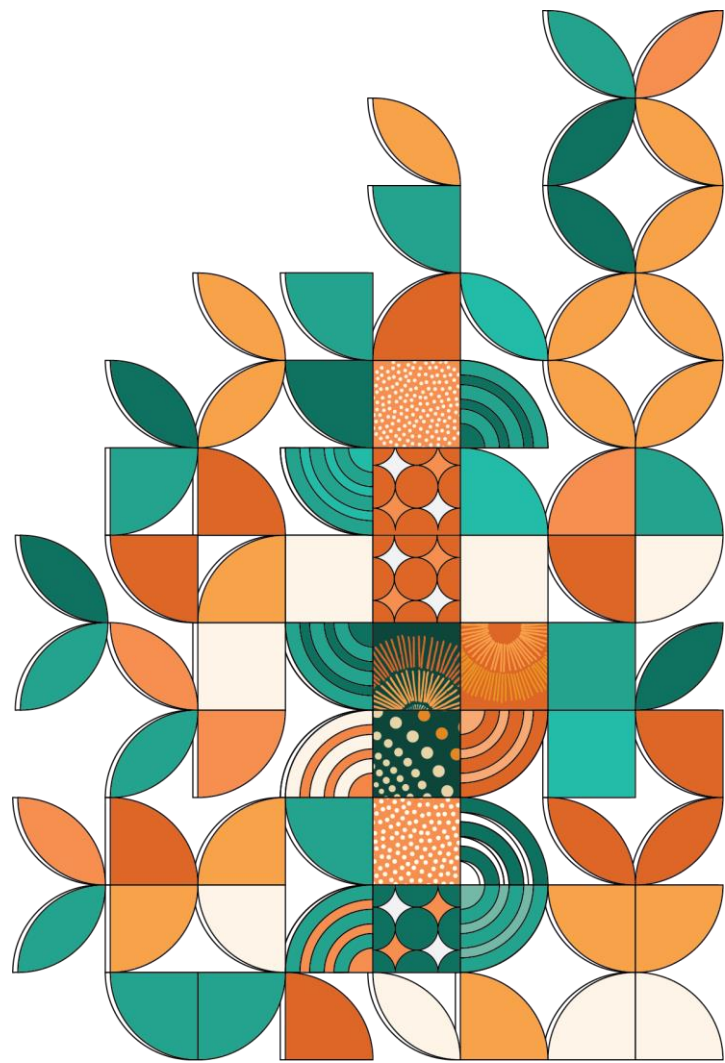


Quality Assurance and Continuous Improvement Procedure



SECTION 1

1. Purpose

1.1 This document sets out the procedures to ensure the Institute of Health and Nursing Australia (IHNA) undertakes ongoing quality control and evaluation of all its operations to ensure the maintenance of standards appropriate to the expectations of its clients, regulatory and accreditation authorities. The procedure is pursuant to the Quality Assurance and Continuous Improvement Policy.

2. Scope

2.1 This procedure applies to all spheres of IHNA operation.

3. Definitions

- The **ADRI quality cycle** refers to the four-stage process of Assessment, Design, Review and Implementation. This cycle ensures the ongoing refinement of training resources, assessment instruments and instructional strategies, aligning them with industry needs and improving overall program effectiveness.
- **ASQA** stands for the Australian Skills Quality Authority. The authority is the national VET regulator and IHNA's registering body.
- **Continuous improvement** refers to an ongoing process of systematically reviewing and enhancing training and assessment practices. It involves regular evaluation, feedback incorporation and adjustments to courses, learning and teaching techniques, delivery methods and resources to ensure excellence in student satisfaction and relevance to industry needs.
- **Quality assurance** involves systematic processes to ensure that training and assessment services meet specified standards. It includes rigorous assessment of training and assessment practices, compliance with regulatory requirements, continuous improvement measures and a commitment to delivering high-quality outcomes for students and industry stakeholders.
- The Standards for Registered Training Organisations 2015 (**Standards**) is a set of regulations and requirements established by the Australian Skills Quality Authority (ASQA) to ensure the quality and consistency of vocational education and training (VET) services in Australia. The Standards can be accessed from www.asqa.gov.au.
- The **VET Quality Framework** is a set of national standards and guidelines in Australia designed to ensure the quality and consistency of vocational education and training services. The

framework provides a systematic approach to assessing and monitoring the performance of RTOs to maintain high standards in the delivery of VET programs. The key components of the VET Quality Framework include:

