolment process in accordance with sections 2.2 and 2.4 of these Guidelines. These needs are also revisited throughout the learner journey by encouraging learners to share their thoughts and provide feedback at various points.

Details of learner supports relevant to each course are provided in the Essential Course Information booklets.

Information is also available on our website at [Queensland Centre for Mental Health Learning (The Learning Centre) Knowledge Base - Learner support](#).

3.2 Reasonable adjustment

A legislative and regulatory framework underpins and supports the delivery of vocational education and training across Australia. Under this framework, providers of vocational education and training must take steps to ensure that learners of all abilities have the same learning opportunities and the same opportunities to perform and complete assessments.

Reasonable adjustments are made to ensure that learners can demonstrate their achievement in the program without unnecessary barriers. These adjustments may involve changes to the learning environment, training delivery, learning materials, or assessment tasks to meet individual learner needs. Examples of such adjustments include the use of adaptive technologies, educational support, and alternative assessment methods, such as oral assessment or the use of dictation software.

While reasonable adjustments may be made to how performance evidence is collected, the evidence criteria used to determine competency must remain unchanged. The same standards must apply to all individuals and groups to ensure the consistency and comparability of assessment outcomes.

Assessment assistance provided by an educator or assessor will follow the principles of reasonable adjustment. That is, any assistance provided by Learning Centre staff will be delivered confidentially and will not provide the learner with an unfair advantage. In certain circumstances, during the assessment, the following adjustments may be made:

- additional time may be allowed, as appropriate, for a learner to complete the assessment
- assessment tasks and questions may be clarified with an educator or assessor
- educators or assessors may reframe questions and instructions to assist a learner's comprehension.

If the online assessment is inaccessible to a learner for any reason, such as a disability, the learner is to contact their educator or assessor to discuss an alternative arrangement. Any specific adjustments made will be documented by the assessor and recorded in the learner's file.

If a learner indicates a need for disability support during the online enrolment process, the Learning Centre arranges support wherever possible. In these instances, the Learning Centre's Business Support Assistant informs the relevant educator, who then contacts the learner to discuss their specific needs and determine the most appropriate support options.

This process helps identify any potential impacts on learning and establish reasonable adjustments, such as classroom positioning, additional tutorials, or alternative formats or delivery methods (e.g. online classroom).

If a learner discloses a disability requiring support on the day of training, immediate and appropriate support may not be available.

The Learning Centre provides, where possible, equitable learning environments for all learners of all abilities or with medical conditions impacting their ability to achieve course completion. Learners may be unable to attend a training session if their condition poses an occupational health and safety risk to themselves or others. In some circumstances, learners may be asked to provide documentation from a health practitioner outlining their condition and functional implications.

All training products are developed with accessibility in mind, incorporating features such as closed captions on videos, written transcripts, and web accessibility standards.

The Learning Centre aims to assist learners in achieving the required competency standards where it is within its ability. If additional assistance cannot be provided by the Learning Centre, the learner will be referred to an external agency that can assist. There are no fees charged for referral, although fees may apply for the accessed service.

All assistance provided by educators or assessors will comply with the principles of reasonable adjustment. Any assistance provided will not give an unfair advantage to any learner and will be offered discretely.

Learners who believe they have not received appropriate support within reasonable adjustment guidelines are encouraged to contact the Training Manager.

3.3 Cultural and wellbeing needs

The Learning Centre recognises that learner wellbeing directly impacts learning outcomes, and is committed to providing supportive, inclusive services for all learners, including those from diverse cultural backgrounds and/or experiencing personal, emotional, or mental health challenges.

The Learning Centre is committed to ensuring that every learner has access to timely, inclusive and appropriate support services. This includes crisis, mental health and alcohol and other drugs resources and services, and access to the Employee Assistance Services (EAS). All services are communicated clearly, offered confidentially and delivered with care and respect.

Within available resources, the Learning Centre will strive to provide the necessary support without creating an unfair advantage. If the required support cannot be provided internally, educators will assist learners by offering a supportive referral to qualified external services and encouraging them to access the assistance they need.

As an Enterprise RTO, cultural considerations are integrated across all areas of operation, including the development and delivery of training, and as part of the quality and continuous improvement system. This approach is guided by the Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033 and Queensland Multicultural Health Policy and Action Plan 2024 – 2029. It is further supported through mandatory cultural awareness training for all staff, and access to subject matter experts, including the Multicultural Health and Language Service, Transcultural Mental Health and First Nations Health Office for consultation, guidance and support services.

3.4 Access and equity

As an Enterprise RTO, the Learning Centre is committed to providing equal learning opportunities for every individual seeking training and assessment. All enrolments are treated fairly, with no discrimination based on background, gender, age, disability, or any other personal characteristic. Admission into training programs is determined by applicants meeting the required course prerequisites and entry criteria, and placements are allocated on a first-come, first-served basis until all available sessions are filled.

The Learning Centre ensures that all learners have equitable access to quality training and assessment services that reflect industry standards. Our priority is to create a supportive and inclusive learning environment where every participant has the opportunity to develop their skills and achieve competency in their chosen field. Through this approach, the Learning Centre contributes to sustainable workforce development and the continuous improvement of professional capability across industries.

3.5 Personnel availability

The Learning Centre is committed to ensuring all learners have adequate and suitable access to educators, assessors, support staff, and relevant personnel throughout the duration of their training and assessment and in a timely and structured manner.

Details of how and when learners can contact relevant staff are provided in the Essential Course Information booklet.

3.6 Training logistics

When any changes occur to training delivery details, such as venue, time, third-party arrangement or an unplanned cancellation due to extenuating circumstances, all enrolled learners are promptly informed via SMS/text message, email to their nominated account/s, and a phone call to their nominated contact number. The course information on the website is updated without delay.

3.7 Complaints and appeals

The Learning Centre recognises that providing feedback is not only a fundamental right of all stakeholders, but also an opportunity to enhance service delivery, training and assessment practices, and overall organisational performance.

All feedback, whether positive, negative, formal, or informal, is acknowledged, addressed appropriately, and used to support continuous quality improvement. Complaints and appeals are handled fairly and impartially, with a focus on resolving matters locally whenever possible.

A complaint about any aspect of service delivery or training products may be provided by any avenue, including email, phone, or directly to an educator, assessor, or support staff. If the learner's complaint is about the educator/assessor, or if the learner is uncomfortable discussing this issue with the educator/assessor, then they will be directed to contact the Training Manager. Support staff can provide the learner with the contact details of the relevant Training Manager.

This first conversation is intended to resolve the matter promptly. If the issue cannot be resolved at this stage, the complainant will then be asked to submit a formal complaint or appeal. Individuals involved in a written complaint will be informed of the complaint and provided an opportunity to present their perspective.

A written response will be provided by either the Learning Centre's Training Manager or Director, within 21 working days of receiving the complaint. If the Learning Centre determines that more than 60 calendar days are required to process and finalise the matter, the complainant will be notified in writing, advised of the reasons for the delay, and kept informed of progress through regular updates.

If the issue cannot be resolved internally, or if the complainant is dissatisfied with the outcome, they have the option of submitting their complaint using the WMH online complaint system via:

- internal Queensland Health system
- external Queensland Health system

Unresolved complaint: If a complaint submitted to the Learning Centre, or through WMH, remains unresolved to the complainant's satisfaction, they may refer the matter by contacting the national regulator, ASQA, via http://www.asqa.gov.au/.

A record of complaints and their management will be maintained by the Learning Centre Quality and Compliance Coordinator. The complaint itself will be managed by the relevant training manager.

Complaints, including those submitted anonymously, are reviewed by the RTO CEO/Learning Centre Director to identify potential trends. Insights gained from this process support the continuous improvement of the organisation's services and products.

Full details of the complaints process are available on our website: Queensland Centre for Mental Health Learning (Learning Centre) Knowledge Base - Complaints process.

In rare circumstances, a learner may dispute a decision made by the Learning Centre, such as an enrolment rejection or an assessment outcome, and choose to appeal the decision. A prospective learner may do so if they believe the decision was made unfairly, in error, or without due consideration.

If a learner is not satisfied with the outcome of an assessment, they have the right to appeal the decision. Appeals must be submitted in writing, within 30 days of the result being issued. Written appeals can be sent via email to the relevant training team or via the postal address, and addressed to the Learning Centre's Training Manager.

All appeals are handled fairly and without bias. The relevant Training Manager will conduct, or coordinate, an investigation into the assessment decision, and a written response will be provided within 21 working days of receiving the appeal.

If the Learning Centre determines that more than 60 calendar days are required to process and finalise the appeal, the person appealing will be notified in writing. This notification will include the reasons for the delay and provide regular updates on the progress of the matter.

Should the learner remain dissatisfied with the appeal outcome, they may submit a further written response to the Training Manager within 30 days of receiving the appeal outcome. At this stage, the appeal may be referred to an independent person agreed upon by both parties. A meeting will then be arranged, allowing the learner the opportunity to formally present their case.

Full details of the appeals process are available on our website: Queensland Centre for Mental Health Learning (Learning Centre) Knowledge Base - Appeals process

Details of complaints and appeals are also provided in the Essential Course Information booklet.

4. Training and assessment strategies and practices

Training and assessment strategies and practices are informed by Quality Area 1 of the Outcome Standards.

The Learning Centre is committed to providing quality training and assessment practices that comply with the requirements outlined in the *Standards for Registered Training Organisations (RTOs) 2025*.

To support learning and successful assessment completion, learners are encouraged to seek guidance and assistance from their educator or assessor as needed. Details of the assessment components are specified in the relevant Training and Assessment Strategy and Essential Course Information booklet.

