

Quality Assurance and Continuous Improvement Procedure



Institute of Health and
Nursing Australia

Legal entity: Health Careers
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Purpose

1. This document sets out the procedures to ensure the Institute of Health and Nursing Australia (IHNA) undertakes ongoing quality control and evaluation of all its operations to ensure maintenance of standards appropriate to the expectations of its clients and regulatory and/or accreditation authorities. The procedure is pursuant to the *Quality Assurance and Continuous Improvement Policy*.

Scope

2. This procedure is applicable to all spheres of IHNA operation.

Responsibility

3. The Director Quality Management has the overall responsibility of this policy. Other responsibilities are outlined within the policy.

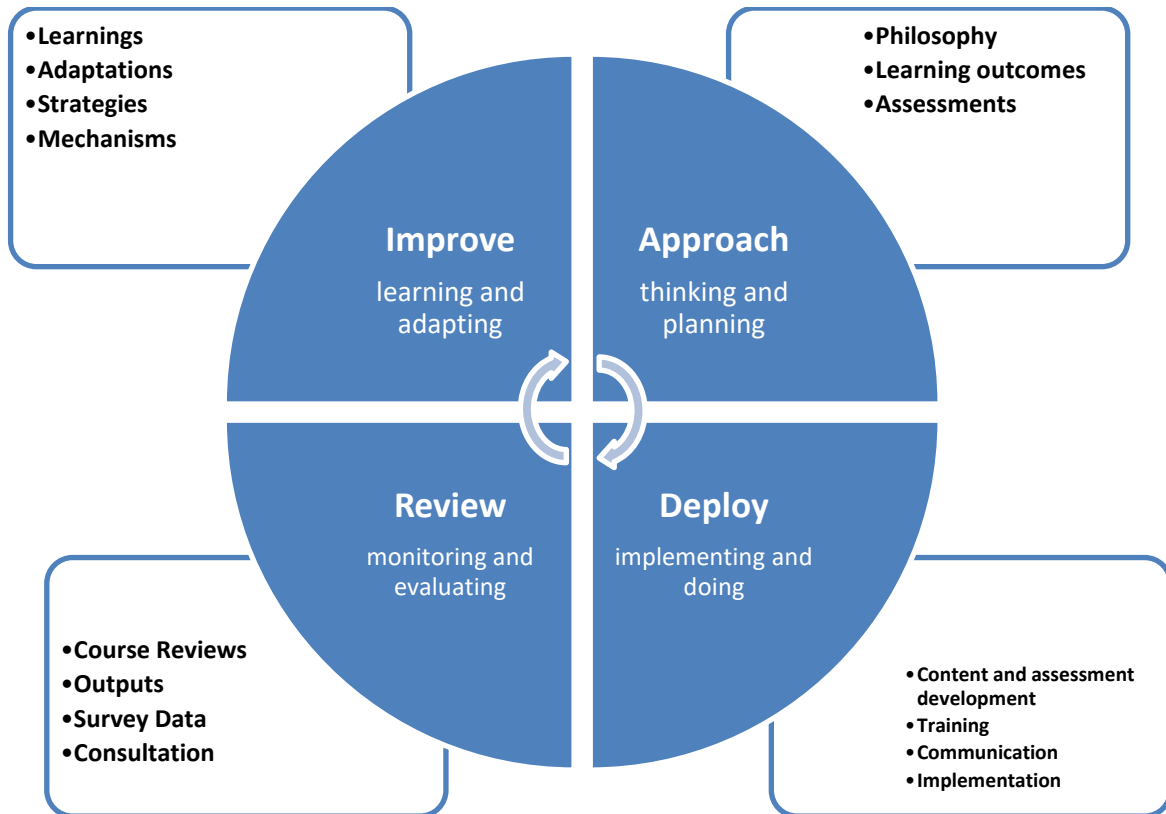
Definitions

4. **ASQA** stands for the Australian Skills Quality Authority (ASQA), the national VET regulator and the RTO's registering body.
5. **Standards** the Standards for Registered Training Organisations (RTOs) 2015 which can be accessed from www.asqa.gov.au
6. The **VET Quality Framework** comprises the:
 - 6.1 Standards for Registered Training Organisations 2015—standards to ensure nationally consistent, high-quality training and assessment across Australia's VET system
 - 6.2 Fit and Proper Person Requirement 2011—which specify the suitability requirements of individuals involved in the operation of a registered training organisation.
 - 6.3 Financial Viability Risk Assessment Requirements 2011—which relate to training organisations' ability to meet financial viability requirements
 - 6.4 Data Provision Requirements 2012—which sets out the requirement for providers to supply ASQA with data upon request, and to submit quality indicator data annually
 - 6.5 Australian Qualifications Framework—which is the national policy for regulated qualifications in Australian education and training.

ADRI Quality Cycle

7. IHNA's approach to quality management incorporates continuous improvement, in a cycle of planning, implementation, review and improvement. IHNA actively plans for quality as well as seeking opportunities to improve quality.