- Standards for Registered Training Organisations (RTOs) 2015 – standards to ensure nationally consistent, high-quality training and assessment across Australia's VET system;
- Training Packages and Accredited Courses—which outline the skills and knowledge required for specific industries or occupations. RTOs must deliver training in accordance with the relevant training package or accredited course;
- Australian Qualifications Framework (AQF)—which is the national policy for regulated qualifications in Australian education and training;
- Data Provision Requirements—which sets out the requirement for providers to supply ASQA with data upon request, and to submit quality indicator data annually;
- Fit and Proper Person Requirements—which specify the suitability requirements of individuals involved in the operation of a registered training organization;
- Financial Viability Risk Assessment Requirements—which relate to training organisations' ability to meet financial viability requirements.

SECTION 2

4. ADRI Quality Cycle

4.1 IHNA's approach to quality management incorporates continuous improvement, in a cycle of planning, implementation, review and improvement. This approach ensures that IHNA remains responsive to evolving industry needs, delivers effective training and consistently enhances the overall quality of education and training provided to students. The 'Approach-Deploy-Review-Improve' (ADRI) model adopted in IHNA is illustrated in Figure. 1 below:

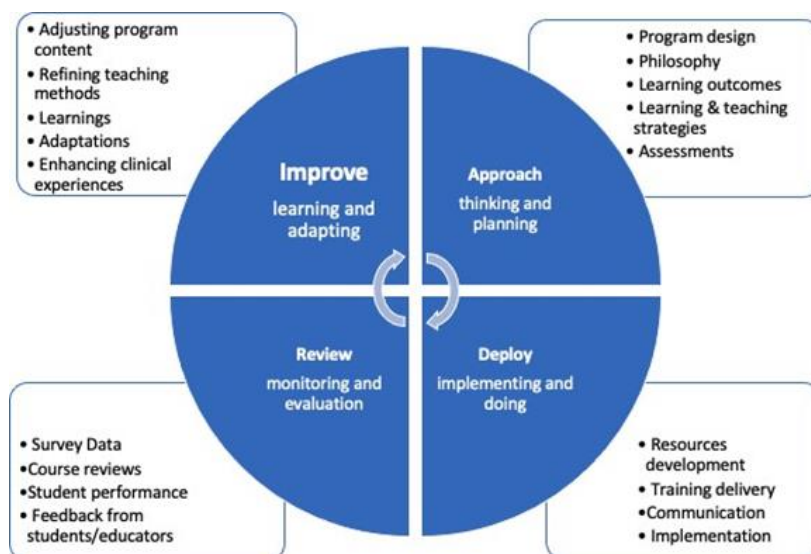


Figure 1. ADRI Cycle (Adapted)

5. Approach–The Thinking and Planning Phase

5.1 The ‘Approach’ includes the trail from course philosophy, conceptual framework and course learning outcomes through to unit learning outcomes and assessments. Some questions to consider:

- What are the educational and discipline philosophies of the course?
- What does the conceptual framework of the course entail?
- How is constructive alignment designed?
- What are the course learning outcomes?
- What are the learning outcomes of each unit of the course?
- Is appropriate and adequate consultation made to establish the course design?
- What risk management processes have been established?
- Is the approach aligned and communicated throughout the Institute and more widely?