Throughout the training delivery, learners receive information about assessment processes and are provided with sufficient instruction and resources to complete assessment tasks correctly and comprehensively. Learners are also reminded that all responses must be their own work and that every question must be answered in full.

4.1 What is a training and assessment strategy?

A Training and Assessment Strategy (TAS) outlines the approach and methods adopted by an RTO for delivering training and conducting assessments that enable learners to meet the requirements of the relevant training package or accredited course. Each TAS must provide an accurate and detailed framework for both delivery and assessment.

The format of these strategies may vary and can consist of multiple documents at the RTO's discretion. However, all documents must maintain consistency to ensure that the overall strategy is clearly articulated and cohesive.

The TAS outlines the amount of training provided in alignment with the requirements of the qualification or unit on scope. The training duration is determined by considering:

- the learner's existing skills, knowledge, and experience
- the mode of delivery
- the number of units or modules delivered as part of, or in proportion to, a full qualification (where a full qualification is not being delivered).

This approach ensures each learner can meet the requirements of the units of competency or modules in which they are enrolled. Each TAS specifies the supervised and unsupervised hours that constitute the total amount of training and includes the provision of recognition arrangements.

A distinct TAS must exist for each training product listed on the RTO's scope of registration. For the Learning Centre, a training product includes both an individual unit of competency and a skill set comprising two additional clustered units. Each TAS must align with the requirements of the corresponding accredited product and clearly define all key components, including:

- the training product to which it relates
- core and elective components (full qualifications)
- licencing, regulatory and packaging requirements
- entry requirements and prerequisites (e.g., language, literacy, numeracy and digital literacy)
- mode and location of delivery (e.g., face-to-face, online, blended, or workplace-based)

- duration, scheduling and volume of learning (consistent with the AQF)
- target learner group or cohort
- recognition arrangements, including recognition of prior learning (RPL) and credit transfer
- learner supports
- capacity for reasonable adjustment
- work placement or practical components
- learning and assessment resources, methods and timing
- mapping of learning and assessment activities to each unit of competency
- educator-to-learner ratios
- physical resources required for delivery and assessment
- human resources required and available to deliver training and assessment
- qualification outcomes, career pathways and opportunities
- consistency with advertising and approved course details
- Processes for monitoring, evaluation, moderation, validation, and continuous improvement (observation of course fidelity)
- reasonable adjustment details.

4.2 Industry engagement and consultation

The Learning Centre is committed to fostering strong, effective, and continuous engagement with industry partners, employers, employees and the wider community. Training and assessment systems are developed and reviewed in collaboration with stakeholders, ensuring feedback informs course content and maintains alignment with current industry standards and practices.

Formal consultation with industry stakeholders occurs during the development and review of accredited training products and assessment systems, as well as through validation. Each accredited course is comprehensively reviewed one to two years after its initial delivery and again approximately 12 months before the expiry of its five-year accreditation period.

The Learning Centre aims to engage a broad range of stakeholders representing the diversity of the workforce, including various health professions and Lived Experience disciplines. All decisions regarding the implementation of industry representatives' suggestions are documented in relevant meeting records or action registers.

The Learning Centre engages with industry stakeholders through structured consultation processes to ensure training products remain current and relevant. Regular industry engagement helps the Learning Centre verify that training and assessment methods, learning resources, and the qualifications of educators and assessors reflect contemporary industry standards.

Consultation for new product development focuses on identifying emerging skills and knowledge required in the workforce. These discussions inform the design, structure, and outcomes of new training programs.

Consultation for review of existing products centres on evaluating whether current training aligns with industry expectations and workforce needs. Feedback from these sessions guides updates to content delivery and assessment strategies, ensuring continuous improvement and currency of training.

Industry representatives are provided with timely updates on the outcomes of their input.

Evidence of completed industry consultation, including communication and feedback, is securely retained on the Learning Centre's network drive within the designated files for each training product on scope.

4.3 Training and assessment strategies and practices

As an Enterprise RTO, the Learning Centre designs our training and assessment strategies to outline how a specific cohort of learners will achieve competency and job readiness through targeted training, practical experience, and assessment. These strategies align with the requirements of the relevant training package qualification, accredited course, skill set, or individual unit. The qualification must be delivered in accordance with the approved training and assessment strategy. This structured approach ensures the Learning Centre consistently provides high quality, industry relevant training and assessment that meet the evolving needs of our workforce.

The Learning Centre develops a training and assessment strategy for each training product it is registered to deliver. Different strategies may be developed for different delivery models or learner groups.

Maintaining a TAS for each training product ensures:

- the training is consistent with the requirements of the training product, including meeting packaging rules and any prerequisite requirements

- the modes of delivery are engaging and appropriate for the skills and knowledge being delivered, and have been considered against learner needs that enable each learner to attain skills and knowledge consistent with the training product

- the training is structured and paced to support the learner cohort, the complexity of skills and knowledge to be acquired, resources available and industry expectations

- the training techniques, activities and resources engage each learner and support their understanding

- where the training product requires work placements, the necessary skills and knowledge can be attained in that environment.

The Learning Centre ensures that, across its entire scope of registration and in accordance with its training and assessment strategies, it maintains sufficient:

- **qualified Trainers and Assessors** with appropriate credentials to effectively deliver training and conduct assessments

- **educational and support services,** either provided directly or through referral, to meet the specific needs of the learner cohort

- **accessible learning resources** that enable learners to meet all requirements for each Unit of Competency, regardless of their location or mode of delivery

- **facilities and equipment**, whether physical or virtual, that adequately support the number of learners undertaking training and assessment

- **assessment strategies** that allow learners sufficient time and opportunity to reflect, apply feedback, and practice their knowledge and skills in different contexts/environments before assessment.

For each training product, the Quality and Compliance Coordinator is responsible for drafting and verifying that the TAS is accurately completed, reviewed, and maintained in accordance with regulatory standards and internal policies. This process is carried out in collaboration with the Training Manager and broader team, ensuring that the current, approved Learning Centre TAS template is used. The template must incorporate all mandatory compliance requirements.

Training and assessment strategy development

The Learning Centre will ensure that training and assessment strategies are developed for all new training products within its scope. When developing a TAS, the Learning Centre adheres to the processes outlined below.

Consulting and planning with industry

As an Enterprise RTO, the Learning Centre designs its courses around current industry and workforce needs. Its goal is to equip learners with up-to-date knowledge and practical skills relevant to their work areas. To achieve this, the Learning Centre will engage with industry experts to develop a framework ensuring that all training and assessment strategies align with industry expectations and deliver industry-relevant information to learners.

Stakeholder engagement during the development of a TAS ensures that:

- the Learning Centre identifies and consults with relevant industry, employer and community representatives to obtain advice and feedback

- insights and recommendations from stakeholders are used to inform and enhance training and assessment strategies and practices

- training programs remain aligned with current industry standards and practice.

Refer to section 4.2 of these guidelines for further details on the industry consultation and engagement practices.

Learner cohort analysis

Before the construction of a TAS, a comprehensive Learner Cohort Analysis is conducted to understand the characteristics, risks and support needs of the intended learner group. This step is critical to ensure the TAS is tailored, inclusive and compliant.

The Learner Cohort Analysis:

- identifies learner demographics, LLN levels, digital literacy, and prior education/work experience

- assesses reasonable adjustment needs and support services required

- informs educator-to-learner ratios, delivery modes, and resource allocation

- ensures alignment between the cohort profile, AQF level and assessment practices

- is documented and retained with each TAS version.

This step supports the development of learner-centric, accessible training and contributes to improved learner outcomes.

Constructing a training and assessment strategy

The Quality and Compliance Coordinator will collaborate with the relevant Training Manager and educators to construct a new TAS based on industry expert recommendations. The Training Manager is responsible for the review and approval functions.

The Quality and Compliance Coordinator, in collaboration with educators and assessors, develops the TAS using:

- details and requirements provided on the National Register, such as qualification code, name, prerequisites, number and type of units as per packaging rules, work placement hours and LLND requirements

- the approved Training and Assessment Strategy template

- adherence to the RTO Guidelines on the development of training and assessment strategies and practices documentation

- considerations and specifications related to the cohort's needs and requirements.

Initial drafts are reviewed using the training and assessment strategy review checklist.

Finalising and approving a training and assessment strategy

- TAS documents are tabled at the Quality Advisory Group for endorsement

- Once endorsed by the Quality Advisory Group, the TAS is submitted to the Director for approval.

- Approved versions are saved on the network drive and distributed to all relevant teams and roles, including Training and Development, Infrastructure, Systems, Research, Lived Experience and Training and Quality and Compliance.

- Obsolete versions are archived in accordance with records management policies and procedures.

Training and assessment strategy implementation

The implementation phase ensures all training and assessment is delivered in accordance with the approved TAS.

Key activities include:

- briefing educators and assessors on the TAS content and requirements

- ensuring learning and assessment resources match the TAS

- monitoring initial delivery and resolving discrepancies

- capturing early learner and educator feedback for continuous improvement.

Training and assessment review

Strategies for training and assessment should not be static. All TAS documents must be reviewed to ensure they are fit for purpose, suitably aligned to the scope of registration, cohort and industry requirements.

The TAS is reviewed by a panel of industry representatives 12 months after its initial introduction, and subsequently at least once every five (5) years.

Occurrences when TAS's should be reviewed:

- Changes that impact the delivery of the TAS, such as:

    – business strategies/operations

    – training package requirements

    – industry requirements

    – cohort requirements and needs

    – updated technologies, including equipment and facilities.

Monitoring for changes and updates

The Quality and Compliance Coordinator monitors for any changes that may impact a TAS. Monitoring activities will include, but not be limited to:

- setting alerts to changes to the National Register

- workforce communication and liaison

- reviewing and monitoring learner and stakeholder feedback

- validation activities

- continuous improvement and self-assurance activities.

