



Continuous Improvement Policy and Procedures

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Version	Details
V1.0 2018	Last Update
V2.0 2025	Update after RTO Revised Standard 2025

Continuous Improvement Policy and Procedures

POLICY

CODE:

QA4.4

Related Outcome Standard: 4.4 & ELICOS Standard 2018 P3,P8

○ Purpose

This policy establishes VSA's approach to continuous improvement by outlining how data is collected, analysed, and used to evaluate and enhance training and assessment practices, support services, governance systems, and compliance with regulatory requirements.

Legislative Background

Outcome 4 – Governance, Division 3 –Continuous Improvement, Standard 4.4, National Vocational Education and Training Regulator (Outcome Standards for NVR Registered Training Organisations) Instrument 2025 (Cth).

ELICOS Standards 2018 P3 & P8

Scope

This policy applies to all:

- Staff members engaged in monitoring reviewing and implementing quality processes at VSA.
- Trainers, assessors, and educational support staff employed or contracted by VSA
- Staff responsible for recruitment, onboarding, and professional development
- Third-party providers delivering training and assessment on behalf of VSA

Policy Statement

VSA is committed to embedding a culture of continuous improvement across all levels of its operation. The organisation maintains robust mechanisms to monitor performance, review practices, and act on feedback. All improvements are evidence-based and aligned with compliance requirements, stakeholder expectations, and the goal of delivering quality training outcomes.

Continuous improvement at VSA is data-driven, proactive, and transparent.

VSA ensures that all organisational documentation—including policies, procedures, forms, and templates—is subject to strict version control protocols to maintain currency, accuracy, and compliance.

Version control supports the continuous improvement process by:

- **Tracking changes** made to documents over time;
- **Recording approvals** and authorisations for each revision;
- **Controlling distribution** to ensure only the most current version is in use;
- **Preventing unauthorised edits or outdated information** from being circulated.

All documents approved for operational use must display a version number, approval date, and authorising officer. Updates or amendments must be submitted through a **Continuous Improvement**

Form, reviewed by relevant personnel, and authorised by the **CEO or delegated authority** before implementation.

Document release, review, and replacement are managed centrally via VSA's version-controlled folder system, and recorded in the **Continuous Improvement Register**.

Procedures

○ Monitoring and Evaluation Framework

- A **Compliance and Quality Assurance Calendar** outlines all scheduled monitoring activities including:
 - Internal audits
 - Training product reviews
 - Assessment tools quality reviews
 - Assessment system validations
 - Trainer and Assessor File reviews
 - Staff performance reviews
 - Student support evaluations
- Organisational performance is evaluated against:
 - Outcome Standards
 - Learner and employer satisfaction
 - Employee satisfaction
 - Non-compliance trends or rectifications
 - Operational KPIs (enrolments, completions, complaints, and appeals)

Continuous Improvement Record

- Outcomes of reviews, audits, feedback, and other quality checks are recorded in the Continuous Improvement Register.
- Each entry includes:
 - Issue/observation identified
 - Root cause (if known)
 - Action taken
 - Person responsible
 - Status and review date
- The Register is reviewed monthly by the Compliance Manager and tabled at management meetings.

Data Collection and Analysis

- Data is collected lawfully and ethically from:
 - VET students (via surveys or one on one meetings)
 - Staff (performance reviews, meeting minutes)
 - Industry (Industry Engagement register and forms)
 - Employers (placement feedback, employer surveys)
 - ASQA and State Training Authorities (audit reports, notifications)
- Feedback tools include:
 - Student Satisfaction Surveys (mid-course and end-of-course)
 - Trainer and Assessor Survey
 - Employer Feedback Form
 - Validation Meeting Record
 - Staff Feedback Form
 - Industry Feedback Form
- Data is analysed using trend analysis and comparative review across training products, locations, delivery modes, training resources as well as assessment system.

Document Version Numbering and Control

To maintain consistency, traceability, and compliance across all official documents, VSA applies a standardised **version control procedure**. This ensures that only the most current and approved documents are in use across the organisation.

Version Numbering Rules:

- Draft documents begin as **Version 0.1**, with each draft revision increasing by 0.1 (e.g., 0.2, 0.3).
- Upon final approval by the **CEO or an authorised person** the version is updated to **Version 1.0** and published.
- Minor amendments result in incremental updates to the right of the decimal (e.g., 1.1, 1.2).
- A **full policy or procedural review** results in a new major version (e.g., from 1.3 to 2.0).
- Immediate and significant changes (e.g., due to legislative updates) may also trigger a version reset to the next full number (e.g., 1.4 → 2.0).