6. Deployment–The Implementation Phase

6.1 The ‘Deployment’ dimension considers whether, and how effectively, the approach is being put into effect. Some questions to consider:

- Is the approach being reflected into the learning and teaching content and assessments?
- Is pre-assessment/delivery validation of resources actioned properly?
- What standards and benchmarks are used to assess this?

- d. Is the course delivery implemented as planned and scheduled?
- e. If the approach is not being pursued, why not, and how is this managed?
- f. Are educators and supporting staff trained and resources deployed appropriately?

7. Review–The Monitoring and Evaluation Phase

7.1 The 'Review' dimension looks at students' progression as a means of determining how well the delivery is achieving the planned approach. Some questions to consider:

- a. Is student learning achieving the intended objectives and outcomes?
- b. Are the results a consequence of the approach and delivery?
- c. How are the results reported and used within the course?

8. Improvement–The Learning and Adapting Phase

8.1 The 'Improvement' dimension focuses on whether the course is continuously reviewed and updated in each of the A-D-R dimensions and uses this understanding to bring about improvements. Some questions to consider:

- Is the course delivered as per how it can be improved?
- How is it executed (e.g., using external benchmarks)?
- How is IHNA acting upon this knowledge?
- Does IHNA have a sustained history of improvement?

The diagram below captures the activities that IHNA should consider while evolving measures for continuous improvement (Figure 2).