8. IHNA is committed to a four-step quality cycle to ensure quality/continuous improvement cycle by following 'Approach-Deploy-Review-Improve' (ADRI) approach at Figure.1



Approach – The Thinking and Planning Phase

The 'Approach' includes the trail from the program's philosophy, conceptual framework and program learning outcomes through to unit learning outcomes and the assessments. Some questions to consider:

- What are educational and nursing philosophy of the program?
- What does the conceptual framework of the program entail?
- How is constructive alignment designed?
- What is the program learning outcomes?
- What are learning outcomes of each unit of the program?
- Is appropriate and adequate consultation made to establish the program design?
- What risk management processes have been established?
- Is the approach aligned and communicated throughout the Institute and more widely?

Deployment – The Implementation Phase

The 'Deployment' dimension considers whether, and how effectively, the approach is being put into effect. Some questions to consider:

- Is the approach being reflected into the learning and teaching content and assessments?
- Is validation of resources being in action?
- What standards and benchmarks are used to assess this?
- Is the program delivery happening as per the plan and schedule?
- If the approach is not being pursued, why not, and how is this managed?
- Are educators and supporting staff appropriately trained, and resources appropriately deployed, to fulfill the approach?

Review – The Monitoring and Evaluation Phase

The 'Review' dimension looks at students' progression as a means of determining how well the delivery is achieving the planned approach. Some questions to consider:

Is student learning achieving the intended objectives and outcomes?

Are the results a consequence of the approach and delivery?

How are the results reported and used within the program?

Improvement – The Learning and Adapting Phase

The 'Improvement' dimension focuses on whether the program is actively and continuously been reviewed and updated in each of the A-D-R dimensions and is using this understanding to bring about improvements. Some questions to consider:

Is the program run as per how it can be improved?

