



CONTINUOUS IMPROVEMENT
POLICY AND PROCEDURES

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References and Legislation	<ul style="list-style-type: none"> - Education Services for Overseas Students Act 2000 (Cth); - Education Services for Overseas Students Regulations 2001; - National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018. - Standards for Registered Training Organisations (RTOs) 2015. - The Migration Act 1958 - The Migration Regulations 1994

CONTENTS

1	Purpose	4
2	Responsibility.....	4
3	Requirements	4
4	Definitions.....	4
5	Method	4

CONTINUOUS IMPROVEMENT POLICY AND PROCEDURES

1 Purpose

- 1.1 This procedure explains the continuous improvement actions implemented by Hallmark Institute ("The Institute") which is undertaken to identify and manage risk for students and to improve the operation of the Institute.

2 Responsibility

- 2.1 The PEO is responsible for the implementation of this procedure and to ensure that staff are aware of its application and implement its requirements.

3 Requirements

- 3.1 The Institute is required to use data to review and improve its learning, assessment, support, and management services to clients.
- 3.2 Training organisations registered under the Australian Skills Quality Authority (ASQA) operate under the requirements of the VET Quality Framework. VET Quality Framework consists of 5 components:
- a) Standards for Registered Training Organisations (2015)
 - b) Financial Viability Risk Assessment Requirements
 - c) Data Provision Requirements
 - d) Australian Qualification Framework

4 Definitions

- 4.1 Improvement Action – is the action taken to correct the occurrence of non-compliance with policies and procedures, maintain compliance with the VET Quality Framework and improve outcomes for clients.

5 Method

5.1 Continuous Improvement Meetings

- a) Membership of the Continuous Improvement Group is comprised of the:
 - I. PEO;
 - II. Student Support Manager;
 - III. Marketing Manager;
 - IV. Compliance Officer.
- b) Continuous improvement is the core management strategy of the Institute and covers all aspects of the operation of the Institute. All continuous improvement activities are recorded, tracked, assessed, amended, if appropriate and signed off as described in the rest of this procedure.
- c) Continuous improvement meetings are held monthly on the last Thursday of each month and will be given adequate time and priority to effectively address the agenda. The purpose of the continuous improvement meetings is to:
 - I. Monitor implementation and effectiveness of continuous improvement activities;
 - II. Review the operations of the Institute and initiate change where it is required;
 - III. Plan for the future operations of the Institute;
 - IV. Deal with other business which may arise;
 - V. Ensure compliance with legislative requirements.
- d) Reports to each continuous improvement meeting will be made by the PEO and Student Support Manager and will include information on continuous improvement activities and opportunities arising from:

- I. Checking of academic staff files (PEO);
 - II. Checking of administrative staff files (Student Support Manager);
 - III. Checking of student files and records (Student Support Manager);
 - IV. Collection and analysis of student feedback (Student Support Manager);
 - V. Collection and analysis of student feedback (Student Support Manager);
 - VI. Implementation of the Quality Indicator System (Student Support Manager)
 - VII. Review of the VET Quality Framework compliance (PEO);
 - VIII. Review of assessments (PEO);
 - IX. Review of the Institute scope of registration (PEO);
 - X. Review of staff performance and professional development (PEO);
 - XI. Review of training and assessment strategies (PEO);
 - XII. Monitoring activities of, and interacting with, external stakeholders such as employers, ASQA, and Skills Councils (PEO);
- e) The continuous improvement meetings will initially use the pro-forma meeting agenda and minutes to direct its activities. It is envisaged that the components of the agenda and minutes will be further developed as the Institute becomes operational.
- f) The process, frequency, tools, tracking and sign-off for each continuous improvement activity is documented below.

5.2 Course Management Meetings

- a) Membership of the Course Management Group is comprised of the PEO, and the training & assessment staff. Other College staff can be invited to attend by the PEO when required.
- b) Each course area will hold monthly meetings on the last Wednesday of each month and will be given adequate time and priority to effectively address the agenda of staff to address learning and assessment programs, assessment validation and continuous improvement of learning and assessment programs and resources.
- c) Reports from these meetings will be made to the Continuous Improvement Group by the PEO and will include information on continuous improvement activities and opportunities arising from:
 - I. Assessment validation activities;
 - II. Stakeholder (students and staff) survey results;
 - III. Module completion rates;
 - IV. Staff review and professional development;
 - V. Monitoring activities of, and interacting with, external stakeholders such as employers, ASQA, and Skills Councils.