If any changes are identified that require an update to the TAS, they will be presented at the Quality Advisory Group meeting.

Review process

The Quality and Compliance Coordinator, with support from the Project Development Coordinator, under the management oversight of the Training Manager, is responsible for coordinating the review to confirm that the TAS's are current and aligned with the information available on training.gov.au. If discrepancies are identified, such as differences between superseded and current versions or variations in release versions, necessary adjustments and amendments will be made.

- The Quality and Compliance Coordinator and/or Project Development Coordinator will arrange a meeting with industry experts and education staff (e.g. educators and assessors) to gather feedback and recommendations on the TAS's.

- Once engagement and consultation are completed, the Quality and Compliance Coordinator will review the feedback to update the TAS, then refer to the Training Manager for review.

  - Refer to section 4.2 of these guidelines for further details on the industry consultation and engagement practices.

- The Training and Assessment Strategy Review Checklist will be used to ensure that all components of the TAS's are reviewed.

- Updated TAS documents are tabled at the Quality Advisory Group for endorsement, then submitted to the Director for approval.

- Approved versions are distributed to all relevant teams and roles, including Training and Development, Infrastructure, Systems, Research, Lived Experience and Training and Quality and Compliance.

- Obsolete versions are archived in accordance with records management policies and procedures.

4.4 Assessment of learning

The Learning Centre is committed to delivering and assessing training that meets national standards, reflects current industry expectations, and maintains academic rigour.
The organisation maintains a robust, learner-centred assessment system that is fit-for-purpose, ensuring fair and consistent competency judgments, upholding the integrity of nationally recognised qualifications and skill sets within its scope of registration. Assessments are conducted in accordance with the requirements of the relevant Training Package or nationally accredited course. A consistent and structured process is followed to ensure that learning has occurred before assessment takes place and that learners have acquired the knowledge and skills required to demonstrate competency. All assessments align with the principles of assessment and rules of evidence outlined below.

Principles of assessment

Fairness

Assessment accommodates the needs of the learner, including implementing reasonable adjustments where appropriate and enabling reassessment where necessary. The Learning Centre ensures:

- learners are informed of the assessment process and performance expectations.
- reasonable adjustments are made where appropriate.
- learners are given opportunities to be reassessed and to appeal assessment outcomes.

Flexibility

Assessment is appropriate to the context, training product and learner, and assesses the learner's skills and knowledge that are relevant to the training product, regardless of how or where the learner has acquired those skills or that knowledge. The Learning Centre ensures:

- assessment considers the individual learner's needs, learning styles, and existing knowledge
- a variety of assessment methods are used to accommodate diverse learning contexts and learner backgrounds.

Validity

Assessment includes practical application components that enable the learner to demonstrate the relevant skills and knowledge in a practical setting. The Learning Centre ensures:

- assessments are aligned with the training product requirements
- knowledge and skills are demonstrated through practical application
- the full range of required skills and knowledge is assessed.

Reliability

Assessment evidence is interpreted consistently by assessors, and the outcomes of assessment are comparable, irrespective of which assessor is conducting the assessment. The Learning Centre ensures:

- assessment outcomes are comparable across different assessors
- assessment tools contain clear criteria to support consistent judgements.

Assessment rules of evidence

Valid

Assessment evidence is adequate, such that the assessor can be reasonably assured that the learner possesses the skills and knowledge described in the training product. The Learning Centre ensures:

- Direct alignment with the unit of competency's requirements.

Sufficient

The quality, quantity and relevance of the assessment evidence enables the assessor to make an informed judgement of the learner's competency in the skills and knowledge described in the training product. The Learning Centre ensures:

- A wide range and depth of evidence is collected and includes enough quality to support an informed decision about competence.

Authentic

The assessor is assured that a learner's assessment evidence is the original and genuine work of that learner. The Learning Centre ensures:

- Learner identity and original work are confirmed, including against academic misconduct risks.

Current

The assessment evidence presented to the assessor documents and demonstrates the learner's current skills and knowledge. The Learning Centre ensures:

- Evidence demonstrates that the learner's skills and knowledge are recent and reflect current capability.

4.5 Academic misconduct

The Learning Centre is committed to upholding the Queensland Public Service Code of Conduct and to academic honesty and integrity. Assessors are vigilant in identifying possible academic misconduct. A learner must be able to demonstrate they have presented their own assessment responses and demonstrate their valid understanding and application of subject matter. Assessors will be vigilant in identifying possible academic misconduct.

Any instance of **plagiarism, collusion or cheating** is unacceptable and is taken seriously. Any action, or attempted action, that may result in creating an unfair academic advantage for a learner will be investigated through discussion with the learner, where the learner will be asked by an assessor what they learned from scenarios and tasks. These discussions will be documented and included in the learner's file.

Where any instance of plagiarism, collusion or cheating has been upheld, the case will be presented to the relevant Training Manager and the RTO CEO/Director, Learning Centre, where disciplinary action is decided. The learner will be notified in writing of the decision and any penalty or action to be undertaken.

Penalties for academic misconduct may include, for example, a formal warning, a request for re-submission of assessment work, a 'not competent' result, cancellation of course enrolment, recommendation that the learner's line manager arrange academic counselling.

Plagiarism is the act of copying and using another person's expressions or ideas without acknowledging them. Plagiarism may be intentional or unintentional.

Unintentional plagiarism arises due to confusion over how to reference, poor literacy skills or confusion over the difference between copyright and common knowledge information.

Intentional plagiarism is when a learner is aware that they are passing off someone else's work as their own. This includes the deliberate act of copying, pasting and presenting someone else's work/ideas/intellectual property, and the use of generative artificial intelligence.

Collusion is unauthorised collaboration between learner's/candidates and presenting this work as their own.

Cheating is seeking an unfair advantage in the assessment of any piece of work. This could be copying another learner's work or having another person complete assessment work on their behalf.

Use of generative artificial intelligence (AI)

Generative Artificial Intelligence is a type of Artificial Intelligence (AI) technology that produces new content in response to 'prompts' or other information provided. Common AI tools include ChatGPT, Gemini, and Copilot. The Learning Centre requires that any use of AI is in accordance with the *Academic misconduct, plagiarism, collusion and cheating guidelines*. Examples of academic misconduct include using AI to complete responses to quizzes or written responses and then presenting the work as the learner's own.

The Learning Centre and Queensland Health do not permit learners to enter confidential or personal information into AI tools.

Assessors will monitor for inappropriate use of AI, including using AI detection software on random audits, during assessment moderation, and on any assessments where AI use is suspected. As with other academic misconduct, learners who are suspected of misusing AI will be reported to the relevant Training Manager, and an appropriate response or action will be determined.

- Generative AI information on QHEPS (Queensland Health staff access only) [Safe use of generative artificial intelligence (AI) - Cyber Security](#)

- Use of generative AI in Queensland Government [Generative AI - eHealth Queensland](#)

If learners are having difficulties with completing assessment tasks, they are to be encouraged to seek support from the educator/assessor.

4.6 Assessment competency

Assessment marking

Assessments are assessed and marked in order of submission date. When marking assessments, assessors make comments and provide genuine, clear and constructive feedback throughout the assessment.

Each assessment task is evaluated as either 'Satisfactory' or 'Not Yet Satisfactory'. After all assessment tasks within a Unit of Competency or Competency Cluster have been assessed and marked, one of the following will apply:

- If any assessment task is marked 'not yet satisfactory', the overall outcome for the unit or competency cluster will be not yet satisfactory.
- If all assessment tasks are marked 'satisfactory', the overall outcome for the unit or competency cluster will be competent.

Marking guides or rubrics are provided to give benchmark responses for questions and tasks.

Validity of responses must be checked to ensure that verbatim responses from other learners, internet sources or benchmarks have been used, in accordance with the Academic Misconduct policy.

Learners are notified of assessment outcomes within 30 days of submission.

The assessment outcome will be recorded on the final result page of the LMS for each unit or competency cluster.

Assessment decisions and outcomes

After all assessment tasks within a Unit of Competency or Competency Cluster have been assessed and marked, assessment outcomes are recorded as one of the following:

- **Competent (C)** – Learners and candidates are deemed 'Competent' when they have consistently demonstrated their skills and knowledge to the standard required in the workplace, for a full unit.
- **Not Yet Competent (NYC)** – Learners and candidates are deemed 'Not Yet Competent' when they are unable/have not demonstrated appropriate levels of competence in accordance with the minimum performance standards for a full unit.

Learners and candidates assessed as 'Not Yet Competent' receive feedback and guidance from the assessor and may be required to undergo further training before reassessment. Learners have up to **three (3) attempts** to achieve competency.

Assessment judgements

Assessment judgements can only be made by ensuring the following have been met:

- assessors hold appropriate vocational and assessment credentials, demonstrating compliance with the Credential Policy
- assessment decisions are based on the evidence presented and judged consistently using clear benchmarks and instructions
- all assessors are supported through moderation and professional development to ensure the integrity of assessment decisions
- assessment responses meet required benchmark responses or industry-appropriate responses
- in instances where learner responses are not reflective of benchmark responses but are industry appropriate, the assessor must provide commentary that justifies how this response is sufficient.

A not competent assessment result

If a learner does not fully complete the assessment component within the recommended timeframe, it is at the assessor's discretion whether to offer an extension, based on the learner's reason for requesting an extension. Each case is considered on its own merit.

Changing a not competent assessment result

If a learner receives a not competent assessment result due to not submitting assessment evidence within the designated timeframe, they may contact the relevant training team to explain their circumstance and request consideration for a reattempt.