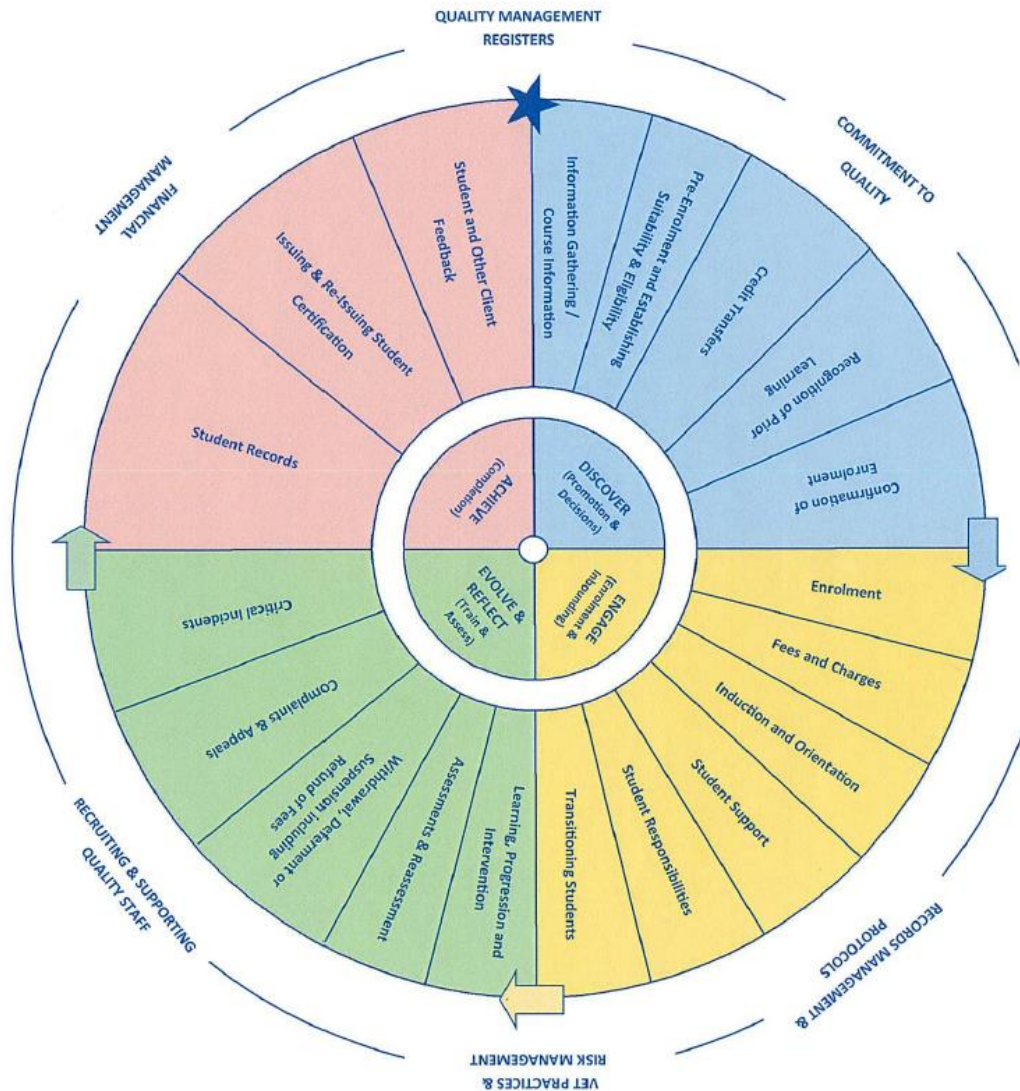
How is it executed (e.g., using external benchmarks)?

How is the school acting upon this knowledge?

Does the school have a sustained history of improvement?

9. The Diagram below captures the activities that IHNA would consider while evolving measures for continuous improvement (Figure 2).

Figure. 2



Continuous Improvement Procedures and Schedules

Feedback Source	Process tools/ Templates	Responsibility	Frequency and Schedule
Internal and external audits Internal and external audits are conducted to measure	VET Quality Framework external Audit	Director Quality Management	As required by the Regulator

performance against VET Quality Framework requirements	VET Quality Framework Internal Audit	Director Quality Management & National Training Manager	Once in a year
	Nursing Board and Associated Bodies Audit	National Training Manager	As required by the Board
	ISO accreditation audit	Director Quality Management	As required
	ISO Internal Audits	Director Quality Management	Once a year
	VET Student Loan Internal Audit	Director Quality Management & National Registrar	Once a year
	DTWD Internal Audit	Director Quality Management, National Registrar, Campus Manager, Perth & Registrar, Perth	Once a year
	Skills First Internal Audit	Director Quality Management, National Registrar, Campus Manager, Melbourne & Registrar, Melbourne	Once a year
Audit staff files Ongoing check by the HR Department to ensure staff files contain the following information	Results to be presented at Executive Management Committee	Human Resources Department	Every six months

