Continuous Improvement Policy

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PURPOSE

Frontier's Continuous Improvement policy and procedure is to ensure that Frontier always follows a compliant procedure to review, analyse risk and rectify all operations and activities conducted in Frontier at a continuous basis. The policy ensures that Frontier remains current and up to date with legislative and regulatory improvements and ensures that all Frontier's practices from marketing to certificate issuance are in accordance with the requirements of the standards.

SCOPE

This policy and procedure apply to all the staff, third party agents, industry partners and other stakeholders involved in the operations of Frontier Institute of Technology. The objective of Frontier's Continuous Improvement policy is to identify the issues that affect the daily operations of Frontier and take necessary actions to mitigate the risk. The CEO and the Compliance Manager is responsible to ensure compliance with this policy and procedure.

RELEVANT STANDARDS, ACTS AND LEGISLATION

The Continuous Improvement Policy and Procedures adheres to the Standards for Registered Training Organisations (SRTO's) 2015 Clauses 2.1 to 2.4, 1.7, 5.1 to 5.3, 5.4, 6.1 to 6.6, 8.2 to 8.4.

DEFINITIONS

SRTO	Standards for Registered Training Organisations (RTOs) 2015 Standards for Registered Training Organisations. A legislative instrument describing the minimum standards to be met by RTOs through the VET Quality Framework. http://www.asqa.gov.au/about-asqa/national-vet-regulation/vetquality-framework.html
CEO	Chief Executive Officer
Registered Training Organisation (RTO)	A training organisation authorised to deliver VET Programs and courses
CRICOS	Commonwealth Register of Institutions and Courses for Overseas Students
CI	Continuous Improvement

VET	vocational education and training
ASQA	Australian Skills Quality Authority (ASQA), the national regulator for Australia's vocational education and training sector
Third party	Any party that provides services on behalf of the RTO but does not include a contract of employment between an RTO and its employee. (def according to ASQA) ● Recruitment of prospective learner ● Enrolment of learners (incl. fee receipting)
Agent	An accredited person or Organisation with the authority to promote Frontier Institute of Technology courses and services to Students or intending Students in nominated regions.

POLICY

The policy statement includes:

1. Frontier ensures to collect feedback from all stakeholders to seek input on compliance, student satisfaction, employee satisfaction, marketing practices, training and assessment practices and all other relevant activities and operational practices in Frontier on a day to day basis.
2. Frontier ensures to conduct internal and external review for all activities and operational practices in Frontier
3. Frontier ensures to conduct quality review of student assessments and validation of learning and assessment resources for the courses within the Frontier's scope.
4. Frontier conducts risk assessment on all improvements identified through internal and external review, quality assurance and validation processes.
5. Frontier ensures to develop rectification plans based on the risk assessment report for all improvements.
6. Frontier ensures to record all continuous improvement meetings and findings for a period of 5 years.
7. Frontier continuously remains current by keeping Frontier and their stakeholders updated and informed at all times

PROCEDURE

Policy 1: Frontier ensures to collect feedback from all stakeholders

Frontier periodically collects feedback from all stakeholders. The procedures to collect feedback and the purpose of such feedbacks are explained below:

a. Student feedback to analyse student satisfaction

Adhering to the standard 7, clause 7.5 of the SRTO 2015, Frontier ensures to undertake Quarterly Indicator Surveys with every student on completion prior to Certificate Issuance. Frontier uses the required learner engagement and employer satisfaction questionnaires and provides an annual summary report of their performance against the learner engagement and employer satisfaction quality indicators to ASQA using the ASQA provided templates and survey management, analysis and reporting tool. The survey is conducted with every student through Google Forms or manually by the end of the year, an analysis is undertaken, and a report is generated. The analysis and reporting process start every year at the beginning of May to ensure ASQA reporting is done for the previous calendar year (1 January to 31 December) in full to qidata@asqa.gov.au by close of business 30 June each year.

b. Department based staff feedback to ensure compliance or analyse any continuous improvement

As an ongoing basis, all staff and departments are encouraged to fill out the Continuous Improvement Form and submit it to the Compliance Manager through email, whenever they identify any issues or problems. Staff can request for amendments to any operational procedures and their respective tools that they use to execute their day to day work activities. On receiving such a request, the Compliance Manager will compile all requests and present it on Continuous Improvement meetings that are conducted fortnightly with the CEO, Operations Manager and the Compliance Manager. The Continuous Improvement process and meeting objectives are explained below.

