**Continuous Improvement Policy**

<table>
<thead>
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<th>Name of Policy</th>
<th>Continuous Improvement Policy</th>
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<tbody>
<tr>
<td>Version</td>
<td>7.1</td>
</tr>
<tr>
<td>Comply with</td>
<td>Clause 1.12 and 6 of RTO Standards 2015</td>
</tr>
<tr>
<td>Date created</td>
<td>June 2008</td>
</tr>
<tr>
<td>Date last revised</td>
<td>December 2014</td>
</tr>
<tr>
<td>Department responsible</td>
<td>Operations and Compliance</td>
</tr>
<tr>
<td>Responsible person to monitor and interpret</td>
<td>Quality Assurance Manager</td>
</tr>
</tbody>
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1. Policy objective
This procedure explains the continuous improvement actions implemented by the Institute.

2. Responsibility
The Quality Assurance Manager is responsible for the implementation of this policy and procedure and to ensure that staff are aware of its application and implement its requirements.

3. Requirements
The Institute is required to use data to review and improve its learning, assessment, support and management services to clients. It is the core management strategy of the Institute and covers all aspects of the Institute’s operations. All continuous improvement activities are recorded, tracked and signed off as described below.

- Institute management meetings are held fortnightly. The purposes of the management meetings are to:
  (a) monitor implementation of continuous improvement activities
  (b) review the Institute’s operations and initiate change, as required
  (c) plan for the Institute’s future operations
  (d) deal with other business that may arise.

- The process, frequency, tools, tracking and sign-off for each continuous improvement activity is documented below.

**Improvement Action:** is the action taken to correct the occurrence of non-compliance with policies and procedures, maintain compliance with Standards for RTOs 2015/ ESOS standards and to improve outcomes for clients.

4. Procedure

4.1 Review of Staff Files
- **Process**
  a. Reviewing staff files annually to ensure that they contain the following information:
     - current resume and contract of employment
     - verified copies of all relevant qualifications, occupational licenses and professional memberships
     - assigned and dated induction checklist
     - an annual review and record of professional development activities
  b. For trainers, a current trainer matrix for all courses/units taught by the trainer. Correct any omissions and errors.
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4.2 Review of Student Files

Process

a) Checking a sample of student hard copy files in June every year to ensure that they contain the following information:
   - Enrolment / Application Form / Student Agreement
   - copy of the Letter of Offer and CoE
   - copy of the student visa
   - RPL records, if applicable
   - credit transfer records, if applicable
   - copies of any warning letters, counselling notes, refund applications, transfer applications, complaint records or any other document pertaining to the student's time at the Institute
   - copy of awards or Statements of Attainment issued.

b) Check a sample of electronic student files every 12 months to ensure that they contain the same student details, as the hard copy files.

c) Correcting any omissions or errors.

d) Taking appropriate corrective actions if required.

Tools

Institute’s Student File Checklist.

Tracking

The Student Administration Manager is responsible for conducting the review. Sign-off completion of the review of student files is reported by the Student Administration Manager at the Institute management meeting.

4.3 Collecting and Analysing Student Feedback

Process

a) Collecting student feedback using survey forms:
   - tabulating student feedback using the tabulation sheet
   - reviewing the tabulated data and documenting any improvement actions required on the tabulation sheet.
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- Implementing the improvement actions as directed by the Head of the Department.

4.4 Maintaining the Document Register
(learning and assessment-related documents only)

- Process
  Reissuing the updated Institute’s document register to staff or making it available on the Institute’s website or in appropriate place.

- Frequency
  As or when the learning and assessment-related documents are purchased, created or amended.

- Tools
  The Institute’s document register.

- Tracking
  a. Archiving and retaining the previous Institute’s document register as evidence of changes.
  b. Reporting on status of improvement at Trainer and/or management meeting.

- Sign-off
  a. Any revision in the register is reported by the Departmental Coordinator or DOS to the parties concerned, which may include Trainers and management.

4.5 Review RTO Standards 2015 and CRICOS Compliance and Internal Audit

- Process
  Conducting a review of compliance and an internal audit using the essential standards for registration and the conditions of registration and the ESOS Act.

