

## 1. Purpose of Policy

As part of its commitment to quality and continual improvement the College conducts a range of ongoing self-evaluation activities which together form the College Continuous Improvement Process.

Examples of evidence of continuous improvement:

- Stakeholder Feedback and Satisfaction Surveys;
- Continuous improvement procedures, annual internal audit/self-assessment plans and reports;
- College review processes;
- Minutes/reports from the Compliance Committee meetings;
- Action approved and taken as a result of stakeholder and client feedback and satisfaction data;
- Notes, letters, memos, emails informing clients or staff of changes in services as a result of feedback; and
- Quality awards, training awards.

## 2. Scope

This policy and procedure applies to the Tec-NQ community, including our industry partners, the Board, staff, apprentices, parents, and employers and to all the activities, policies and procedures which make up the College integrated management system.

## 3. Policy Statement

As a Registered Training Organisation (RTO), non-state senior secondary school and accommodation facility, the College has responsibility for ensuring quality education, training and assessment within the scope of its registrations, regardless of any third party arrangements. Tec-NQ is responsible for developing, implementing, monitoring and evaluating quality education, training and assessment strategies and practices that meet the training packages and accredited course requirements.

Evaluating information about performance and using such information to inform quality assurance of services and improve training and assessment is sound business and educational practices. The information that Tec-NQ uses for the basis of continuous improvement decisions is relevant to Tec-NQ, its stakeholders and community. Tec-NQ is committed to the following principles for the purposes of developing and maintaining a culture of continuous improvement across the organisation.

## 4. Legislation

- [Australian Qualification Framework](#)
- [Education \(Accreditation of Non State Schools\) Act 2017 \(Qld\)](#)
- [Education \(Accreditation of Non State Schools\) Regulation 2017 \(Qld\)](#)
- [Education \(General Provisions\) Act 2006 \(Qld\)](#)
- [Education \(General Provisions\) Regulation 2017 \(Qld\)](#)
- [Further Education and Training Act 2014 \(Qld\)](#)
- [Further Education and Training Regulation 2014 \(Qld\)](#)
- [Standards for Registered Training Organisations \(RTOs\) 2015](#)

## 5. Related Documents

- [Continuous Improvement Form \(CIF\)](#)
- [Continuous Improvement Register](#)
- [Complaints and Appeals Policy and Procedure](#)
- [Industry Engagement Policy and Procedure](#)
- [Education, Training Committee Board Charter](#)
- [Records Management Policy and Procedure](#)
- [Internal File Audit Checklist](#)
- [Tec-NQ Non State School Accreditation Manual](#)

## 6. Related Standards

Standards for Registered Training Organisations (RTOs) 2015:

- [Standard 2 – The operations of the RTO are quality assured \(clauses 2.1-2.4\).](#)
- [Standard 8 – The RTO cooperates with the VET Regulator at all times and is legally compliant \(clauses 8.2-8.4\).](#)

## 7. Publication

Distributed to all staff, students and parents via Tec-NQ website and DMS.

## 8. Policy Release Details

|                         |                                     |
|-------------------------|-------------------------------------|
| Date of Policy Release: | 29/10/2018                          |
| Review Date:            | 29/10/2020                          |
| Recommended by:         | Stacey Cox, Executive Assistant     |
| Approved by:            | Julie Hyde, Chief Executive Officer |
| Approval Date:          | 29/10/2018                          |
| Version:                | 7                                   |
| CIR Number:             | 2799                                |

### 1. Responsibilities

The following personnel hold the responsibilities listed below:

- The Operations Manager has continuous improvement formally specified as part of his/her role in managing the organisation.
- Systems and Reporting Advisor is to take operational responsibility for the implementation of this policy and all procedures, projects and processes flowing from it.
- A Continuous Improvement Committee (Compliance Committee), chaired by the above member of the EMT is formed to deal with all matters of compliance with the AQF standards of registration of RTOs.
- The Compliance Committee works with CEO and all other staff members on continuous improvement issues across Tec-NQ.
- The Compliance Committee develops an annual reporting calendar that details activities aimed at continuous improvement.
- The Head of Boarding has continuous improvement specified as part of his/her role in managing Tec-NQ House.
- All staff is engaged in ongoing continuous improvement training.

### 2. Operational

Continuous improvement occurs as a result of action emanating from ongoing operations such as:

- Implementation of policies and procedures;
- Professional development activities of staff;
- Audits;
- Student/staff/employer suggestions;
- Student/staff/employer surveys;
- Risk assessments; and
- Technological developments.

Regardless of how the continuous improvement has occurred, data is to be regularly and consistently gathered via many channels, analysed and acted upon in relation to all aspects of Tec-NQ operations. Data is to be recorded as detailed in Section 3 of this procedure.

### 3. Gathering of Data

Data is gathered, recorded and monitored in the following ways:

#### 3.1 Continuous Improvement Form (CIF) – Gathering

The College has available on MiTec, website and in hard copy at reception, its Continuous Improvement Form, which is available to all stakeholders (internal and external) at all times.

The purpose of this form is to capture:

- Feedback from clients (internal and external) on any aspect of Tec-NQ activities whether it is a concern or a suggested improvement;
- Formal complaints from clients (internal and external);
- Below standard performance (e.g. low ratings on surveys, etc); and
- Recommended changes to documents, policies, procedures, processes and workflow.

### 3.2 Student Surveys

Student Surveys are to be undertaken:

- At the end of the first month after the commencement of studies at the RTO;
- At the end of each unit of competency; and
- In the last month of the course.

### 3.3 Employer Surveys

Employer surveys are to be undertaken:

Employer surveys are to be undertaken:

- At least once per year; and
- Via Industry Engagement Group (IEG) sessions. See Industry Engagement policy and procedure.

### 3.4 Staff Surveys

Staff surveys are to be undertaken:

- At the end of the first six months of employment;
- At the end of each period of structured PD; and
- At the cessation of employment (Exit interviews).

### 3.5 Internal Audits

Internal audits on various aspects of the RTO's operations (policies, procedures, processes, etc) are conducted in an ongoing way consistent with the requirements of the Standards for Registration 2015, in accordance with timelines specified in the annual reporting calendar.

### 3.6 Complaints and Appeals

Whenever a complaint or an appeal is upheld, Tec-NQ immediately acts to address the finding and records the action within the Continuous Improvement Register. Action is also taken if a complaint or an appeal highlights a need to improve RTO information or processes.

## 4. Recording and monitoring of Data

Once information is gathered, completed documentation can be handed to or forwarded to the Quality Systems and Reporting Advisor (QSRA) who will ensure the appropriate people are notified and corrective and preventative action is implemented and completed. The QSRA will record documentation in the Continuous Improvement Register (CIR), assign an action to the appropriate staff member and acknowledge receipt to the stakeholder. The recommended action must be tabled at the next meeting of the Compliance Committee. Any matters of a sensitive nature will be forwarded to the Operations Manager and may not be tabled with the Compliance Committee.

The Compliance Committee will determine whether the recommendation(s) is to proceed, and the time line for implementation. This information and actions detailed and appointed within the CIR, will be recorded in the Compliance Committee minutes and on the CIR.

The Compliance Committee can also determine that no action should be taken on the feedback provided.

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