If the request for reattempt is supported, the assessor will outline the conditions. Once the learner submits the required assessment evidence within the negotiated timeframe and achieves a successful assessment result, the relevant Statement of Attainment/s will be issued.

4.7 Development of assessment

A standard set of terms is used in developing training and assessment resources to create consistency and shared understanding. They are deliberately broad to allow maximum flexibility when it comes to developing assessment tools. Assessment tools are developed using the following components:

- context and condition of assessment
- tasks administered to the learner
- an outline of the evidence gathered from the learner, and
- evidence criteria used to judge the quality of performance (i.e. the assessment decision-making rules/marking guide).

Learning Centre staff who develop assessment tools ensure that the tools:

- meet the requirements of the training product
- are valid, reliable, sufficient, flexible and fair
- reflect current workplace practice
- reflect the appropriate performance standard for the level of competency
- can be adequately resourced in all locations
- can be adapted where there is a case for reasonable adjustment.

5. The assessment systems

Assessment systems are informed by Quality Area 1 of the Outcome Standards.

The Learning Centre's assessment system ensures assessment is conducted in a way that is fair and appropriate and enables accurate assessment judgements of learner competency, ensuring that assessments are fit-for-purpose and consistent with the training product:

- assessment tools are mapped to the unit or module requirements.
- assessment tools are reviewed prior to use by qualified assessors and/or subject matter experts, and as outlined within section 6 of these guidelines.
- feedback from learners, industry, and assessors is incorporated into tool reviews.
- the outcome of each review is documented and used to revise and improve tools where needed.
- tools may be contextualised, but not compromised, to suit delivery modes and learner cohorts.

5.1 Educator and assessor access

Learning Centre educators and assessors will have access to all learner assessment files for both accredited and non-accredited courses. They will be able to view assessment results and the feedback provided to learners. While they cannot amend existing feedback, they may update an assessment result if a learner submits additional evidence within an agreed timeframe.

Training partner educators under a Memorandum of Understanding (MoU) will receive restricted access to the learning management system, limited to the courses they are authorised to deliver under a partnership agreement. Their access will also be confined to learners from their respective Hospital and Health Service (HHS). This access supports the identification and management of training activities conducted by partners.

5.2 Learner access

Learners will be able to access their assessments through the LMS on the relevant course page by the next business day (Brisbane time) after their training attendance has been recorded. Assessment access is automatically granted once attendance is confirmed in the learning management system (LMS).

Access timeframes for each course are specified in the documents referenced in section 5.3 of these guidelines. The LMS automates assessment access processes. Learners may request an extension or re-access to assessments at any time by submitting an extension request to the relevant training team.

5.3 Assessment procedures and timeframes

Each accredited course will include documentation, internal procedures and learner information, outlining:

- assessment process and specific tasks
- how to access the assessment
- available support before, during and after assessment
- required equipment and resources
- assessment timelines for submission, marking and further evidence
- learner agreement, including declarations of authenticity
- opt out or withdrawal options
- procedures for submitting further evidence and multiple attempts

- marking procedures, including auto-marked and assessor-marked
- thresholds for not competent' results
- marking criteria and assessor rubrics or guides
- Communication of feedback and outcomes, including notifications and line manager updates (e.g. automated emails and individual feedback)
- evaluation of the assessment process
- certification and certificate access.

The documents that cover these, specific to each course, may include:

- Training and assessment strategy
- Essential course information booklet
- LMS online assessment, including 'learner agreement' (Terms and Conditions), task overview, instructions and downloadable task details
- Online Assessment Replica
- Placement Guide and Agreement
- Participant Workbook (digital or hardcopy)
- Facilitator Guide/Session Plan
- Marking guide or marking rubric for assessors
- Frequently Asked Questions (Knowledge Base) on the LMS
- Evaluations

5.4 Reporting

As an Enterprise RTO, Mental Health Executive Directors receive a report on all learner outcomes related to their Hospital and Health Service (HHS). This report will include a statement that assessment outcomes are correct at the time of publication. 'Not Competent' assessment results or opt-out/withdrawal indicators may change as the Learning Centre offers support to learners to successfully complete assessments (e.g. if a learner misses a further evidence deadline, the Learning Centre may extend the deadline in extenuating circumstances).

6. Validation and moderation

Validation and moderation practices are informed by Quality Area 1 of the Outcome Standards.

The Learning Centre is committed to continuous improvement and delivering high-quality assessment. Our assessment practices are regularly reviewed through systematic moderation and validation activities.

6.1 Moderation

While the Outcome Standards do not specify that providers undertake moderation, the Learning Centre has chosen to do so. Moderation is a key quality assurance process undertaken to ensure consistency, fairness, and accuracy in assessment marking prior to the final competency decision being made. It involves suitably qualified assessors reviewing assessment decisions against defined benchmarks and marking criteria to confirm that evidence has been interpreted consistently and that assessment outcomes align with the Principles of Assessment and the Rules of Evidence.

Regular moderation sessions are conducted using a random selection of assessments that require marking or discussion. These sessions aim to review and align marking practices, ensuring consistency in assessment judgements. During moderation, assessors

collaboratively discuss and resolve any discrepancies or concerns, recording decisions in the moderation report template.

Any recommendations from these sessions concerning the assessment tool are documented in the moderation tracking database and forwarded to the Training Manager for review and potential inclusion in future validation activities.

Moderation helps to ensure that:

- all required evidence, as outlined in the assessment tool, is on file
- assessment decisions are fair, objective, and accurately reflect learner performance
- the assessment process aligns with these guidelines and complies with relevant training package requirements.

Moderation is not a reassessment activity but a professional review process that upholds the integrity and reliability of the assessment system. Moderation activity documentation is retained on the Learning Centre's shared network drive.

6.2 Validation

The Learning Centre's five-year validation plan ensures systematic and ongoing validation of assessment practices and judgements for all training products within its scope of registration. The plan specifies:

- when the training and assessment strategy is validated
- when validation of the assessment tool occurs
- when validation of assessment evidence and judgements occur
- who will lead and participate in each validation activity
- where validation meeting reports detailing outcomes of validation are saved
- how validation meeting reports are used to improve the assessment.

The Learning Centre is committed to ensuring that:

- Assessment validation confirms that assessment practices and judgements are consistent with each training product.
- Each training product on the Learning Centre's scope of registration is validated at least once every five (5) years, or more frequently when:
    – risks to training outcomes are identified
    – the training product changes, or
    – relevant feedback is received from learners, educators, assessors, or industry representatives.
- A risk-based approach is applied, guided by risks to training outcomes, training product changes, and feedback, to determine:
    – which components of the assessment system are to be validated
    – the sample size of assessments to be validated for each training product.
- Validation of assessment judgements is conducted by one or more individuals (assessment validation panel) who may not necessarily be employees of the Learning Centre, but collectively possess:
    – relevant industry competencies, skills and knowledge

- – a practical understanding of current industry practices

- – current knowledge and skills in vocational teaching and learning

- – one of the credentials for validation listed in section 7.2 of these guidelines.

- Documentation provided to the panel members, to assist with validation, includes:

  - – results of satisfaction surveys/evaluation report(s)

  - – qualitative feedback

  - – educator and assessor feedback

  - – quality indicator summary report

  - – validation/moderation results

  - – complaints/appeals

  - – course fidelity checks

  - – continuous improvement recommendations.

The outcome of pre-validation and validation is not determined solely by the individuals who designed or delivered the training or assessment. They are instead determined through a cross-team validation approach that promotes objectivity and shared accountability.

Once the validation process is complete, all panel members sign the final validation report, which documents all assessment validation audit findings. These findings contribute to the scheduled TAS review and guide the development of an action plan to address any identified areas for improvement. The outcomes of validation are used to inform and enhance the overall assessment system. All validation documentation is retained on the Learning Centre's network drive.

Refer to section 9.5 of these guidelines for details on record retention and disposal practices.

6.3 Monitor and validate the training and assessment strategy

Each training product on the Learning Centre's scope of registration has an associated TAS. The TAS is reviewed by a panel of industry representatives 12 months after its initial introduction, and subsequently at least once every five (5) years, to ensure it remains current and effective.

7. VET workforce

Workforce management practices are informed by Quality Area 3 of the Outcome Standards.

The Learning Centre is committed to ensuring that our workforce is effectively managed to support the delivery of quality training and assessment services. We demonstrate this through structured workforce planning and ongoing professional development.

7.1 Recruitment of educators and assessors

The Learning Centre is committed to ensuring that all training and assessment services are delivered by credentialled VET practitioners who possess the necessary skills, qualifications, and industry knowledge as outlined in the Credentials Policy. As a Registered Training Organisation (RTO), the Learning Centre is authorised by the Australian Skills Quality Authority (ASQA) to deliver a range of services, including marketing, recruitment, facilities management, and training and assessment of VET courses.

In accordance with the Outcome Standards, the Learning Centre implements the following:

- Training and assessment services are conducted only by individuals who hold the appropriate qualifications and credentials as specified in the Credentials Policy.
- Where a person is authorised to deliver training or assessment under direction, the organisation ensures that they do not make assessment judgements and that their delivery of training is supervised to maintain quality standards.
- All trainers and assessors are required to engage in ongoing professional development to maintain and update their skills and knowledge in training and assessment practices, including strategies for effectively engaging and supporting VET students.

Recruitment, selection and appointment of educators and assessors are conducted in compliance with all relevant RTO legislation, regulations and Queensland Health recruitment policies and procedures. Prior to commencing employment, educator and assessor qualifications and credentials are verified to ensure that suitably skilled and experienced staff are engaged. Where staff are appointed without the required skills, appropriate training and development opportunities are provided to help them attain the necessary competencies.