- Frequency
  Conducting an internal audit at least once every 12 months in March/April.
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Tools
a. RTO Standards 2015 compliance checklist.
b. CRICOS Compliance Checklist.
c. Institute’s Recommended Improvement Actions Report.
d. Institute’s Marketing Review Guidelines.

Tracking
a. Record details of the audit on the Standards for RTOs 2015, compliance checklist and the CRICOS Compliance Checklist.
b. Record required improvements on the Institute’s Recommended Improvement Actions Report.
c. Report completion of the SNR compliance reviews to the Institute management meeting.

Sign off
a. The CEO will sign and date the internal audit report and the Institute’s Recommended Improvement Actions Report following completion of the audit.
b. Completion of the review is reported to the Institute management meeting.

4.6 Review and Maintain Agent and Third Party Agreements

Process
a. Ensuring that all agents have a signed current Agent’s Agreement.
b. Interviewing students about their recruitment agent.
c. Conducting a review of each Agent’s Agreement.
   ✓ Ensure agents are supplied with up-to-date Institute marketing material and information.
   ✓ Cancel an Agent’s Agreement if there is a breach of the requirements.
   ✓ Take immediate corrective and preventative action upon the Institute becomes aware of an education agent being negligent, careless or incompetent or being engaged in false, misleading or unethical advertising and recruitment practices, including practices that could harm the integrity of Australian education.
   ✓ Renew agreements where the Institute is satisfied with the agent’s performance.

Frequency
a. Interview students during orientation.
b. Check agent agreements every 12 months.
c. Conduct an agent review every 12 months before the expiry of the Agent’s Agreement.
d. Update Institute marketing material and information supplied to agents each time new marketing material is approved.

Tools
N/A
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- **Tracking**
  a. New agent agreements will be prepared and signed off every 12 months.
  b. Record required improvements on the Institute’s Recommended Improvement Actions Report.
  c. Report completion of the SNR and CRICOS compliance reviews to the Institute management meeting conducted in March/April.

- **Sign off**
  a. New and renewed agent agreements will be notified to the CEO and to all marketing staff during the marketing meeting.
  b. Cancelled agent agreements will be notified to the CEO and to all marketing staff during the marketing meeting.
  c. Distribution of new marketing materials will be reported to the Marketing Manager.

4.7 Review Assessments

- **Process**
  a. For all qualifications on the Institute’s scope of registration assessment, activities will be “mapped” against the relevant element of competency, reviewed and signed-off by the Departmental Coordinator and attached to the Institute’s Training and Assessment strategy. The Head of Department will also review this prior to sign-off.
  b. Validation and Assessment Review will be conducted at the end of each year. Trainer(s) complete an Assessment Review Checklist for a unit and send the outcomes to the Departmental Coordinator and the DOS. The assessment review outcomes are reviewed by the Departmental Coordinator and the DOS.
  c. Following formal review, recommended changes to assessment tools and activities will be made by Institute staff as directed by the Departmental Coordinator and/or the DOS.
  d. Assessments will also be reviewed where Trainer or student feedback indicates that there is a problem with an assessment tool, such that an assessment tool is insufficient to test competency. In such cases, improvements will be made immediately in consultation with Trainers, the Departmental Coordinator and the DOS.

- **Improvements Made by Rewriting or Purchasing Assessment Tools Frequency**
  a. Individual Trainers complete the Assessment Validation and Review Checklist at the end of each year.
  b. Reviews may occur more frequently, if Trainer and student feedback indicates that there is a serious problem with an assessment tool.

- **Tools**
  a. Validation Checklist

- **Tracking**
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a. Completed Assessment Review Checklists are reviewed by the Departmental Coordinator.
b. The Departmental Coordinator will prepare a list of units to undergo formal review which is notified at the 'Trainers' meeting.
c. Update the Institute’s Document Register to include the revised assessment tools and activities.
d. File completed validation documents in the validation folder on Trainers' drive for review by management.
e. Archive and retain the previous assessment tools and activities as evidence of changes.

- Sign off
  a. Units formally reviewed will be reported to the Head of the Department.
  b. Completion of the formal review session(s) and validation is reported to the Head of the Department.