5.3 Check staff files

- a) Process
 - I. Every 12 months check that staff files contain the following information:
 - Resume of employment and qualifications;
 - Verified copies of all relevant qualifications, occupational licenses and professional memberships;
 - A current induction checklist signed and dated within the last 12 months;
 - An annual review and record of professional development activities;
 - Competency mapping such that there are competent people to train and assess all qualifications on scope as documented in strategies for training and assessment.

- II. Check and confirm that, for all units they are mapped to train and assess, each staff member meets the qualification, competency and currency requirements of the relevant training package(s) and the Standards for Registered Training Organisations.
- III. Ensures that the current industry skills of trainers and assessors have been validated by industry in the last 12 months.
- IV. Correct any omissions and errors
- b) Tools
 - I. None
- c) Tracking
 - I. Details of all corrections are discussed with the relevant staff
- d) Sign-off
 - I. Completion of the review of staff files is reported to the Continuous Improvement Group.

5.4 Check student files and records

- a) Process
 - I. Every 12 months check a sample of student hard copy files to ensure they contain the following information:
 - Enrolment / application form / student agreement;
 - Student RPL records, if applicable;
 - Student Mutual Recognition records;
 - Student attendance records;
 - Copies of any warning letters, counselling notes, refund applications, transfer applications, complaint records or any other document relevant to the student's time at the Institute;
 - Competency sign off by trainers for each completed unit;
 - Copy of awards or statements of attainment issued.
 - II. Every 12 months check a sample of electronic student files to ensure they contain the same student details, module completion data and course completion data as the hard copy files.
 - III. Correct any omissions or errors.
 - IV. Take appropriate corrective action with staff if required.
- b) Tools
 - I. The Institute student file checklist.
- c) Tracking
 - I. Details of all corrections are discussed with the relevant staff.
- d) Sign-off
 - I. Completion of the review of student files is reported to the Continuous Improvement Group.

5.5 Collect and analyse employer feedback on training and assessment strategies, assessment tools, trainer competency mapping and trainer currency

- a) Process
 - I. Collect feedback using survey forms and telephone interviews
 - II. Tabulate employer feedback using the tabulation sheet

- III. Review the tabulated data and document any improvement actions required on the tabulation sheet
 - IV. Implement the improvement actions as directed by the Continuous Improvement Group
 - V. The Student Support Manager will collate student feedback, issues raised by employer and informal complaints and report back at management meetings.
- b) Frequency
- I. Collect employer feedback and analyse it once every quarter (March, June, September, December).
- c) Tools
- I. Employer feedback questionnaires
 - II. Employer feedback tabulation sheet.
- d) Tracking
- I. Required improvement actions are documented on the tabulation sheets
 - II. Distribute the tabulated data and improvement actions required to relevant staff
 - III. Report the required improvement actions to the Continuous Improvement Group
 - IV. Implementation of stakeholder feedback is recorded in the continuous improvement log
 - V. Assess the effectiveness of actions and make amendments if necessary.

5.6 Collect and analyse student feedback

- a) Process
- I. Collect student feedback using survey forms
 - II. Tabulate student feedback using the tabulation sheet
 - III. Review the tabulated data and document any improvement actions required on the tabulation sheet
 - IV. Implement the improvement actions as directed by the Continuous Improvement Group
 - V. The Student Support Manager will collate student feedback, issues raised by students and informal complaints and report back at management meetings.
- b) Frequency
- I. Collect student feedback and analyse it once every quarter (March, June, September, December)
- c) Tools
- I. Student feedback questionnaires (includes questions on college facilities, services and support)
 - II. Student feedback tabulation sheet.
- d) Tracking
- I. Required improvement actions are documented on the tabulation sheets.
 - II. Distribute the tabulated data and improvement actions required to relevant staff
 - III. Report the required improvement actions to the Continuous Improvement Group
 - IV. Implementation of stakeholder feedback is recorded in the continuous improvement log
 - V. Assess the effectiveness of actions and make amendments if necessary.

5.7 Collect and analyse staff feedback

a) Process

- I. Collect staff feedback using survey forms
- II. Tabulate staff feedback using the tabulation sheet
- III. Review the tabulated data and document any improvement actions required on the tabulation sheet
- IV. Implement the improvement actions as directed by the Continuous Improvement Group
- V. The Student Support Manager will collate staff feedback, issues raised by staff and informal complaints and report back at management meetings.

b) Frequency

- I. Collect staff feedback and analyse it once every quarter (March, June, September, December).

c) Tools

- I. Staff feedback questionnaires
- II. Staff feedback tabulation sheet.

d) Tracking

- I. Required improvement actions are documented on the tabulation sheets
- II. Distribute the tabulated data and improvement actions required to relevant staff
- III. Report the required improvement actions to the Continuous Improvement Group
- IV. Implementation of stakeholder feedback is recorded in the continuous improvement log
- V. Assess the effectiveness of actions and make amendments if necessary.