7.2 Educator and assessor competencies

All educators and assessors must provide original or certified copies of their qualifications, demonstrating vocational competencies at least equivalent to the level they are assessing. Any staff member providing training and assessment services on behalf of the Learning Centre must hold the required training qualifications, which the Learning Centre verifies before any training commences.

To deliver training **and** assessment of accredited training without direction, including making assessment judgements, the person must hold one of the following credentials:

- TAE40122 Certificate IV in Training and Assessment or its successor,
- TAE40116 Certificate IV in Training and Assessment,
- TAE40110 Certificate IV in Training and Assessment,
- A diploma or higher-level qualification in adult education or vocational education and training,
- A secondary teaching qualification **and** one of the following credentials:
  - TAESS00011 Assessor Skill Set, or
  - TAESS00019 Assessor Skill Set or its successor, or
  - TAESS00024 VET Delivered to School Students Teacher Enhancement Skill Set or its successor.

To conduct assessment **only**, including making assessment judgements, the person must hold one of the following credentials:

- TAE40122 Certificate IV in Training and Assessment or its successor,
- TAE40116 Certificate IV in Training and Assessment,
- TAE40110 Certificate IV in Training and Assessment,
- TAESS00019 Assessor Skill Set or its successor,
- TAESS00011 Assessor Skill Set,
- TAESS00001 Assessor Skill Set,
- A diploma or higher-level qualification in adult education or vocational education and training.
- A secondary teaching qualification **and** one of the following credentials:

  - TAESS00011 Assessor Skill Set, or
  - TAESS00019 Assessor Skill Set or its successor, or

– TAESS00024 VET Delivered to School Students Teacher Enhancement Skill Set or its successor.

Where an educator or assessor is **working towards qualifications**, they may provide training under direction.

Refer to section 7.3 of these guidelines for further details on working under direction.

7.3 Training and assessment under direction (supervision)

For individuals who do not yet hold the required credential, the Learning Centre will ensure they work under the supervision of a qualified educator/assessor who holds the appropriate credentials. These individuals may deliver training but must not make assessment judgements or determine assessment outcomes. They are also required to hold the relevant skill set, demonstrate vocational competencies at least equivalent to the level being delivered and assessed, and maintain current industry skills directly related to the training and assessment provided.

A person holding any of the credentials specified in this section may deliver training and assist with assessment activities, including conducting assessments and collecting evidence. However, they must operate under the supervision of a qualified educator or assessor and are not authorised to make assessment judgments.

This section applies when an individual does not possess the credentials outlined in section 7.2 of these Guidelines, which would otherwise allow them to deliver training and assessment independently.

The Learning Centre must ensure that the credentials of all educators and assessors covered by this section are appropriate for their role, considering the characteristics of the learner cohort and the context of delivery.

To guarantee the efficacy of our training, the Learning Centre engages with industry stakeholders to ensure our training content aligns with current practices. To complement this, we may engage industry representatives as co-facilitators. This may be for both accredited and non-accredited training.

Co-facilitation is not a supervision arrangement. The Learning Centre educators lead the delivery of training, while co-facilitators provide input through their experience and knowledge of workplace practices.

To deliver training and conduct assessment under direction, a person must hold one of the following credentials:
* TAESS00021 Facilitation Skill Set or its successor,
* TAESS00024 VET Delivered to School Students Teacher Enhancement Skill Set or its successor,
* TAESS00030 Volunteer Trainer Delivery and Assessment Contribution Skill Set or its successor,
* TAESS00029 Volunteer Trainer Delivery Skill Set or its successor,
* TAESS00020 Workplace Trainer Skill Set or its successor,
* TAESS00028 Work Skill Instructor Skill Set or its successor,
* TAESS00022 Young Learner Delivery Skill Set or its successor,
* TAESS00015 Enterprise Trainer and Assessor Skill Set,
* TAESS00003 Enterprise Trainer and Assessor Skill Set,

- TAESS00008 Enterprise Trainer – Mentoring Skill Set,
- TAESS00013 Enterprise Trainer – Mentoring Skill Set,
- TAESS00007 Enterprise Trainer – Presenting Skill Set,
- TAESS00014 Enterprise Trainer – Presenting Skill Set,
- A secondary teaching qualification.

The RTO CEO/Director, Learning Centre, determines and takes responsibility for:
- the level of the supervision required
- any requirements, conditions or restrictions considered necessary on the individual's involvement in the provision of training and collection of assessment evidence
- when educators or assessors providing supervision are accountable for training provision and the collection of assessment evidence by the individual under their supervision.

7.4 All staff professional development

The Learning Centre ensures that learners are trained, assessed and supported by staff who are qualified, skilled and committed to professional development.

The Learning Centre recognises that the quality of VET outcomes relies on the skills and capabilities of all staff involved in its operations. To support this, it facilitates access to relevant professional development opportunities, enabling education, administrative, support, systems, research, and other personnel to perform their roles effectively.

Staff are supported to maintain and enhance their skills and knowledge through structured and ongoing professional development opportunities, including but not limited to:

- On commencement, line managers ensure each staff member completes an induction process that includes an overview of the VET Quality Framework, the Learning Centre's quality and governance framework, and the continuous improvement system, as well as role-specific information. Relevant information is available in the All Staff Orientation and Reference Manual, available on SharePoint and saved on the Learning Centre's network drive.

- All staff are to undertake the required learning for West Moreton Health through the WM-LOL learning portal. This includes code of conduct, workplace health and safety, cultural capability, emergency evacuation, cybersecurity, fraud awareness, child safety and other workplace requirements. Training refreshers and compliance with required training are monitored by managers and reported at the Whole of Team meeting.

- Line managers are responsible for ensuring that staff have access to professional development opportunities relevant to their roles. Further learning opportunities are regularly shared through the Professional Development Opportunities channel on Microsoft Teams. These may cover areas such as cultural awareness, learner support, wellbeing, systems and reporting, and other role-specific topics.

- The Learning Centre provides annual RTO professional development to ensure all staff clearly understand their responsibilities in maintaining quality and compliance under the 2025 Standards for Registered Training Organisations. For example, all staff attend an annual Planning Week, which includes dedicated sessions on RTO quality and compliance, continuous improvement, training development, project and workforce planning. Evidence is saved on the network drive.

- All staff are required to participate in an annual mandatory 1:1 conversation with their line manager. This conversation is aligned with their position description, professional

competencies, performance feedback, and organisational objectives. The conversation may cover:

- – leadership competencies
- – career objectives and aspirations
- – professional and personal goals
- – learning and development opportunities
- – compliance monitoring
- – assessment of learning and development needs
- – availability of adequate resources for professional growth
- – management of identified performance needs.

In addition, staff will also receive monthly operational supervision with their Training Manager to support wellbeing and ensure steady progress toward their goals.

- The Learning Centre provides staff with access to webinars, eLearning, and other relevant training opportunities through its corporate membership with Velg Training.

- Updates and information on RTO compliance, quality, and continuous improvement are shared through the monthly Whole of Team meeting.

All staff must:

- Actively participate in assigned professional development activities relevant to their role, including training, workshops, webinars, mentoring, or reflective practice sessions.

- Maintain records of completed professional development through the Professional Development Portfolio, including certificates, attendance registers, or reflective summaries, and submit them to the appropriate internal system or department.

- Engage constructively in internal development initiatives, including validation meetings, compliance briefings, and organisational updates.

- Contribute to a culture of continuous improvement by applying new knowledge and skills in their daily practice and sharing learnings with peers where appropriate.

- Remain informed of current industry and regulatory trends to ensure their work continues to align with evolving learner needs and VET sector expectations.

7.5 Educator and Assessor professional development

Educators and assessors have access to structured, diverse professional development opportunities that are tailored to their specific roles and competencies. These may include:

- participation in industry forums, conferences, and professional networks

- engagement in workshops, webinars, and formal training in adult learning, digital delivery, compliance, and assessment practice

- involvement in validation, moderation, reflective practice, and internal peer review processes.

Staff are encouraged to attend a minimum of two skills update sessions annually. They are encouraged to share relevant information during staff meetings, to ensure their research and feedback are accessible to other educators and assessors.

Educators and assessors are supported to update their training and assessment qualifications, as directed by the VET regulator. They are to undertake:

- learning activities relevant to the VET sector

- an annual industry placement, relevant to the accredited training they deliver

- reading and professional development to stay informed of changes to their subject material and training practices.

Educators and assessors are responsible for maintaining current vocational education and training (VET) skills through activities such as in-house sessions, subscribing to newsletters, engaging in peer reflection, and participating in external professional development. They must maintain current registration or ongoing eligibility with their relevant professional body.

Up-to-date records of qualifications, professional development activities, vocational currency, and industry engagement are maintained in each educator's Professional Development Portfolio. These records map to equivalency documents and human resource systems to demonstrate compliance and support audit readiness.

Review periods are scheduled to ensure the information remains accurate and up to date. At the end of each calendar year, professional development records are reviewed and discussed with the training manager, and endorsed by the Director (RTO CEO). Professional development records are retained on the Learning Centre's network drive.

Engagement in professional development is not optional; it is a shared responsibility that ensures the Learning Centre remains compliant, innovative, and capable of delivering high-quality training and assessment outcomes.

This approach ensures that the Learning Centre maintains a workforce that is not only compliant with regulatory requirements but is also responsive to industry needs and committed to continuous improvement. Our workforce management practices reinforce our overarching mission to deliver engaging, compliant, and future-focused vocational education and training.

7.6 Industry placement

Educators and assessors are required to complete a mandatory one-week industry placement relevant to the accredited training product they deliver, ensuring their industry skills and knowledge remain current. Training Managers have access to a three-day placement every two years under the same conditions.