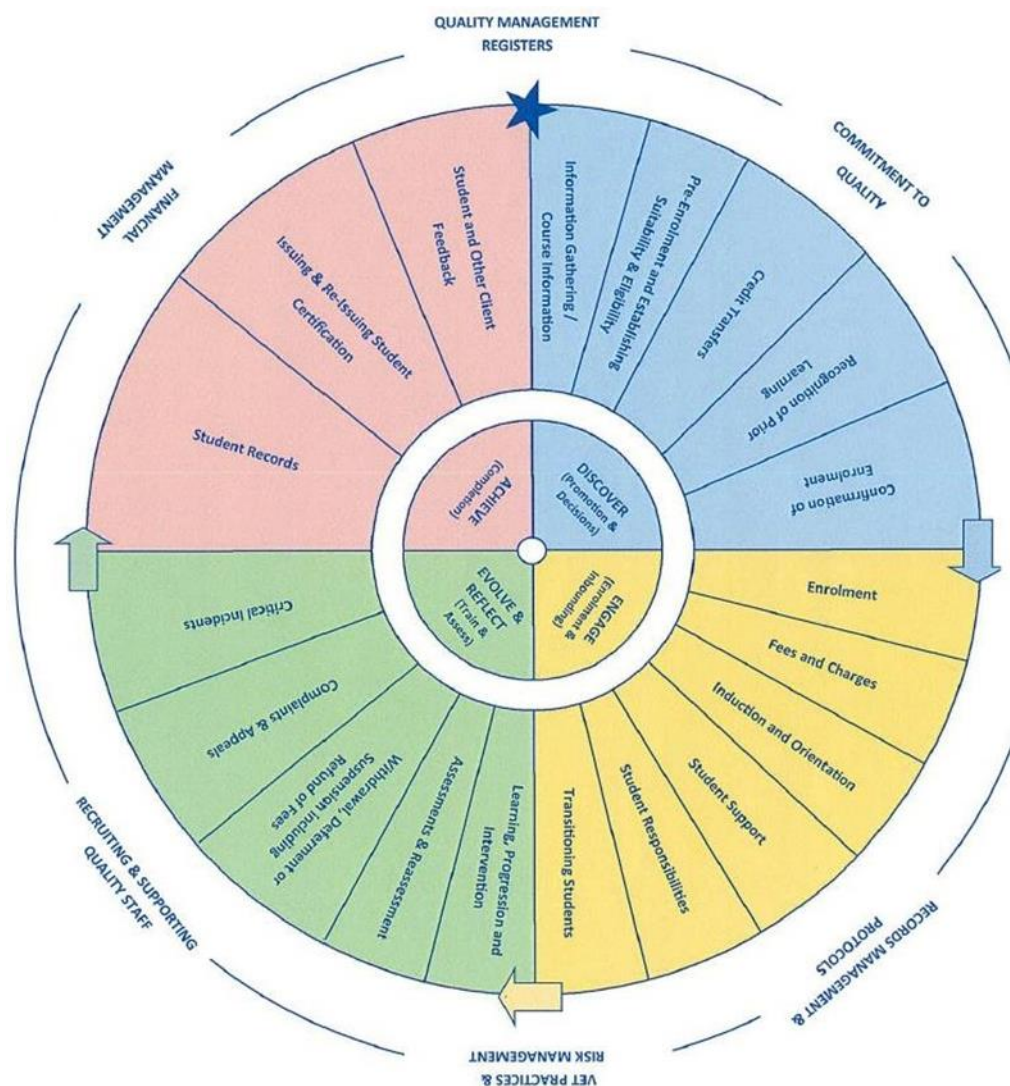


Figure 2. Continuous improvement Process

9. Continuous Improvement Procedures and Schedules

Feedback Source/ Register	Process tools/ Templates	Responsibility	Frequency and Schedule
Internal and external audits	VET Quality Framework external Audit	Director, Quality Management	As required by the Regulator
Internal and external audits are conducted to measure	VET Quality Framework Internal Audit	Director, Quality Management &	Once in a year

Feedback Source/ Register	Process tools/ Templates	Responsibility	Frequency and Schedule
performance against VET Quality Framework requirements		National Training Manager(s)	
	Nursing Board and Associated Bodies Audit	National Training Manager(s)	As required by external bodies
	ISO accreditation audit	Director, Quality Management	As required
	ISO Internal Audits	Director, Quality Management	Once a year
	VET Student Loan Internal Audit	Director, Quality Management & National Registrar	Once a year
	DTWD Internal Audit	Director, Quality Management, National Registrar, CampusManager (Perth)	Once a year
	Skills First Internal Audit	Director, Quality Management, National Registrar, Campus Managers (Melbourne)	Once a year
	Smart and Skilled Internal Audit	Director, Quality Management, National Registrar, CampusManager (Sydney)	Once a year

Feedback Source/ Register	Process tools/ Templates	Responsibility	Frequency and Schedule
Staff files audit	<p>Ongoing reviews to ensure staff files contain the following:</p> <ul style="list-style-type: none"> • Resume of employees, including verified copies of qualifications/experience signed by the staff member as a true and fair record of their submitted documents • Current practicing license • A signed and dated induction checklist • An annual performance appraisal and record of professional development/scholarly activities • Completed trainer/assessor skills matrices • Position description and employment contract • Evidence of industry currency for all educators 	People and Culture Department	Every six months
Audit student files	<ul style="list-style-type: none"> ▪ Student file checklist ▪ Ongoing checks on random samples of student files ▪ Towards the completion of every intake of a course 	National Registrar Quality Assurance team	Monthly

Feedback Source/ Register	Process tools/ Templates	Responsibility	Frequency and Schedule
Scope of IHNA registration training.gov.au ASQANet CRICOS Register	<ul style="list-style-type: none"> • Review the current scope of registration <ul style="list-style-type: none"> ▪ Notify of any qualifications to be removed from the scope of registration ▪ Identify new qualifications to be included on the scope of registration in the next 12 months • Course Review Template • Course Review Report 	Academic Director National Training Managers Curriculum Development Manager	At every instance of a change to scope or annually
Stakeholder feedback (Collect and analyse feedback from stakeholders including students on an ongoing basis)	<ul style="list-style-type: none"> • Unit Evaluation Survey <ul style="list-style-type: none"> ▪ Student evaluation of IHNA educators, learning resources, facilities and learning outcomes 	Course Coordinators	Upon completion of unit delivery; report to Learning and Teaching Committee