5.8 Implement the Quality Indicator System

a) Background

- I. Compulsory reporting against the Learner Engagement and Employer Satisfaction Quality Indicators through the SMART system ceased on 31st December 2011.
- II. The Institute is still required to annually collect and report against the Quality Indicators to their State or Federal Regulator (by June 30, 2012, for the 2011 calendar year) however, they are not required to use the SMART software.
- III. ACER is no longer contracted by the NSSC to provide customer or technical support services for SMART.

b) Process overview

- I. The quality indicator system is detailed at the following web site <http://www.acer.edu.au/tests/aqis/resources-manuals>
- II. ASQA requirements for the quality indicator system are detailed at the following web site <https://www.asqa.gov.au/resources/general-directions/quality-indicators>

c) Process for learners

- I. Collect feedback using the Learner's survey from a sample of the learner population who have completed at least one semester of study with the Institute
- II. The students sampled must be from all current courses on the Institute scope with students enrolled
- III. Tabulate the student feedback and use the [ASQA Reporting template](#) to submit to ASQA

- IV. Review the tabulated data implementing any improvement actions required
- V. Record the outcomes in the continuous improvement log.
- d) Process for employers
 - I. Collect feedback using the Employer's survey from a sample of employers who have interacted with the Institute
 - II. The employers sampled must be from all current courses on the Institute scope with students enrolled
 - III. Tabulate the employer feedback and use the [ASQA Reporting template](#) to submit to the ASQA
 - IV. Review the tabulated data implementing any improvement actions required
 - V. Record the outcomes in the continuous improvement log.
- e) Process for competency completion
 - I. Use the Institute student database to generate competency completion files
 - II. Use the competency completion online system to lodge the competency completion data
 - III. Software to lodge the competency completion data and generate a report, the Competency Completion Online System (CCOS), is available from the National Centre for Vocational Education Research (NCVER). Assistance in accessing and using the CCOS is available by emailing NCVER or by phoning (08) 8230 8468.
 - IV. RTOs regularly lodging AVETMISS data to meet requirements for funded training do not need to lodge data via the CCOS unless they have additional fee-for-service data that they have not lodged when claiming funds.
 - V. Review the competency completion data implementing any improvement actions required.
- f) Frequency
 - I. Competency Completion – data must be submitted on or before 30 June each year
 - II. Learner Engagement – data must be submitted on or before 30 June each year
 - III. Employer Satisfaction – data must be submitted on or before 30 June each year.
- g) Tools
 - I. Learner survey
 - II. Employer survey
 - III. Survey Management, Analysis and Reporting Tool
 - IV. Competency Completion Online System.
- h) Tracking
 - I. Distribute the tabulated data and improvement actions required to all College staff
 - II. Implement the improvement actions as directed by the Continuous Improvement Group
 - III. Record the learner survey, employer survey and competency completion outcomes in the continuous improvement log.

5.9 Review compliance with VET Quality Framework

- a) Check the ASQA website to ensure senior management is informed and up to date with current ASQA requirements and guidelines. Specific areas to be checked are:
 - I. Home Page;
 - II. Media and Publications;
 - III. For Training Organisations;
 - IV. Subscribe to the Newsletter.

- b) Review Training Package Continuous Improvement Plans.
- c) Subscribe to relevant Industry Skills Councils.
- d) Review the Skills Website - <http://www.education.gov.au/skills-and-training>.
- e) Check the ASQA website (<http://www.asqa.gov.au>) to ensure senior management is informed and up to date with current ASQA requirements and guidelines.
- f) Subscribe to the National Skills Standards Council mailing list.
- g) Conduct a review of the Institute compliance with the VET Quality Framework.
- h) Conduct a review of the Institute compliance with the VET Quality Framework.
- i) Frequency
 - I. Check the ASQA and NSSC web site monthly prior to management meetings
 - II. Distribute copies of ASQA factsheets, guides, presentations, and news and NSSC information to all staff in a timely fashion.
 - III. Distribute the newsletters/subscription service information to staff each time it is received.
 - IV. Conduct a compliance review at least once every 12 months and prior to the date when the Institute has to pay its annual registration fee and complete the registration declaration.
- j) Tools
 - I. VET Quality Framework compliance checklist
 - II. The Institute marketing review guidelines
 - III. Current AQF guidelines.
- k) Tracking
 - I. Record details of the audit on the RTO VET Quality Framework checklist
 - II. Record required improvements on the Institute recommended improvement actions report
 - III. Report completion of the review to the Continuous Improvement Group.
- l) Sign off
 - I. The PEO will sign and date the audit report and the Institute recommended improvement actions report following completion of the audit
 - II. The PEO will sign the conditions of registration declaration and submit it to ASQA following completion of the audit
 - III. Completion of the review is reported to the Continuous Improvement Group.