A formal placement agreement is established between the Learning Centre educator, assessor or Training manager and the host workplace. The agreement outlines the obligations and expectations for the duration of the placement.

Following completion of their industry placement, staff are expected to:
- share with peers the insights, knowledge, and skills gained from their experience
- complete an industry placement report reflecting on their learning outcomes
- submit the report to their Training Manager for review, discussion and sign-off.

Once reviewed and signed, the final report must be saved in the staff member's file on the Learning Centre's network drive.

7.7 Peer observation

It is at each educator's discretion if they undertake a peer coaching session. The peer coaching arrangement is a confidential process between two or more facilitators. As there are numerous approaches to peer observation and coaching, the intricacies of an arrangement are made between the facilitators involved, with the approval for the release of staff for this purpose coming from the relevant Training Manager.

8.   Completion

8.1 Accredited course assessment results

After a learner is recorded as having full attendance at a training session, the system automatically generates a certificate of attendance and notifies the learner. The certificate can be downloaded from the learner's profile in the LMS.

Learners who achieve full attendance at a workshop or training session receive a certificate indicating the total hours of active workshop learning and the corresponding Continuing Professional Development (CPD) points awarded.

Assessors mark assessments using the approved marking criteria and marking guide. Assessors are rostered to undertake marking and respond to learner queries via email. Both assessors and Training Managers monitor the progress of marking to maintain the 30-calendar day timeframe. Assessments are marked, recorded and issued within this timeframe, with outcomes displayed on a learner's online profile in the LMS.

Once a learner is marked competent, AQF certification documentation, such as a Statement of Attainment, is issued to the learner.

8.2 AQF qualifications issuance

The Learning Centre ensures the ethical, timely and compliant issuance of AQF certification documentation in accordance with the Outcome Standards, Compliance Requirements and Student Identifiers Act 2014. The Learning Centre meets all AQF terms when issuing AQF qualifications and statements of attainment and uses the NRT logo in accordance with the terms of use.

The Learning Centre ensures AQF certification documentation, such as a Statement of Attainment, is issued within 30 calendar days of the learner meeting the requirements of the training product, or upon withdrawing from the course (where one or more units of competency have been completed), providing all fees have been paid in full.

The Learning Centre maintains compliance with the Australian Government's mandate under the Student Identifiers Act 2014, requiring all Vocational Education and Training (VET) participants to obtain and provide a Unique Student Identifier (USI) to the RTO before any qualification or Statement of Attainment can be issued.

Unique student identifier (USI) details are verified by the Learning Centre prior to issuing certification documentation, such as a Statement of Attainment. If a USI will not verify, the certification documentation cannot be issued until verification is resolved. Certification is not issued without a verified USI unless an exemption applies under the Student Identifiers Act 2014. A learner's USI is not included on any qualification or Statement of Attainment, in accordance with the Student Identifiers Act 2014.

The RTO cannot issue an AQF certification document (Certificate or Statement of Attainment) without a valid USI, unless exempted under national regulations.

AQF certification documentation is available directly to the learner by the learner accessing their profile on the Learning Centre's LMS and downloading the document. AQF certification documents can be reissued to a learner upon written request.

In accordance with the AQF, the Learning Centre has controls in place to ensure certification documentation is not issued unless the learner has completed all requirements. However, an error may occur, and the Learning Centre may need to revoke a statement of attainment where a candidate has not completed all the requirements.

The Learning Centre ensures it maintains a register of all AQF certification documents

issued and retains records of all AQF certification documentation for a period of 30 years. It ensures previously enrolled learners are able to access copies of their AQF certification documentation. Upon request from the national VET regulator, it provides a report of all AQF qualifications and VET statements of attainment the organisation has issued during the period specified in the regulator's request. Refer to section 9.5 of these guidelines for details on record retention and disposal practices.

Note: As WMHHS is an enterprise RTO, upon enrolment, learners are advised that their results will be forwarded to their nominated internal line manager and stated in their health service quarterly reports.

9.   Governance framework

9.1 Underpinning principles

The Learning Centre's governance framework consists of a combination of systems and processes that lead to quality performance. The framework ensures the continuous improvement of the quality of products and services through:

- tracking overall performance
- meeting delivery of outcomes
- accountable and open practices in meeting the requirements of law, regulations, and published standards
- engaging stakeholder feedback.

Accountability: Learning Centre staff are answerable for decisions made and have appropriate mechanisms in place to ensure adherence to all applicable standards.

Transparency: The Learning Centre has clear procedures, roles and responsibilities for making decisions and exercising power.

Integrity: Learning Centre staff are expected to act impartially, ethically and in the interests of the Learning Centre and its customers.

Efficiency: Learning Centre staff make the best use of resources to further service goals.

Leadership: The Learning Centre holds a commitment to good governance, which is achieved through effective leadership.

Direction: The Learning Centre's purpose and direction are developed through consensus, with goals achieved through planning and resource allocation.

Alignment: The Learning Centre's functions, structures and culture align with organisational goals, as detailed in the Learning Centre's operational plan.

Expectations: The Learning Centre has a whole-of-team understanding of performance and behavioural expectations, which are achieved through effective communication and the implementation of best practice.

Delivery: The Learning Centre's quality service delivery is achieved through effective resource management, systems monitoring, product review and reporting processes.

Improvement: The Learning Centre's organisational and individual performance is improved through review, intervention, planning for capacity building and internal control mechanisms.

Risk management: The Learning Centre takes a risk management approach, which is adopted as an integral part of daily activities.

Working with the governance framework ensures compliance with set standards; identifies sub-performance and products (then investigates, improves, and monitors change); records,

plans and drives continuous improvement; ensures delivery of best practice through thorough research and evaluation and identifies and manages risks to the quality of services.

9.2 Governance framework - strategic, business and financial planning

The Operational Management Committee (OMC) provides strategic planning through the development of periodic operational plans. This committee provides leadership through reflecting the Learning Centre's mission, direction and performance expectations. Provision of strategic guidance is aligned to both Queensland Health governance requirements and the 2025 Standards for RTOs to ensure consistency, compliance and continuous improvement across strategic, business and financial planning processes. Responsibilities of the OMC include the provision of strategic guidance through ratification of the Learning Centre's:

- strategic, operational, business and financial plans
- memorandum of understanding (partnership agreements)
- external reporting (Quality Indicator Summary; *Australian Vocational Education and Training Management Information Statistical Standard* (AVETMISS) data; ASQA reporting; and Statewide Health Service reports)
- risk management planning, including the incorporation of risk management practices specific to the VET sector, supporting identification, monitoring and mitigation of factors that may impact training delivery and regulatory compliance.
- workforce planning
- workplace safety and wellbeing
- RTO guidelines manual
- continuous improvement register/system
- self-assessment reporting and monitoring.

9.3 Governance meetings

Within the Learning Centre, the following governance meetings are held:

Operational Management Committee

The Operational Management Committee (OMC) is the single decision-making group in the Learning Centre. These formal meetings are held monthly. OMC membership consists of:

- RTO CEO/Director, Learning Centre (Chairperson)
- RTO HMA/Program Manager, Learning Centre
- RTO HMA/Lived Experience and Training Manager, Learning Centre
- RTO HMA/Research Manager, Learning Centre
- RTO HMA/Business Manager, Learning Centre
- RTO HMA/Systems Manager, Learning Centre
- Secretariat.

The scope and functions of this committee are to:

- Ensuring the delivery of training programs of high quality (both online and in-person), as well as training resources and related engagements. These efforts contribute to bolstering the workforce's capability to deliver high-calibre clinical and non-clinical services.
- Creating, assessing, measuring, and appraising advancements aligned with the Operational Plan of the Learning Centre.

- Establishing, shaping, and providing reinforcement for additional strategic initiatives pursued by the Learning Centre, particularly concerning new business ventures.
- Evaluating and determining resources (human, material, and financial).

Terms of reference for this committee are disseminated to all staff. Currency and accuracy of the document are maintained, with a copy retained on the Learning Centre's network drive.

Whole of team meeting

The Whole of Team meetings are held monthly. Membership consists of:
- RTO CEO/Director, Learning Centre (Chairperson)
- all permanent, temporary and contracted employees of the Learning Centre
- secretariat.

The scope and functions of this meeting are:
- Develop and review actions identified for implementing the operational plan and improvement against Key Performance Indicators.
- Identify and collaboratively problem solve procedural barriers and systemic constraints impacting performance (inter-team).
- Monitoring quality and compliance.
- Share information and improve communication across all teams in relation to training and development, research, information systems, lived experience, and infrastructure.
- Provide a conduit where strategic objectives are communicated into operational actions and embedded into team systems/Action Register.
- Communicate with formal training partners any changes/improvements at the discretion of the Chair.

Quality advisory group

The purpose of this group is to monitor and evaluate the Learning Centre's RTO compliance systems and status. This group is responsible for monitoring continuous improvement activities, identifying and addressing quality risks, and ensuring the organisation consistently meets all regulatory and audit requirements, including IPOLA compliance.

Through regular review and reporting, the group supports a culture of accountability, transparency, and quality assurance across the Learning Centre's operations.

This group has no decision-making capacity. Membership consists of:
- Quality and Compliance Coordinator (Chairperson and secretariat)
- RTO HMA/Program Manager, Learning Centre
- RTO HMA/Lived Experience and Training Manager, Learning Centre
- RTO HMA/Business Manager, Learning Centre
- RTO HMA/Research Manager, Learning Centre
- RTO HMA/Systems Manager, Learning Centre.

Terms of reference for this committee are disseminated to all staff. Meeting records are retained in line with the WMHHS committee guidelines, ensuring currency and accuracy of documents are maintained. These records are retained on the Learning Centre's shared network drive.