Based on the Continuous Improvement Calendar, The Compliance Manager will seek feedback on their operations as per the checklist provided to each department. Each staff member must fill out the checklist and the Compliance Manager will compile the findings to review and audit the departments based on the Continuous Improvement calendar period standard audit timeframe. This process is explained in section 2.

c. Third Party Review and feedback

Frontier encourages all Third-Party Providers to provide feedback whenever performance review is conducted. Any feedback received during this process is again compiled for review during the Continuous Improvement meetings.

Policy 2: Frontier ensures to conduct internal and external review for all activities and operational practices in Frontier

Frontier conducts internal review in two ways, as explained below:

Ongoing Random Internal Review:

Every fortnight Frontier conducts Continuous Improvement meetings to discuss and review staff-initiated feedback on requesting any changes or amendments, particularly High-risk amendments as determined or identified during operations. This meeting is chaired by the CEO and

participants are the relevant department Managers and the Compliance Manager. It is almost a long half day meeting where every improvement identified during the two weeks are reviewed, risk assessed and recorded. Prior to the meeting, the Compliance Manager will gather all review and rectified items to be reviewed by the CEO and Operations Manager. The typical meeting agenda items would include:

a. Review and version control all rectified items as per the rectification plan
b. Review new findings
c. Conduct risk assessment
d. Develop rectification plan

Ongoing scheduled Internal Review:

Frontier has a Continuous Improvement calendar where every month special focus is to internally review procedures adhering to one standard from SRTO 2015. Please note, on availability of CRICOS and Skill First, the standards will be reviewed and mapped to the SRTO Standards 2015. Based on the Continuous Improvement calendar every month a standard will be reviewed thoroughly by the Compliance Manager along with the staff/s involved in executing such procedures by using a checklist to ensure sufficient evaluation. The Compliance Manager will collect evidence during the process and compile the findings to present to the CEO at a meeting that is held monthly. The Compliance Manager will provide evidence of all communication and work evidence as per the checklist. The CEO and the Compliance Manager will then conduct a risk assessment and prepare a rectification plan if any.

External Review:

External audit:

External review for all SRTO 2015 and other regulatory compliance are initiated once in a year, always during March month of every academic year. By February of every year, all scheduled internal reviews are completed and all rectifications (mostly high risk and medium risk) are implemented by then. Frontier then engages an External Consultant to conduct an external audit to ensure compliance before the CEO does Frontier self-assessment declaration through ASQAnet.

External Validation:

Frontier conducts external validation of all learning and assessment resources and the training and assessment strategies. By then, all the internal validations are almost completed. This process in detail is explained below.

Policy 3: Frontier ensures to conduct quality review of student assessments and validation of learning and assessment resources for the courses within the Frontier's scope
Quality Assurance (Moderation):

Frontier has a Quality Assurance team to conduct quality review for all assessments upon student completion assessed by the Trainer and Assessor. If there are any Non-compliance identified on assessments a quality review report is provided to every Trainer and Assessor for all assessment assessed by them. Non-compliances could be missing information, insufficient feedback, discrepancy with model answers, etc. This is an ongoing work where the quality assurance team reviews all assessments to ensure a valid, sufficient, current and authentic assessment process is undertaken. The Quality Assurance team is to ensure compliance with 'Rules of evidence' at all times.