4.8 Review Risks of Non-Compliance with the RTO Standards 2015 and CRICOS Standards

- Process
  a. Document risks of non-compliance with RTO Standards 2015 and CRICOS standards using the internal audit checklists.
  b. Document risk treatment strategies required using the Institute’s internal audit checklists.
  c. Implement risk treatment strategies identified.
  d. Review the Institute’s risk assessment and the effectiveness of risk treatment strategies every 12 months in June/July, or as required.
  e. Make modifications to the Institute’s risk assessment if required.

- Frequency
  Review the Institute’s Risk Assessment Template at least once every 12 months in June/July, or more frequently if required.

- Tools
  Internal Audit Template

- Tracking
  a. Record the risk treatments that have been recorded in the Institute’s Internal Audit Template.
  b. Table the status and/or outcomes of the Internal Risk Assessment Audit at the management meeting.

- Sign-off
  Report the completion of review at the Institute management meeting.
4.9 Review Scope of Registration

- **Process**
  
  a. Review the institute’s business plan with particular attention to the courses and qualifications being delivered and make additions and/or deletions, as required.
  
  b. Ensure all Coordinators, the Head of Department, Chief Operating Officer and CEO are on TGA’s mailing list (www.training.gov.au) to ensure they receive immediate updates on any changes to courses on the Institute’s scope of registration.
  
  
  d. Where revised Training Packages related to the Institute’s current scope of registration are identified, implement plans to introduce the revised qualifications in accordance with the timelines contained in the relevant Training Package.
  
  e. Prepare delivery and assessment strategy plans, learning material and assessment tools for any revised or new qualifications proposed.
  
  f. Make application to have the revised or new qualifications added to the scope of registration.

- **Frequency**
  
  a. Review the plan for the business at least annually.
  
  b. Amend scope as necessary.

- **Tools**
  None

- **Tracking**
  Report the Institute’s scope of registration status application to the CEO.

- **Sign-off**
  Approve the addition to scope of registration application.
  Notification by CEO to all staff of the addition/deletions of courses on the Institute’s scope of registration.

4.10 Review Staff Performance and Professional Development

- **Process**
  
  Interview staff and provide feedback based on stakeholder reviews, Supervisor’s rating and any other information available. The review will include the following:
  
  - debriefing based on the previous review (where applicable)
  - duties, expectations, development activities and performance goals
  - Institute policies and procedures
  - formal and informal professional development activities undertaken by staff in the previous year

- **Frequency**
  
  At least once a year.
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- **Tools**
  Staff review and professional development record.

- **Tracking**
  Departmental managers record outcomes of the review of staff performance and professional development on the Staff Review and Professional Development record and send to the Operations Manager.

- **Sign-off**
  a. Operations Manager reports completion of staff reviews to the CEO.
  b. The Human Resources Officer places the completed records in individual staff files.

4.11 Use Data to Review Training and Assessment Strategies

- **Process**
  a) Prepare master versions of training and assessment strategies in accordance with the requirements of the Training Package and the SNR/CRICOS standards.
  
b) Review training and assessment strategies and make modifications where data sources indicate necessary.
  
c) Data sources used for reviewing and modifying training and assessment strategies may include:
    - Training package guidelines
    - State Purchasing Guide
    - Legislative or regulative requirements for the particular industry
    - Information collected from employers where applicable
    - Industry information and literature reviewed
    - Information from Institute staff who have maintained current industry expertise
    - Information collected on the requirements of the Institute client target group
  
d) Include the names and affiliations of people consulted and a description of the data collected in each revision of the RGIT’s Training and Assessment Strategy.

- **Frequency**
  At least once a year.

- **Tools**
  Institute’s Training and Assessment Strategy.

- **Tracking**
  a) Update the Institute’s document register to include the revised versions of training and assessment strategies.
  
b) Archive and retain the previous Institute’s Training and Assessment Strategy as evidence of changes.

- **Sign-off**
  a) Send an email notification to Institute staff when the Institute’s document register is updated.
  
b) Coordinator reports completion of sign-off to the Director of Studies.
5. Revision history

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<thead>
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<th>Revision</th>
<th>Date</th>
<th>Description of modifications</th>
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<td>2</td>
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<td>3</td>
<td>December 2010</td>
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<td>4</td>
<td>December 2011</td>
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<td>5</td>
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