9.4 VET Quality Framework and regulatory compliance

The Learning Centre's governance framework is informed by the VET Quality Framework, as outlined in the Legislation section of this document. This framework comprises the 2025

Standards for Registered Training Organisations - Outcome Standards, Compliance Requirements, including Fit and Proper Person Requirements and Credential Policy; Financial Viability Risk Assessment Requirements 2021; Data Provision Requirements 2020 and Australian Qualifications Framework (AQF).

The Learning Centre complies with the RTO conditions of registration throughout the period of registration. These conditions include those described within the National Vocational Education and Training Regulator Act 2011 and those imposed by the VET Regulator (ASQA). This includes items listed in Division 3 Accountability of the Compliance Requirements: Annual Declaration on Compliance; Notification of Material Changes; Third Party Arrangements; Prepaid fee protection measures; Public liability insurance; and compliance with laws, including applicable privacy laws and the Student Identifiers Act.

The RTO CEO/Director, Learning Centre, ensures all RTO reporting and accountability obligations are met. Relevant components of Division 3 Accountability and the related governance practices for the Learning Centre are detailed in the relevant sections below headings, with information about their implementation and operational requirements within the Learning Centre's governance framework.

9.5 2025 Standards for Registered Training Organisations (RTOs)

The RTO CEO/Director, Learning Centre, ensures the Learning Centre consistently complies with the *2025 Standards for Registered Training Organisations.* While Quality Areas 1 – 3 of the *Outcome Standards* are addressed throughout these guidelines, this section specifically relates to the Quality Area of Governance, with reference also to the *Compliance Requirements* and *Credential Policy.*

Fit and Proper Persons Requirements

The obligations of governing persons are identified in accordance with the NVR Act, particularly the Outcome Standards. All executive officers, high managerial agents and any persons who exercise a degree of control or influence over the management or direction of the Learning Centre are subject to the *Fit and Proper Person Requirements* under the NVR Act.

Staff undertaking the role of RTO CEO, RTO HMA or with a degree of control or influence over the management or direction of the Learning Centre must complete the corresponding FPPR declaration and statutory declaration upon commencement in their role.

The Learning Centre RTO CEO ensures authorised officers are in place and meet the FPPR. In accepting an RTO CEO or RTO HMA position, or a position with a degree of control or influence over the RTO, the incumbents of the positions listed below have stated they meet the suitability criteria through the completion of an appropriately signed statutory declaration:

- RTO CEO - Director
- RTO HMA - Program Manager
- RTO HMA – Lived Experience and Training Manager
- RTO HMA - Business Manager
- RTO HMA - Research Manager
- RTO HMA – Systems Manager
- RTO HMA – Quality and Compliance Coordinator.

The RTO CEO/Director, Learning Centre is responsible for:

- ensuring nominated staff meet, and abide by, the requirements of the FPPR
- ensuring RTO HMAs have sufficient authority to ensure the RTO complies with the 2025 *Standards for Registered Training Organisations (RTOs)*

- advising the Quality and Compliance Coordinator of any new, suspended, or ceasing FPPRs.

FPPR declarations are reviewed annually through the Learning Centre's self-assessment and monitoring system to confirm currency or, if required, enable re-submission of an updated declaration. These records are retained on the Learning Centre's shared network drive.

Financial Viability Risk Assessment Requirements 2021

By adhering to the *Financial Viability Risk Assessment Requirements 2021,* the Learning Centre demonstrates financial viability to deliver high-quality training to VET learners.

The Learning Centre OMC ensures the Learning Centre remains financially viable and is covered by public liability insurance (detailed below in the Public Liability section). Delegation documentation is in place to demonstrate that a manager has sufficient authority to assess financial viability. Financial viability risk, directed at evaluating the likelihood of business continuity and capacity to achieve quality outcomes, is monitored through the Learning Centre's OMC.

ASQA can request the Learning Centre demonstrate its financial viability at any point in time, upon request. The assessment of the financial viability risk by ASQA is directed at evaluating the likelihood of the Learning Centre's business continuity and its capacity to achieve quality outcomes.

The RTO CEO/Director, Learning Centre and RTO HMA/Business Manager hold responsibility for assessing the ongoing financial viability risk of the Learning Centre. They meet regularly to discuss the status of the Learning Centre's budget and to review and address anomalies and other concerns. Record of proceedings shall be documented in the OMC meeting minutes.

The RTO CEO/Director, Learning Centre, ensures the following securities are in place:

- where prepayment of fees, and more than a total of $1500.00 per learner is required, the Learning Centre, and any third party under a MoU, meets requirements set out in the Compliance Requirements
- requisite assets and physical resources are acquired to deliver all qualifications/courses within the RTO's scope of registration
- sufficient and appropriately qualified staff are employed to cover the delivery of courses/units of competency on the RTO's scope of registration
- appropriate levels of services are provided to learners
- remaining in business, to ensure each learner can achieve completion
- the above requirements are met, even in an uncertain environment.

Data Provision Requirements 2020

The Learning Centre must collect and report on a range of accurate and complete data about its business and operations, including quality indicator data and total VET activity data. The Learning Centre provides timely responses to all ASQA data requests. AVETMISS data is collected and submitted through the NCVER validation tool by the end of February each year. Quality indicator data is collected, analysed, and reported to ASQA in the quality indicator summary report before the end of June each year.

Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) data

The Quality and Compliance Coordinator runs regular data validation reports via the NCVER data validation page, reporting necessary corrections to the Business Support Assistant

and/or the Systems Manager, who maintain data parameters within the learning management system.

The Learning Centre submits annual AVETMISS data to the NCVER using the NCVER online data validation tool. The Quality and Compliance Coordinator prepares the NCVER submission report and submits it by the annual due date.

Quality indicator summary

Quality indicator data is collected via learner satisfaction surveys and line manager (employer) satisfaction surveys containing Australian Quality Training Framework (AQTF) survey questions. This evaluation data informs quality assurance of training and is used to improve training and assessment practices. In compliance with the *Data Provision Requirements 2020,* the Learning Centre submits an annual quality indicator summary by the 30 June due date. Learner and employer satisfaction data and associated outcome actions are reported through this summary.

Nominated staff work together to complete and submit the summary to ASQA. The RTO CEO/Director, Learning Centre, is responsible for ensuring the annual ASQA Quality Indicator Summary report is submitted by the due date.

Australian Qualification Framework

The Learning Centre ensures the ethical, timely and compliant issuance of AQF certification documentation in accordance with the Outcome Standards, Compliance Requirements and Student Identifiers Act 2014, as outlined in section 8.2 of these guidelines.

Annual declaration on compliance

The RTO CEO/Director, Learning Centre, is responsible for accurately completing the ASQA annual declaration by providing a response to each question and to each part of each question. The declaration is completed and submitted by the RTO CEO/Director, Learning Centre, by 31 March each year.

Statements and commitments made in the declaration cover the entire scope of operations of the RTO, including any services provided on the Learning Centre's behalf by an external organisation, either within Australia or abroad.

The annual declaration states if the Learning Centre is, or is not, meeting the requirements of the *Standards for Registered Training Organisations (RTOs) 2025*; and if the Learning Centre has, or does not have, training and assessment strategies and practices in place that ensure all current and prospective learners are trained and assessed in accordance with the requirements of *Standards for Registered Training Organisations (RTOs) 2025.*

Notification of material changes

The Learning Centre ensures it notifies ASQA of an event that would significantly affect the organisation's ability to comply with any of its obligations under the Act, within 10 business days after the event occurs.

It notifies ASQA of any prospective changes to the ownership of the organisation as soon as practicable before the change takes effect.

It notifies ASQA of any prospective or actual change in relation to a governing person of the organisation within 10 business days of the change taking effect, or otherwise as soon as practicable before the change takes effect.

The Learning Centre ensures it provides information to ASQA about substantial changes to operations or any event that would significantly affect the Centre's ability to comply with the *2025 Standards for Registered Training Organisations (RTOs)*, within 10 business days of the change occurring, including another party delivering services on the Learning Centre's behalf.

The Learning Centre ensures it provides further information to ASQA upon request, as soon as practicable.

Third Party Arrangements

Currently, the Learning Centre has no third-party arrangements.

Prepaid Fee Protection measures

Refer to section 2.3 of these guidelines, which outlines how the Learning Centre demonstrates compliance with the fee-related requirements as set out in the Compliance Requirements.

Public Liability Insurance

In accordance with the Compliance Requirements, the Learning Centre remains covered by Public Liability Insurance under the Queensland Government Insurance Fund (QGIF). Coverage extends to both legal costs and compensation payable, if the Learning Centre is found legally liable. Certificates of currency are held on the Queensland Health Intranet (QHEPS) site: https://qheps.health.qld.gov.au/csd/business/finance/insurance/certificates

For further information on the cover provided under the general liability insurance section of the QGIF insurance policy and guidance on the claims process, refer to information on the following webpage: Home - Queensland Government Insurance Fund (QGIF)

Compliance with laws

The RTO CEO/Director, Learning Centre is responsible for ensuring compliance with all applicable Commonwealth, State and Territory legislation and regulatory requirements relevant to Learning Centre operations, and for ensuring staff and learners are informed of any change to legislative and regulatory requirements that affect products and services.

Refer to section 9.3 of these guidelines, which outlines the Learning Centre's meetings for informing staff of changes.

Refer to section 9.7 of these guidelines, which outlines the quality and compliance review schedule, recording evidence of activities undertaken to ensure RTO compliance and continuous improvement of products and services.