Validation:

To ensure compliance with 'Principles of Assessment' so that all learning and assessment resources are valid, reliable, fair and flexible, Frontier conducts Internal and External Validation and moderation. Validation is a 'quality review' process and moderation is a 'quality control process'.

Internal Validation:

As per the scheduled validation plan, the Compliance Manager initiates the validation process along with the Trainers and Assessors. The Trainers and Assessor must review the learning and assessment resources as well as a few student samples with the help of the Validation checklist provided to list out their findings. The Compliance Manager compiles these reports and presents the findings on the fortnightly Continuous Improvement meetings to discuss moderation plans.

The Internal validation Plan is a five-year plan where every month units of competency/ competencies are scheduled for validation. However, upon purchasing learning and assessment resources for any unit of competency, it is important that each unit of competency are validated prior to releasing it for students. The five-year validation plan is mostly a post validation in nature and therefore, few samples of student work must be validated along with the learning and assessment resources. The validators will determine the sample size for validation by referring to the ASQA Validation sample size calculator. Link https://www.asqa.gov.au/resources/fact-sheets/conducting-validation

Whenever there is an addition of scope initiated by Frontier, it is compulsory to validate the Training and Assessment strategy along with each unit of competency to ensure compliance and suitability to use immediately once the addition of scope has been granted.

External Validation:

When the internal validation and moderation process are completed for each qualification, an industry validation or consultation is initiated to be undertaken by Industry Subject Matter experts. To ensure external validation is conducted by the right industry experts, an 'Expression of Interest for Conducting Industry Validation' advertisement is published in professional online forums or websites to attract right industry subject matter experts. Always three industry validations (minimum and could be more than three if accessible) are sought for each qualification to ensure validity and sufficiency. There would be one paid Industry Validation conducted for each and every unit and all training and Assessment strategies for every qualification within Frontier's scope (this is conducted once in every 5 years by Frontier and the report is valid for 5 years or until the qualification is superseded) and the other two industry validation would be in consultation nature and conducted on all training and assessment strategies based on a sample unit of competency/competencies (valid for one year only). Frontier encourages all Industry Validators to fill out Frontier's Industry Validation Checklist to compile the validation findings. However, it is not compulsory for them to use the Frontier Validation Checklist. They can use their own format of reporting but must ensure that appropriate and detailed feedback are provided as determined in the checklist. Validation helps ensure that Frontier's training and assessment practices are relevant to the industry needs. Therefore, it is important to have people with current skills, knowledge and experience to perform the validation. The Industry Validator eligibility criteria includes:

- the industry relevance of the context and conditions of the assessment (Compulsory all three validators)
- hold competency in the training product being validated (Compulsory for at least one), or

- be able to demonstrate they have skills and knowledge equivalent to the requirements of the training product ((Compulsory for at least two validators)
- vocational competencies and current industry skills relevant to the assessment being validated (at least one of them)
- current knowledge and skills in vocational teaching and learning (at least one of them) , and
- the TAE40110 Certificate IV in Training and Assessment (or its successor) or the TAESS00001 Assessor Skills Set (or its successor) (at least one of them).

The industry validators could belong to any of the below category or combination:

- employers and employer associations
- other industry bodies
- trainers and assessors, or
- consultants.

Policy 4: Frontier conducts risk assessment on all improvements identified through internal and external review, quality assurance and validation processes.

Risk assessment is conducted on every Continuous Improvement finding gathered as part of validations and stakeholder feedback during the Continuous Improvement fortnightly and other Internal Review meetings. This is to determine the priority level to undertake the rectification process, as there could be multiple improvements determined at one point of time. It enables us to funnel the high-risk amendments for continuous improvement as priority followed by the rest. During the meetings, all continuous improvement findings are mapped to the regulatory standards and then a risk assessment is conducted, which is recorded in the CI register. The risk rating is determined based on the seriousness of its implication and the number of processes or channels it impacts on it being non-compliant. The risk rating is done based on the following scale:

HIGH RISK:

a. Impacts multiple policies, documents and process
b. Non-compliant with regulatory requirements at a maximum level
c. Impacts student's assessment completion
d. Non- complaint with the training package requirements

Solution: To be rectified within 10 working days from the day the risk has been identified as HIGH RISK

MEDIUM RISK:

a. Impacts documents and process of the same policy and not multiple
b. Non-compliant with regulatory requirements at a minimum level
c. Do not impact student's assessment completion

Solution: To be rectified before 28 days fortnightly CI meeting.