5.10 Review and validate assessments – General

- a) Assessment validation comprises two processes, assessment mapping and assessment moderation
- b) A Group involving a minimum of 2 people will conduct assessment validation.
- c) At least one member of the Validation Group must not be a current trainer in that unit or be a trainer external to the Institute – independence requirement
- d) At least one member of the Validation Group must meet the independence requirement and meet the current Standards for Registered Training Organisations requirements for an assessor in relation to the assessments being validated.
- e) The assessment validation schedule must be such that the entire RTO scope is validated over a five-year period and at least 50% of the RTO scope must be validated within the first 3 years of the commencement of the five-year period.

5.11 Review and validate assessments – Mapping Process for new units

- a) For all qualifications on the Institute scope of registration prior to use, assessment tools for each unit will be “mapped” against the requirements of the unit of competency
- b) The assessment mapping will be reviewed by the PEO to ensure it is complete.
- c) The completed Assessment Tools Checklist will be attached to the master copy of the assessment tool and filed for future reference and audit purposes.

5.12 Process for existing units

- a) The PEO will review assessment tool mapping within one month of a version change reported on the training.gov.au web site or following feedback from the Institute staff indicating a review is required.
- b) Any required amendments to the assessment tool will be made by the PEO in consultation with a trainer for the unit being reviewed.
- c) Process for all units
 - I. The PEO will review completed assessment mappings before they are approved.
- d) Any requirements of the unit of competency that are identified by the mapping as not being assessed will be rectified by the PEO making appropriate adjustments to the assessment tool.
- e) Assessment mapping frequency
 - I. Prior to implementation for new units
 - II. Following version change or feedback from the Institute staff for existing units.
- f) Assessment mapping tools
 - I. The Institute Assessment Tools Checklist.
- g) Tracking and completion
 - I. A completed Assessment Tools Checklist will be retained and filed for future reference and audit purposes.
 - II. The PEO will record details of each Assessment Review in the Continuous Improvement Log.
 - III. The Assessment Review details recorded in the Continuous Improvement Log will include the date, names of staff participating, and a list of units reviewed.
 - IV. The PEO will update the Institute version control folder to include the revised assessment tools and activities
 - V. Where amendments are made to assessment tools the PEO will archive and retain the previous assessment tools as evidence of changes having been made.
 - VI. The PEO will send the Institute staff an email notification when the version control folder is updated with new or revised assessment tools.

5.13 Review and validate assessments – Moderation Process

- a) Assessment moderation will occur at the end of each term or semester for units that have been assessed in that study period.

- b) The task of the Moderation Group is to moderate a sample of completed assessments undertaken by staff of the Institute.
- c) The review process undertaken by the Moderation Group will discuss and complete a review of processes, tools and instruments and competency decisions from a sample of actual assessments provided by the PEO.
- d) Assessment moderation frequency
 - I. Assessment moderation will occur at the end of each term or semester.
- e) Assessment moderation tools
 - I. The Institute assessment review guide
 - II. The Institute assessor review form
 - III. The Institute assessment tool review questions.
- f) Tracking and completion
 - I. A completed the Institute assessment review guide and the Institute assessor review form will be retained and filed for future reference and audit purposes.
 - II. The PEO will record details of each Assessment Review in the Continuous Improvement Log.
 - III. The Assessment Review details recorded in the Continuous Improvement Log will include the date, names of staff participating, and a list of units reviewed.
 - IV. The PEO will update the Institute version control folder to include the revised assessment tools and activities.
 - V. Where amendments are made to assessment tools the PEO will archive and retain the previous assessment tools as evidence of changes having been made.
 - VI. The PEO will send the Institute staff an email notification when the version control folder is updated with new or revised assessment tools.