	<ul style="list-style-type: none"> • Professional Experience Placement Survey <ul style="list-style-type: none"> ▪ Student evaluation of supervision and support provided (by IHNA educators/clinical facilitators/supervisors) during the placement 	National Placement Coordinator	At the completion of placements; report to Learning and Teaching Committee
	<ul style="list-style-type: none"> • Student Satisfaction Survey <ul style="list-style-type: none"> ▪ Student evaluation of IHNA Support Services as well as overall delivery and assessment and completion 	Course Coordinators, Admin Staff and Registrar	every quarter; report to Learning and Teaching Committee
	<ul style="list-style-type: none"> • AQTF Learner Questionnaire 	Course Coordinators and Admin Staff	every student at the end of the course; report to Learning and Teaching Committee

	<ul style="list-style-type: none"> • AQTF Employer Questionnaire 	National Placement Coordinator and Admin Staff	every placement facility; report to Learning and Teaching Committee
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Feedback Source/ Register	Process tools/ Templates	Responsibility	Frequency and Schedule
Staff performance and professional development	<ul style="list-style-type: none"> • Staff records on Knowledge Hub and Elmo <ul style="list-style-type: none"> ▪ staff performance reviews and records of professional development/scholarly activities (current and future) 	People and Culture Department Line Managers	Every three months
Trainer/Assessor Observation	<ul style="list-style-type: none"> • Trainer/Assessor Observation Report <ul style="list-style-type: none"> ▪ Conduct Trainer/Assessor observation to monitor the accurate use of materials, resources and training and assessment processes 	Course Coordinators/ National Training Managers	First three month of employment and thereafter once in a year (The report to be documented and retained in relevant staff file)

Feedback Source/ Register	Process tools/ Templates	Responsibility	Frequency and Schedule
Continuous Improvement Register	<ul style="list-style-type: none"> • Continuous Improvement Register on Knowledge Hub/ SharePoint <ul style="list-style-type: none"> ▪ Issues, non-compliances and opportunities for improvement identified through any one of the continuous improvement strategies ▪ For each item, an action plan that includes specific actions, individual responsibilities and timelines for completion must be developed. 	Director, Quality Management Department Heads	On-going
Risk Register	<ul style="list-style-type: none"> • Risk Register on Knowledge Hub/ SharePoint 	Director, Quality Management	Ongoing
	<ul style="list-style-type: none"> ▪ Staff record the risk identified through risk@hci.edu.au ▪ For each risk identified, a root cause analysis and a mitigation plan is developed. ▪ High risk items will be tabled at meetings of Audit and Risk Committee. 	Department Heads	

Assessment validation and moderation meetings	<ul style="list-style-type: none"> • Validation Policy and Procedure • Validation Form • Validation Reports • Moderation Reports <ul style="list-style-type: none"> ▪ Ensure assessments reflect collaborative arrangements between students, teaching staff and placement providers. ▪ The improvements recommended by the validation team are to be recorded in Continuous Improvement Register. 	Academic Director Curriculum Development Manager National Training Managers Course Coordinators	As per Validation and Moderation Plan for each course
Complaints and appeals	<ul style="list-style-type: none"> • Complaints and Appeals Policy and Procedure • Complaints Register 	National Registrar Academic Director National Training Managers Course Coordinators Campus Manager	As required (Register is monitored and checked annually through internal audit)
Marketing Review Website Audit	<ul style="list-style-type: none"> • Website Audit Checklist • Marketing Approvals Checklist 	Chief Operations Officer	Approval required for every