Document Naming Format Example:

VSA-OC-V1.0-Month Year

Where:

- VSA = Organisation name
- OC = Document type (e.g., Organisation Chart)

- V1.0 = Current version
- Month Year = Latest revision date

Document Footers:

- All internal documents must display the version number and date (Month/Year) in the **right-hand footer**.
- The **original approval date** remains unchanged until a full version review is conducted.

Location & Protection:

- Documents must be stored in a **centralised, access-controlled location** on the VSA server.
- Files intended for reference or print use are distributed in **PDF format** only.
- Editable documents must be **read-only protected**, unless authorised for controlled updates.

Distribution & Acknowledgement:

- When documents are distributed externally or to remote users, a formal **distribution process** followed.
- Recipients must acknowledge receipt of the current version and confirm the **removal of superseded versions**.

Improvement Action and Communication

- Improvement strategies are assigned through management decisions, tracked through the Continuous Improvement Register, and integrated into:
 - TAS revisions
 - Policy and procedure updates
 - Staff professional development
 - Training and Assessment resource updates
- Staffs are informed of improvement actions during team meetings, email briefings, and LMS announcements.

Responsibilities

CEO: Strategic oversight of improvement initiatives

RTO Manager: Coordinates monitoring activities, supports and reviews the improvement plans and the CI Register.

Compliance Officer: Conducts the reviews and checks. Maintains the CI Register and supporting the evidence.

Academic Manager: Oversees improvement to delivery and assessment systems and Trainer and Assessor performance development.

Student Support Officer: Collect feedback from students.

Trainers and Assessors and other staff: Provide feedback and implement improvement strategies.

Supporting Documents

- Continuous Improvement Register
- Compliance and Quality Assurance Calendar
- Industry Consultation Feedback Form
- Internal Audit Schedule and Tools
- Student Satisfaction Surveys
- Trainer and Assessor Survey
- Staff Feedback Forms
- Validation Meeting Records

Related Policies

- QA 1.1 Training and Assessment Strategy Policy and Procedures
- QA 1.2 Industry Engagement Policy and Procedures
- QA 1.3 Assessment System Review and Quality Assurance Policy and Procedures
- QA 1.5 Validation Policy and Procedures
- QA 1.8 Training Facilities, Resources and Equipment Policy and Procedures
- QA 2.7 & 2.8 Feedback, Complaints and Appeals Policy and Procedures
- QA 3.1 VET Workforce Management Policy and Procedures
- QA 3.2 & 3.3 Trainer, Assessor and Industry Experts Competency Policy and Procedures
- QA 4.1 & 4.2 Governance and Accountability Policy and Procedures
- QA 4.3 Risk Management Policy and Procedures

Operational Procedure Table: VET Workforce Management

Action	Responsible Staff	Supporting Document	Timing/Frequency	Compliance Mapping (Standard 4.4)
Conduct internal audits and compliance checks	Compliance Officer	Internal Audit Tool, Compliance and QA Calendar	Quarterly or as scheduled	4.4(a) – Monitoring of systems and practices against standards
Collect feedback from students, staff, and employers	Student Support Officer, RTO Manager	Feedback Surveys, Employer Forms	Per term or end of course	4.4(b) – Regular stakeholder feedback collection
Log and track issues in the Continuous Improvement Register	Compliance Officer	Continuous Improvement Register	As issues are identified	4.4(c) – Documented and traceable improvement action
Analyse	Compliance	Performance	Monthly or per	4.4(d) – Use of

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performance data and trends	Officer	Dashboards, Reports	reporting cycle	data to identify improvement opportunities
Table register at management meetings	RTO Manager/ Compliance Officer	Management Minutes	Monthly	4.4(e) – Management oversight of improvement
Implement improvement actions	Academic Manager / RTO Manager/ Trainers and Assessors	TAS updates, PD plans, Policies, Training and Assessment tools	As scheduled or immediate	4.4(f) – Improvements applied to systems and delivery
Communicate improvement decisions to staff	Compliance Officer	Staff Memos, LMS Announcements	Within one week of change approval	4.4(g) – Clear communication of change to staff

Document Control

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