<ul style="list-style-type: none"> • Resume of employment and qualifications, signed by the staff member as a true and fair record of their qualifications and work experience. • Current practising license • Verified copies of all relevant qualifications • An induction checklist signed and dated • An annual performance appraisal and record of professional development activities • Completed Trainer Skills matrix • Position Description Employment Contract • Industry Currency For all Teaching Staff • Skills Matrix for all teaching Staff 			
<p>Audit student files</p> <p>Ongoing checks will be performed on a sample of student files randomly or towards the completion of every batch of a course to ensure they comply with the information on the student file checklist information.</p>	<p>Update report to task</p>	<p>National Registrar and Director Quality Management</p>	<p>Monthly</p>

<p>Scope of RTO registration</p> <p>Review the current scope of registration</p> <p>Notify of any qualifications to be removed from the scope of registration.</p> <p>Identify new qualifications to be included on the scope of registration in the next 12 months.</p>	<p>Course Review Template</p>	<p>Academic Director and Course Administration Manager</p>	<p>Annually or at every instance of a change to scope.</p>
<p>Stakeholder feedback/ feedback tabulation</p> <p>Collect and analyse stakeholder and client feedback on an ongoing basis, ensuring that each batch of students is surveyed.</p>	<p>Student evaluation of IHNA Support Services</p>	<p>Registrars, Course Coordinators and Admin Staff</p>	<p>Collected from every student every quarter and report to the Learning and Teaching Committee</p>
	<p>AQTF Learner Questionnaire</p>	<p>Course Coordinators and Admin Staff</p>	<p>Collected from every student at the end of the course and report to the Learning and Teaching Committee</p>
	<p>AQTF Employer Questionnaire</p>	<p>Course Coordinators and Admin Staff</p>	<p>Collected from every placement facility and report to the Learning and Teaching Committee</p>
	<p>Training Evaluation Form</p>	<p>Course Coordinators and Admin Staff</p>	<p>Collected from every student at the end of training for every</p>

			unit and report to the Learning and Teaching Committee
	Student Evaluation Form Work Experience Placement	Course Coordinators and Admin Staff	Collected from every student at the end of every placement and report to the Learning and Teaching Committee
<p>Staff performance and professional development</p> <p>Conduct staff performance reviews and record professional development activities once every 3 months.</p> <p>Staff records ongoing professional development activities in HRIS.</p> <p>Document identified staff development activities for each staff member for the next 12 months</p>	Refer to Performance Management Procedure and Professional Development Procedure	Human Resources and Line Managers	Every three months
<p>Trainer/Assessor Observation Report</p> <p>Conduct Trainer/Assessor observation to monitor the accurate use of materials, resources and training and assessment processes.</p> <p>The reports will be saved in the relevant staff files.</p>	Trainer/Assessor Observation Report	Course Coordinator	The first three month of employment and thereafter once in each year.

<p>Course Reviews</p>	<p>Refer to Course Review Procedure</p>	<p>Deputy Director of Studies/National Training Managers</p>	<p>Annually</p>
<p>Continuous Improvement Register</p> <p>Issues, non-compliances, and opportunities for improvement identified through any one of the continuous improvement strategies must be added to the register.</p> <p>For each item, an action plan that includes specific actions, individual responsibilities and timelines for completion must be developed.</p>	<p>Continuous Improvement Register on Knowledge Hub and SharePoint</p>	<p>Chief Executive Officer and Director Quality Management</p>	<p>On-going</p>
<p>Risk Register</p> <p>Staff records the risk identified in each activity in IHNA Self-service portal.</p> <p>For each risk identified, a root cause analysis and a mitigation plan must be developed.</p> <p>High risk items will be tabled at meetings of the Audit and Risk Committee</p>	<p>Refer to Risk Management Policy</p>	<p>Director Quality Management & Department Heads</p>	<p>On-going</p>
<p>Assessment validation and moderation</p> <p>That assessment reflects collaborative arrangements between students, teaching staff, and health service providers. Conduct assessment validation and moderation according IHNA's</p>	<p>Refer to Validation procedure</p>	<p>Academic Director, Course Administration Manager, Academic Director, Deputy Director of Studies & National Training Managers</p>	<p>As per Validation and Moderation Plan</p>