Feedback Source/ Register	Process tools/ Templates	Responsibility	Frequency and Schedule
	<ul style="list-style-type: none"> Advertising and Marketing Policy 	Marketing Manager	marketing and promotional material.
Industry Consultation and Engagement	<ul style="list-style-type: none"> Industry Consultation Form Industry Consultation Report 	National Training Manager(s) Course Coordinators National Placement Coordinator	Prior to course approval On-going
Student Application and Enrolment Process	<ul style="list-style-type: none"> Enrolment Form Pre-Training Review LLN test Enrolment checklist 	Student Admissions team	Annually or at every instance of a change to scope of course.
	<ul style="list-style-type: none"> Marketing collaterals 	Marketing Managers	Annually or at every instance of a change to scope of course.
	<ul style="list-style-type: none"> Post Enrolment Survey 	Student Admissions team	After student is enrolled into a course.
Corrective Preventive Action Report	<ul style="list-style-type: none"> Corrective Preventive Action Report (IHNA-Form CPAR) <ul style="list-style-type: none"> Any staff can raise IHNA's Corporate Corrective Preventive Action Report Online through Knowledge Hub. 	Director, Quality Management	Ongoing

Feedback Source/ Register	Process tools/ Templates	Responsibility	Frequency and Schedule
Facility Review	<ul style="list-style-type: none"> • Work Health and Safety Report <ul style="list-style-type: none"> ▪ Review to be conducted to ensure campus buildings, rooms, toilets and resources comply with relevant building requirements including access for people with disabilities. 	Campus Manager	Every six months
IHNA Meetings	<ul style="list-style-type: none"> • Meeting agendas and minutes <ul style="list-style-type: none"> ▪ Board of Directors ▪ Academic Board ▪ Audit and Risk Committee ▪ Learning and Teaching Committee ▪ Course Advisory and Development Committee ▪ Board of Examiners ▪ Aboriginal and Torres Strait Islanders Education and Support Committee ▪ Student Representative Council ▪ Appeals Committee ▪ Finance Committee ▪ Executive Management Committee ▪ Diploma of Nursing Working Group ▪ Course Coordinators’ meeting ▪ Educators’ meetings ▪ Industry Consultation meetings ▪ Marketing meetings 	IHNA Secretary Corporate Services team	As per meeting Schedules/ Governance Calendar

10. Responsibility

10.1 The Director of Quality Management has the overall responsibility for the implementation of this procedure. Other portfolios responsible for implementing this procedure are within this document.

SECTION 3

11. Associated Information

Related Internal Documents	<ul style="list-style-type: none"> • Quality Assurance and Continuous Improvement Policy • Continuous Improvement Register • Risk Register • Validation and Moderation Plan • Complaints and Appeals Procedure • Performance Management Policy and Procedure • Professional Development Procedure • Industry Consultation Form • Internal Audit Checklist • Professional Experience Placement Policy and Procedure • Work Health and Safety Checklist • Student Enrolment Checklist • Marketing Checklist • Meeting minutes on Decisions
Related Legislation, Standards, and Codes	<ul style="list-style-type: none"> • Standards for RTOs 2015 • Education Services for Overseas Students Act 2000 • National Code of Practice for Providers of Education and Training to Overseas Students 2018 • Work Health and Safety Act 2011 • Data Provision Requirements 2012 • Enrolled Nurse Accreditation Standards 2017 • ISO 9001:2015 – Quality management systems • VET Funding Contract, VET FEE-HELP, Skills First Program, DTWD, Smart and Skilled and relevant State and Territory funding contracts and eligibility documents
Date Approved	23/11/2023
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Approval Authority	Audit and Risk Committee
Document Custodian	Director, Quality Management
IHNA DocID	IHNA-QAACIP2-5.0
Department	Quality Assurance
SRTO2015 Stds and sub section	Standards for RTOs 2015 - Standard 8

12. Change History

Version Control	Version 6.0
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Version No.	Date	Brief description of the change, incl version number, changes, who considered, approved, etc.
V.4.0	10/03/2021	Separated Procedure document from Policy, revised and updated with pertinent sections
V.5.0	23/11/2023	Updated with pertinent sections, new template with logo change
V6.0	12/03/2024	Updated in the new template and logo