Child Safety

The Learning Centre currently does not deliver training to any learners under the age of 18. The Learning Centre ensures it complies with the National Principles for Child Safe Organisations and Queensland's Child Safe Organisations Act. The Learning Centre embeds child safety into its governance, culture and daily practices, ensuring every child and young person is seen, heard and feels safe by creating inclusive environments where their voices are valued, their needs are understood, and their safety is everyone's responsibility. The Terms and Conditions statement outlines in section 11 that the Learning Centre training and content is not intended for individuals under the age of 18: https://www.qcmhl.qld.edu.au/enrol/conditions/Terms_and_Conditions.pdf

Privacy and data

The Learning Centre collects, uses, stores and discloses personal information in accordance with the Privacy Act 1988 (Cth), the Australian Privacy Principles (APPs), the Information Privacy and Other Legislation Amendment Act 2023 (IPOLA), and all other legislative requirements. Personal information is used solely for enrolment, training, support, and reporting purposes. The Learning Centre respects privacy and is committed to keeping information secure and confidential.

The Learning Centre's privacy and data management statement is detailed within the terms and conditions, available from the information link on our website:
[Terms and Conditions Privacy Section 11](#)

Record management

Records of qualifications and statements of attainment issued are retained on the Learning Centre's network drive for a period of thirty (30) years. During this period, sufficient data is retained to enable re-issuance of a qualification or statement of attainment.

All other records relating to the development and delivery of training programs are retained on the Learning Centre's network drive for a period of at least seven (7) years. These may include:

- attendance rolls detailing names of learners; the unit of competency identifier and/or name; date of attendance; and signature or initial of educator
- training delivery and assessment policies and strategies for all qualifications/courses
- course material
- assessment tools and instruments
- RPL assessment records
- all NVR – RTO Policies and Procedures
- complaints, appeals, and complaint resolution records
- marketing
- consent
- stakeholder engagement.

Record management practices are in line with the Queensland Government General Retention and Disposal Schedule (GRDS).

Access to records

Current and past learners can access their course records in the LMS under the 'My Learning' section. Learners may contact the Learning Centre administrative staff at any time if they experience issues in accessing their course records.

Upon receipt and confirmation of written consent by a learner, Learning Centre staff may provide a third party with a learner's personal details.

Cessation of business - records

In the event the Learning Centre ceases services and discontinues business, the RTO CEO/Director, Learning Centre, shall ensure arrangements are in place for all learner records to be made available to ASQA.

9.6 Evaluation

The Learning Centre is committed to delivering high-quality, industry-relevant training and assessment. Our quality and continuous improvement system helps inform improvements to our training and assessment practices, and ensures that all training and assessment remains current, effective, responsive to stakeholder needs, and aligned with industry expectations and regulatory requirements.

The Learning Centre adopts a proactive, systematic approach to continuous improvement, drawing on a wide range of evaluation information and data sources. All evaluation data and feedback inform training quality assurance and improvement at the Learning Centre. Evaluation information includes but is not limited to quality/performance indicator data

collected under the Outcome Standards and Compliance Requirements; validation and moderation outcomes, learner feedback, employer (line manager) feedback, trainer and assessor (educator) feedback, industry representatives, course fidelity reports, and complaints and appeals.

Evaluation information, which is sourced from structured evaluation surveys, is listed below, followed by more detailed information on specific surveys:

- venue feedback form responses
- pre training survey responses
- post training survey responses
- three month post training survey responses
- multipurpose facilitation review responses
- learner survey responses
- employer survey responses
- educator/trainer feedback.

Learner satisfaction surveys

Each learner receives a pre, post and three-month post-training evaluation survey, as well as an online training assessment evaluation that includes AQTF survey questions. These surveys are issued via a SurveyMonkey link and remain anonymous. At the beginning of each year, the SurveyMonkey evaluation form is designed by the research team. This ensures data is collected for each respective year.

Data received is managed by the Learning Centre's research team. This data focuses on the extent to which learners are engaging in activities likely to promote high-quality skill outcomes, transferability of knowledge, and skills learned, as well as their perceptions of the quality of their competency development, and the support they receive from Learning Centre staff. Qualitative feedback is reviewed by the relevant Training Manager, who provides feedback to respective educators/trainers.

Line manager (employer) satisfaction surveys

Each learner is requested to provide contact details for their nominated line manager in their course enrolment data. Where the nominated line manager is within Queensland Health, they are provided with the AQTF 'employer' survey seeking their voluntary assistance in completing the survey. This survey is issued via a SurveyMonkey link and remains anonymous. At the beginning of each year, the SurveyMonkey evaluation form is designed by the research team. This ensures data is collected for each respective year.

Data collection is managed by the Learning Centre's research team. This data provides information on their learner's competency development, and the overall quality of the training and assessment. Qualitative feedback is provided to respective educators/trainers and the RTO HMA/Training Manager, Learning Centre.

Educator/trainer feedback

Educators have the opportunity to provide qualitative feedback on both the training and the facilities/venue at any time, using online feedback tools. This data is reviewed by the relevant Training Manager, who approves educator suggestions for improvement to be recorded in the continuous improvement register. Venue or facilities feedback is recorded by the logistics officer to inform venue bookings and provide information to educators and learners.

All feedback representing a continuous improvement measure or opportunity is recorded in the relevant action register: continuous improvement register, Quality Advisory Group action

register, or other relevant meeting action register. Respective line managers review each item, assign the level of urgency and impact and ensure each item progresses to completion. Review of stakeholder feedback is undertaken by designated team members, with urgent matters escalated to the relevant RTO HMA.

The Training Manager and the Operational Management Committee hold overall accountability for evaluation management, supported by operational oversight and monitoring of the continuous improvement system from infrastructure, research, and quality and compliance. All feedback is regularly reviewed by the Operational Management Committee.

The Learning Centre's evaluation data and privacy statement is available through the evaluations link on our website: Queensland Centre for Mental Health Learning (Learning Centre) Knowledge Base - Evaluations

9.7 Compliance self-assessment strategy

Compliance with the *2025 Standards for Registered Training Organisations (RTOs)* is managed through annual self-assessment and regular monitoring of internal systems and practices.

Regular monitoring includes a quality and compliance review schedule, recording evidence of activities undertaken to ensure RTO compliance and the continuous improvement of products and services. The schedule is reviewed monthly at the Quality Advisory Group meeting, with a monthly report submitted to the Operational Management Committee.

Regular self-assessments of the Learning Centre's RTO operations are carried out, and noncompliance is reported to the OMC for assigning corrective actions.

Self-assessment and monitoring activities include:

- annual quality indicator data review
- outcomes of validation/moderation meetings
- review of stakeholder feedback
- review of educator feedback
- complaints and appeals management
- systems check
- assessment of adherence to the VET quality framework through annual internal (or contracted) audit.

10. Acronyms

AQF	Australian Qualifications Framework
AQTF	Australian Quality Training Framework
ASQA	Australian Skills Quality Authority
AVETMISS	Australian Vocational Education and Training Management Information Statistical Standard
CEO	Chief Executive Officer
FPPR	Fit and proper persons requirements
HHS	Hospital and Health Service
HMA	High managerial agent
LLND	Language, literacy, numeracy and digital
LMS	Learning Management System
MoU	Memorandum of understanding
NCVER	National Centre for Vocational Education and Research
NVR	National vocational education and training regulator
NRT	Nationally recognised training
OMC	Operational management committee
IPOLA	Information Privacy and Other Legislation Amendment Act 2023 (Qld)
RPL	Recognition of prior learning
RTO	Registered Training Organisation
SoA	Statement of attainment
TAS	Training and assessment strategy
VET	Vocational education and training
WMHHS	West Moreton Hospital and Health Service

11. Network drive file paths

Section	Clause	File Path
Section 1 Marketing and recruitment	1.12 Television and radio	J:\QCMHL\PUBLICATION MGMT\CONSENT
	1.14 Record keeping	J:\QCMHL\PUBLICATION MGMT\MARKETING
Section 2 Enrolment	2.2 LLND	J:\QCMHL\Restricted\Managers\CORP GOV\CONFIDENTIAL – Learner support
Section 3 Learner support and progression	3.2 Reasonable adjustment 3.3 Cultural and wellbeing needs 3.7 Complaints and appeals	J:\QCMHL Restricted\Managers\CORP GOV\CONFIDENTIAL - Learner support
Section 4 Training and assessment strategies and practices	4.2 Industry engagement and consultation	J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!11362NAT_Obs-Doc-MSE\Industry Engagement J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!CHCSS00103_Skillset\Industry Engagement
	4.3 Training and assessment strategies and practices	J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!Governance\Course Governance J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!Governance\Course Governance\11362NAT J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!Governance\Course Governance\CHCSS00103 Skillset
Section 6 Validation and moderation	6.1 Moderation	J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!11362NAT_Obs-Doc-MSE\Moderation J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!CHCSS00103_Skillset\Moderation
	6.2 Validation	J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!11362NAT_Obs-Doc-MSE\Validation J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!CHCSS00103_Skillset\Validation

Section 7 VET Workforce	7.4 All staff professional development	J:\QCMHL Content 1\!Workforce Development\MANUALS\Induction J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\Trainer_Quals\!VET-PD
	7.5 Educator and Assessor professional development	J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\Trainer_Quals
	7.6 Industry Placement	J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\Trainer_Quals\
Section 9 Governance framework	9.3 Governance meetings	J:\QCMHL\CORP GOV\MEETINGS\Agendas_Minutes\Operational Management Committee\ J:\QCMHL\CORP GOV\MEETINGS\Agendas_Minutes\WoT Committee\ J:\QCMHL\CORP GOV\MEETINGS\Agendas_Minutes\Quality-Advisory-Group
	9.5 2025 Standards for RTOs	J:\QCMHL\CORP GOV\Compliance\QUALITY-RTO\!Governance\VET-Quality-Framework\FPPR