Validation Policy. All assessment validation and moderation activities are to be recorded in the IHNA Continuous Improvement Register.			
<p>Learning and Teaching Resources review</p> <p>Review the learning and teaching material like PowerPoints, Handouts, etc. to name a few to ensure that they are up to date and reflecting current industry practices and guidelines</p>		Academic Director, Course Administration Manager, Deputy Director of Studies & National Training Managers	As per validation and moderation plan
<p>Complaints and appeals</p> <p>Complaints are managed through the IHNA Complaints and Appeals Process.</p>	Refer to Complaints and Appeals Policy and Complaints and Appeals Procedure	Academic Director, National Training Managers, Course Co-ordinator, Campus Manager, Registrars & National Registrar	As required. Procedure checked annually through internal audit
<p>Marketing Review</p> <p>Website Audit</p> <p>Refer to Advertising and Marketing policy</p>	Website Audit Checklist Marketing approvals checklist	Chief Operations Officer and Marketing Manager	Marketing approval is required for every marketing and promotional material
<p>Industry Consultation and Engagement</p> <p>Any staff can use the form while on a visit to a stakeholder and receive feedback from the industry.</p>	Industry Consultation Form	Any staff	On-going
Application and Enrolment Process	Pre-training Review	National Training Managers, Academic Director, Course	Annually or at every instance of

	Enrolment Form	Administration Manager & National Registrar	a change to scope of course.
	Marketing Materials	Marketing Managers and National Training Managers	Annually or at every instance of a change to scope of course.
	Post Enrolment Survey	Registrars/Admin Staff	After student commences the course
<p>Corrective Preventive Action Report</p> <p>Any staff can raise the IHNA's Corporate Corrective Preventive Action Report Online through Knowledge Hub.</p>	Corrective Preventive Action Report (IHNA-Form CPAR)	Director Quality Management	On-going
<p>Facility Review</p> <p>Review to be conducted to ensure campus buildings, rooms, toilets, and resources comply with relevant building requirements including access for people with disabilities.</p>	Work Health and Safety Report	Campus Manager	Every six months
<p>IHNA Meetings</p> <ul style="list-style-type: none"> • Board of Directors • Academic Board • Executive Management Committee • Audit and Risk Management Committee • Aboriginal and Torres Strait Islanders Education and Support Committee 	Meeting minutes and agenda templates	IHNA Secretary	Meeting Schedule.

<ul style="list-style-type: none"> • Learning and Teaching Committee • Finance Committee • Curriculum Development and Monitoring Committee • Student Representative Council • Student Misconduct and Appeals Committee • Educators Meetings • Industry Consultation Meetings • Marketing Meetings • RTO Management 			
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Associated information

Related Internal Documents	<ul style="list-style-type: none"> • Quality Assurance and Continuous Improvement Policy • Continuous Improvement Register • Risk Register • Validation and Moderation Plan • Complaints and Appeals Procedure
Related Legislation, Standards, and Codes	<ul style="list-style-type: none"> • Standards for RTOs 2015 • Education Services for Overseas Students Act 2000 • National Code of Practice for Providers of Education and Training to Overseas Students 2018 • Work Health and Safety Act 2011 • Data Provision Requirements 2012
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Change History

Version Control		Version 4.0
Change Summary	Date	Brief description of the change, incl version number, changes, who considered, approved, etc.
	10/03/2021	Separated Policy document from Procedure, revised and updated with pertinent sections