



AHETI

Transforming Aspirations into
Australian Health Careers

QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT POLICY

1 PURPOSE

- 1.1 The aim of this policy is to guarantee that AHETI implements systematic and ongoing improvement processes to maintain compliance with the Standards for Registered Training Organisations (RTOs) 2015.

2 SCOPE

- 2.1 This policy is specifically relevant to continuous improvement initiatives undertaken by AHETI.

3 RESPONSIBLE OFFICERS

- 3.1 Every member of the AHETI Leadership Team bears responsibility for the application and results of the continuous improvement Policy and its related Procedures.
- 3.2 All staff members are accountable for executing continuous improvement processes in adherence to these procedures.

4 PRINCIPLES

4.1 Improvement Methodology

- i. AHETI follows a Review Identify Plan Deploy Cycle of continuous improvement.



4.2 Quality Assurance and Continuous Improvement Framework

- i. The quality assurance and continuous improvement framework of AHETI encompass the following elements:
 - a. Organisational governance structure
 - b. Educational governance structure
 - c. Robust organisational policies and procedures
 - d. Evaluation of policy and procedure implementation
 - e. Audits and self-assessment of systems and processes
 - f. Evaluation of self-assessment of performance



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- g. Stakeholder feedback
- h. Examination and analysis of feedback
- i. Assessment of key performance indicators
- j. Moderation and validation of assessments
- k. Review of courses
- l. Management of identified improvements through the RIPD cycle.

4.3 Quality Management and Governance

- i. AHETI has established a governance structure to ensure the quality of all processes and services. This structure comprises:
 - a. Internal Leadership Team responsible for all policies, procedures, and improvement processes
 - b. Academic Governance Committee
 - c. Course Advisory Committee
 - d. Risk Management Committee
 - e. Academic Appeal Committee
 - f. Quality Improvement Committee
 - g. Program Manager & Clinical Coordinator
 - h. Course & Student Support Coordinator
 - i. Trainers & Assessors



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4.4 Internal Review

- i. AHETI has established organisational Key Performance Indicators related to:
 - a. Academic performance
 - b. Business and corporate performance
- ii. AHETI develops and releases an annual schedule for course evaluations. These evaluations encompass:
 - a. Review of training and assessment
 - b. Activities related to assessment moderation and validation
 - c. Consultation and feedback from industry
 - d. Feedback on courses from surveys
 - e. Feedback on courses from complaints and appeals
- iii. Annual Self-Assessment
 - a. AHETI develops and releases an annual schedule for self-assessment.
 - b. The self-assessment systematically assesses AHETI's operations in relation to policies, procedures, and external requirements, including RTO Standards.
 - c. AHETI conducts an annual audit of financial and Work Health and Safety systems and processes.
 - d. The outcomes of self-assessment activities are reported to the Leadership and Executive Teams for review and endorsement.



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- e. Continuous improvement recommendations are recorded in the Continuous Improvement Register, and endorsed improvements are implemented through the RIPD cycle.

5 STAKEHOLDER FEEDBACK

5.1 AHETI gathers, evaluates, and responds to stakeholder feedback through various methods, including:

- i. Net Promoter Score (NPS)
- ii. Student surveys
- iii. Graduate surveys
- iv. Employer surveys
- v. Staff surveys/reviews
- vi. Industry engagement/consultation

6 MANAGEMENT OF IDENTIFIED IMPROVEMENTS

6.1 AHETI documents all identified improvements in the Continuous Improvement Register. The register is overseen by the Quality and Improvement Committee, which reviews all proposed improvements and decides on the necessary actions. These actions may involve:

- i. Implementing actions specified by other governance groups (e.g., Executive Team, Executive Working Group, Appeals and Complaints Committee)
- ii. Approving improvement recommendations for implementation



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- iii. Deciding on the specific actions to be taken for improvement
- iv. Rejecting improvement recommendations





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