

CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE

PP.02

1.0 Objective

1.1 This policy describes the process by which AAPA will develop and implement written procedures relating to continuous improvement of its systems including processes, products and services as they relate to compliance with the VET Quality Framework for NVR Registered Training Organisations.

2.0 Requirement

2.1 AAPA uses a systematic and continuous improvement approach to the management of operations.

3.0 Definitions

3.1 Continuous improvement is the process by which AAPA ensures that the quality of the training services provided are continually monitored, reviewed, compared, evaluated and where appropriate, improved.

3.2 The Quality Assurance committee will be composed of the Executive Chairman and at least two of the following people:

321 Head of Operations

322 RTO Manager.

323 Operations Manager

324 Training Staff (e.g. trainers or course assessors)

3.3 Feedback is information provided by employers, students, training staff or administrative staff in response to specifically designed satisfaction survey questions.

3.4 Unsolicited feedback may come from a variety of sources and because of its unstructured nature may rise beyond the control of AAPA.

4.0 Process

4.1 The Executive Chairman or appointed delegate will conduct an internal audit of AAPA compliance with the VET Quality Framework and government funding agreements annually or earlier.

4.2 The Executive Chairman or appointed delegate will analyse the internal audit outcomes and all/any non-compliances with the VET Quality Framework and government funding agreements and will devise a strategy and time frame to correct any/all non- conformance found (refer to Corrective Actions Record, F.01).

- 4.3** The Executive Chairman will conduct via Management Review Reports (F.03) to ensure AAPA continues to meet the needs of the client/stakeholder group. This also involves reviewing AAPA's operations to ensure services detailed in agreements with clients are provided.
- 4.4** RTO Manager is the designated person for professional development in regards to continuous improvement, and solicitation, analysis and feedback from stakeholders.
- 4.5** RTO Manager will collect and analyse stakeholder and client course feedback survey (F.02) and satisfaction data on the services provided by AAPA and will submit to the half-yearly management meetings. This will provide an avenue for training staff to express their ideas and feedback. Industry advisers are engaged to ensure updates are provided as regards industry changes.
- 4.6** The Quality Assurance committee will consider all information received from clients and stakeholders and review its policies and procedures in the light of the information received.
- 5.0 Overview for Different Feedback Surveys, Quality Indicator Data, Validation Outcomes and Complaints and Appeals**
- 5.1** Development of Surveys
- 5.1.1 All the surveys will be developed by RTO Manager. RTO Manager will collect and analyse all feedback received on the services provided by AAPA). All feedbacks will be kept in our database for further analysis.
- 5.2** Collection of data against Quality Indicators
- 5.2.1 AAPA must retain evidence of the submission of Quality Indicator data to ASQA. This is due to ASQA annually by 30 June for the previous calendar year. The current method of data collection is to use the Learner and Employer Questionnaires and the method of reporting is to complete the Quality Indicator annual summary and submit to ASQA. Since the introduction of the total VET activity data submission to NCVET in 2015, AAPA is not required to submit CCOS data onwards. AAPA will submit the full AVETMISS data to NCVET by the end of February for the previous calendar year.

- 522 The Quality Indicators have been designed to help AAPA conduct evidence-based and outcomes-focused continuous quality improvement, and assist ASQA assess the risk of AAPA operations.
- 523 Under VET Quality Framework, AAPA is required to collect and use data on three quality indicators:
- a. Learner Engagement.
 - b. Employer Satisfaction.
 - c. Competency Completion.

5.3 Validation Outcomes

Validation outcomes in the last six months will be submitted to half yearly management meeting for continuous improvement. AAPA engages aviation industry to confirm our assessment system. Validation is organised in a systematic way on the risk base so that the course with overall higher risk score will be prioritised.

5.4 Complaints and Appeals

Complaints and appeals are submitted in writing to RTO Manager and RTO Manager is responsible for retaining all the evidence including any related papers related to the investigation. All the complaints and appeals will be submitted to the half-yearly management meeting for review.

- 5.5** RTO Manager is responsible for collection and analysis of accurate and timely data relevant to measures of AAPA performance. All quality indicators, results of the feedback surveys, validation outcome and complaints and appeals must be used for continuous improvement of the organisation.

6.0 Management Review Report

- 6.1** To ensure that AAPA continues to improve its services we systematically review and compare our processes to actual outcomes, this is completed via a Management Review Report including:

- 6.1.1 Annual internal audit organised by RTO Manager in conjunction with AAPA Executive Chairman.
- 6.1.2 Analysis of the quality indicator data. .
- 6.1.3 Risk based systematic validation outcomes in the last six months. .
- 6.1.4 Detailed report on complaints and appeals and corrective actions.
- 6.1.5 Detailed report of the analysis of all the feedback surveys.

6.2 Results from audits, validations, quality indicator data and reviews of feedback are evaluated and analysed by RTO Manager in collaboration with Executive Chairman, Head of Operations, Operation Manager and at least one training staff and industry expert to identify areas for improvement. In the case industry expert cannot attend the meeting, a report will be forwarded for review and further comments.

7.0 Corrective Action

7.1 A Corrective Action Record (refer to F.01) will be raised, monitored and actioned, then filed in the Quality Compliance Folder for future reference.

7.2 Executive Chairman, Head of Operations, RTO Manager and Operations Manager will have a quality meeting regarding Corrective Actions. At this meeting RTO Manager will go through 'open actions'. Actions that have been completed will also be discussed and closed via signoff by the Executive Chairman. At this point in time, RTO Manager will then complete documentation and update the corrective action register.

11.0 Responsible Person

11.1 Executive Chairman is responsible for the control and issue of this procedure (this may be delegated).

12.0 Associated Forms

- F.01 - Corrective action record
- F.02 - Corrective action register
- F.03 - Management Review Report
- F.04 - Client Course Feedback Survey
- F.05 - Student Feedback Survey
- F.06 - Course Progression Survey
- F.10 - Staff Feedback Survey

13.0 Associated Standards

Refer to: [Clause 1.5, Clause 1.6, Clause 2.2]

Approved by: AAPA Chairman