LOW RISK:

a. Impacts no policy, but minor change in documents
b. Compliant with regulatory requirements
c. Impacts stakeholder satisfaction

d. Impacts on operations effectiveness and productivity
e. Majority requesting

Solution: To be reviewed and rectified during the Continuous improvement calendar period, when the policy and SRTO 2015 standards related to that calendar month are reviewed and assessed.

The risk level is determined during the meeting and the risk level is provided to the improvement, thereafter a rectification plan is created for rectification.

Policy 5: Frontier ensures to develop rectification plans for all improvements based on the risk assessment report.

During the fortnightly CI meeting, upon completing the risk assessment, a rectification plan is created. The rectification plan includes:

a. Documents to be amended
b. Action items
c. Task to be completed
d. Person responsible for each
e. Timeline to complete

Policy 6: Frontier ensures to record all continuous improvement meetings and findings for a period of 5 years.

During the fortnightly CI meeting, the first and foremost agenda is to review the rectified items and to go through all the items that were scheduled to be completed dated prior to the meeting. All rectified items are reviewed, and a version number is allocated. This version is recorded for record keeping purposes.

Policy 7: Frontier continuously remains current by keeping Frontier and their stakeholders updated and informed at all times

All the documents affected by the continuous improvement rectification plan will be revised in line with the recommendation obtained through the continuous improvement meetings. After the meeting, a new version of all the documents that are being updated will be recorded and released to the staff and relevant stakeholders. It is the responsibility of the Relevant Department Managers to plan implementation strategy for the new version recorded. The first step is to email relevant stakeholders on the new version with its implementation and further arrange meetings on how, when, why and where to use the change or on the job training session to successfully implement the new version (if relevant).

Frontier staff and stakeholders are informed about any changes to the process that affects the daily operations of the organisation via:

- Email
- Staff intranet
- Department meetings

The previous version of the documents will be archived, and the latest version will be forwarded as an email and additionally it will be available in Frontier's server. All staff and relevant stakeholders need to acknowledge the receipt of the email and clarify their doubts with the Operations Manager. Based on the complexity of the process and the general demand of the staff a formal training session will be arranged if necessary.

POLICY REVIEW

Revision	Approved/Rescinded	Date	Responsible	Document reference
V 1.0	Approved	Oct 2016	Lupa Borah	Continuous Improvement policy
V 2.0	Approved	Jan 2020	Lupa Borah	Continuous Improvement policy
V 3.0	Approved	July 2020	Lupa Borah	Continuous Improvement policy

Accountabilities

Implementation: CEO

Compliance: Compliance Manager

Monitoring and evaluation: Compliance manager

Development/Review: CEOr/Compliance Manager

Approval authority: CEO

Who should know this policy?
All staff, all students, all stakeholders

Effectiveness of this policy
Performance indicator(s): Improve the operations of the RTO

Relevant policies and documents
Continuous Improvement and Version Control Register

Unit Validation Checklist

Continuous Improvement and Risk Assessment Form

Professional development log

Meeting minutes

Performance Review record

Self-Assessment Form

Continuous improvement Calendar

Complaint and appeal Form

Industry consultation Form

Employer survey Form

Policies:

Training and Assessment Policy and Procedure

Quality Management Policy and Procedure

Record Keeping Policy and Procedure

Student Support Policy and Procedure

Complaint and Appeal Policy and Procedure

Forms and documents