5.14 Review and amend college scope of registration Process

- a) Review the plan for the business with particular attention on the course / qualification being delivered and review the Institute scope of registration in the light of any modified business plan making deletions as required.
- b) Check the TGA (<http://www.training.gov.au/>) and Training Package Continuous Improvement Plans - websites to identify new and revised Training Packages related to the current College scope of registration.
- c) Where courses are reaccredited or revised Training Packages endorsed and they are related to the current College scope of registration the Institute must develop and implement plans to introduce the revised courses / qualifications / units of competency in accordance with the transition arrangements identified in clauses 1.26 and 1.27 of the Standards for Registered Training Organisations [ASQA transition requirements](#). The major requirement of the transition arrangements are that:
 - I. New learners cannot be enrolled in a training product that has been removed from the National Register;
 - II. All learners must either complete, including issuance of certification, the superseded qualification or be transferred to the new training product within 12 months from the release date of the replacement training product;

- III. If there is no replacement training product, all learners must complete the superseded training product, including issuance of certification, within 24 months from the release date of the replacement training product in the case of an AQF qualification, or within 12 months from the release date of the replacement training product in the case of a skill set, unit of competency, accredited short course, or module;
 - IV. Sometimes, a qualification or accredited course will specify a core or named elective unit or module that has been superseded, removed, or deleted from another training package. In these cases, you must continue to include the component/s as named in the qualification or course being delivered.
- d) Where there are minor updates (Industry Skills Council upgrades) the Institute must make the required changes, but ASQA does not require an application to upgrade as they will check that updates have been implemented when the next an audit is conducted.
 - e) Prepare new or revised strategies for training and assessment, learning material and assessment tools for any revised courses / qualifications / units of competency.
 - f) Make application to have the revised or new courses / qualification / units of competency added to the Institute scope of registration.
 - g) Frequency
 - I. Review the plan for the business at least once each year
 - II. Prior to each continuous improvement meeting, review the web sites noted in process item 2
 - III. Amend the scope when necessary.
 - h) Tools
 - I. Nil
 - i) Tracking
 - I. Report the Institute scope of registration status to each continuous improvement meeting
 - II. Assess effectiveness of current scope and make amendments of appropriate.
 - j) Sign-off
 - I. Lodgement of the addition to scope application
 - II. Approval of the addition to scope application
 - III. Notification to the continuous improvement meeting of completion of the review and changes in scope.

5.15 Review staff performance and professional development Process

- a) Interview staff and provide feedback based on stakeholder reviews, PEO observation, and any other information available. The review will include the following:
 - I. debriefing based on the previous review (where applicable);
 - II. duties, expectations, development activities and performance goals;
 - III. College policies and procedures;
 - IV. Items on the current staff induction checklist;
 - V. staff awareness of and understanding of legislation that significantly affects their duties. The legislation involved will include Equal Opportunity, Workcover and any legislation specific to the qualifications being delivered by the Institute;
 - VI. formal and informal professional development activities undertaken by staff in the previous year;

- VII. check that staff continue to understand the CRICOS National Code, the implications of the National Code for students and the responsibility of staff to implements its requirements;
- VIII. check that staff continue to understand the potential implications for students and students visa status arising from non-attendance, unsatisfactory progress, non-payment of fees, breaching the Student Code of Behaviour, not completing within the expected duration of study, and engaging in copyright breaches, cheating or plagiarism.
- b) Frequency
 - I. At least once a year
- c) Tools
 - I. Staff review and professional development record
- d) Tracking
 - I. Record outcomes of the review of staff performance and professional development on the staff review and professional development record, assess effectiveness of activities, make amendments if appropriate and place in the staff file.
- e) Sign-off
 - I. Report completion of staff reviews to the continuous improvement meeting.

5.16 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 VET Quality Framework.
- b) Review training and assessment strategies and make modifications where data sources indicate this is necessary.
- c) Check that required facilities, resources and equipment are in place for all requirements of the qualifications on scope.
- d) Data sources used for reviewing and modifying training and assessment strategies may include:
 - I. Training package guidelines;
 - II. State purchasing guide if applicable;
 - III. Legislative or regulative requirements for the particular industry;
 - IV. Information collected from employers or potential employers;
 - V. Industry information and literature reviewed;
 - VI. Information from College staff who have maintained current industry expertise;
 - VII. Information collected on the requirements of the Institute client target group;
 - VIII. Volume of learning guidelines in conjunction with the characteristics of the training cohorts;
 - IX. Pre-training review information so that a range of strategies and practices are developed to match the range of needs identified in student cohorts.
- e) Include the names and affiliations of people consulted and a description of the data collected in each revision of the master College training and assessment strategy.
- f) Frequency
 - I. At least once a year.
- g) Tools
 - I. The Institute training and assessment strategy.
 - II. Facilities checklists.
 - III. Facilities location listing.

IV. Employer questionnaires.

h) Tracking

- I. Update the Institute version control folder to include the revised versions of training and assessment strategies.
- II. Assess effectiveness of actions and make amendments of appropriate.
- III. Archive and retain the previous College training and assessment strategy as evidence of changes.

i) Sign-off

- I. Send an email notification to college staff when the Institute version control folder is updated.
- II. Report completion to the continuous improvement meeting.