



## RTO008 SOP Quality Assurance of RTO Operations

### 1. Purpose

To ensure that Health Information Management Association of Australia Limited (HIMAA) provides quality training and assessment within HIMAA's scope of registration regardless of any third party arrangements where training and assessment is delivered by others on HIMAA's behalf.

### 2. Scope

This standard operating procedure applies to all HIMAA staff.

### 3. Standard 2 Clause 2.1 - 2.4

2.1 The RTO ensures it complies with these Standards at all times, including where services are being delivered on its behalf. This applies to all operations of and RTO within its scope of registration.

2.2 The RTO:

- a) Systematically monitors the RTO's training and assessment strategies and practices to ensure ongoing compliance with Standard 1; and
- b) Systematically evaluates and uses outcomes of the evaluation to continually improve the RTO's training and assessment strategies and practices. Evaluation information includes but is not limited to quality/performance indicator data collected under Clause 7.5, validation outcomes, client, trainer and assessor feedback and complaints and appeals.

2.3 The RTO ensures that where services are provided on its behalf by a third party the provision of those services is the subject of a written agreement.

2.4 The RTO has sufficient strategies and resources to systematically monitor any services delivered on its behalf, and uses these to ensure that the services delivered comply with these Standards at all times.

### 4. Definition

**AQF Certification Documentation** – is the set of official documents that confirms that an AQF qualification or Statement of Attainment has been issued to an individual.

**Assessment** – means the process of collecting evidence and making judgements on whether competency has been achieved, to confirm that an individual can perform to the standard required in the workplace, as specified in a training package or VET accredited course.

**Assessors** – are persons who assess a learner's competence in accordance with Clauses 1.13 to 1.16.

**Client** – means a learner, enterprise or organisation that uses or purchases the services provided by an RTO.

**Data Provision Requirements** – are the requirements for data provision as agreed by the Industry Skills Council and implemented by the VET Regulator as required by its governing legislation.

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**Learner** – means a person being trained and/or assessed by the RTO for the purpose of issuing AQF certification documentation.

**Operations** – of an RTO include training, assessment and administration and support services related to its registration, including those delivered across jurisdictions and offshore.

**Scope of Registration** – means the training products for which an RTO is registered to issue AQF certification documentation. It allows the RTO to:

- a) Both provide training delivery and assessment resulting in the issuance of AQF certification documentation by the RTO; or
- b) Provide assessment resulting in the issuance of AQF certification documentation by the RTO.

**Services** – mean training, assessment, related educational and support services and/or any activities related to the recruitment of prospective learners. It does not include services such as student counselling, mediation or ICT support.

**Third Party** – means any party that provides services on behalf of the RTO but does not include a contract of employment between an RTO and its employee.

**Trainers** – are persons who provide training in accordance with Clause 1.13, 1.14 and 1.16.

**Training and assessment strategies and practices** – are the approach of, and method adopted by, an RTO with respect to training and assessment designed to enable learners to meet the requirements of the training package or accredited course.

## 5. References

- Australian Skills Quality Authority requirements for Trainers and Assessors
- Standards for Registered Training Organisations (RTOs) 2015
- User Guide Standards for Registered Training Organisations (RTOs) 2015
- AQTF Learner Questionnaire
- AQTF Employer Questionnaire
- HIMAA online Student Survey for Clinical Coding Training
- HIMAA online Student Survey for Comprehensive Medical Terminology.
- ORG002 Form Continuous Improvement Action Request
- Minutes of meetings of discussed outcomes of feedback and actions to be taken.
- ORG001 Doc Continuous Improvement Register
- RTO001 Policy Training and Assessment Strategies and Practices
- RTO001 SOP Training and Assessment Strategies and Practices
- RTO002 Policy Industry Relevance
- RTO002 SOP Industry Relevance
- RTO003 Policy Learner Support Services
- RTO003 SOP Learner Support Services
- RTO004 Policy Assessment
- RTO004 SOP Assessment
- RTO005 Policy Trainers and Assessors
- RTO005 SOP Trainers and Assessors

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- RTO006 Policy Individuals Working Under Supervision of a Trainer
- RTO006 SOP Individuals Working Under Supervision of a Trainer
- RTO007 Policy Transitioning of Training Products
- RTO007 SOP Transitioning of Training Products
- RTO009 Policy Issuing, Maintaining and Acceptance of AQF Certification and Providing Learners Access to Records
- RTO009 SOP Issuing, Maintaining and Acceptance of AQF Certification and Providing Learners Access to records
- RTO010 Policy Unique Student Identifier (USI)
- RTO010 SOP Unique Student Identifier (USI)
- RTO011 Policy Providing Accurate and Accessible Information and Advertising and Marketing
- RTO011 SOP Providing Accurate and Accessible Information and Advertising and Marketing
- RTO012 Policy Learners Informed and Protected
- RTO012 SOP Learners Informed and Protected
- RTO013 Policy Complaints and Appeals
- RTO013 SOP Complaints and Appeals
- RTO014 Policy Governance and Administration
- RTO014 SOP Governance and Administration
- RTO015 Policy Cooperating and Communicating with the VET Regulator
- RTO015 SOP Cooperating and Communicating with the VET Regulator
- RTO016 Form Partnering Agreement Template
- ORG002 Form Continuous Improvement Action Request

## 6. Procedure

### 6.1 Complying with the Standards

- 6.1.1 HIMAA has policies and procedures in place that are implemented throughout the organisation which ensure that HIMAA complies with the Standards at all times.
- 6.1.2 All HIMAA Board members and staff new and existing are inducted into the policies and procedures and notified of any changes to the policies and procedures.
- 6.1.3 HIMAA staff are to sign a declaration after reading and being inducted into the policies and procedures stating they have read and understood the policies and procedures. This is filed on the staff member's Human Resources file.
- 6.1.4 If a staff member is found not to be following the policies and procedures the staff member may face disciplinary action depending on the severity of the staff member's actions.

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- 6.1.5 HIMAA staff are given access to policies, procedures, forms, documents, legislations and regulations. These are located on the Document Management System, HIMAA website and Opengoo for staff, learners and clients.
- 6.1.6 When a policy, procedure, form or document is updated HIMAA's Quality and Compliance Officer informs staff and the document is uploaded onto the relevant system.
- 6.1.7 The Quality and Compliance Officer will conduct audits to ensure that all staff are following the policies and procedures. The audit findings will be submitted to the Chief Executive Officer.

## **6.2 Third party arrangements**

- 6.2.1 If a third party agreement is in place the third party is required to be inducted into HIMAA's policies and procedures.
- 6.2.2 A declaration is signed by the third party to state that they have read and understood the policies and procedures. This is kept in the third party's file held by the Training Manager.
- 6.2.3 Third parties are required to follow the Standards for Registered Training Organisations (RTOs). A copy of the Standards will be given to them at induction. The third party must also state in the declaration that they have read and understood the Standards.
- 6.2.4 HIMAA's Training Manager, Quality and Compliance Officer and Chief Executive Officer will monitor the third party and the documentary evidence they submit to ensure that HIMAA's training and assessment strategies and practices are being followed and the assessments are correctly marked using the marking guides/answer sheets.
- 6.2.5 HIMAA's Training Manager, Quality and Compliance Officer and Lead Education Officer will conduct validation sessions on the assessments of the third party to ensure that the third party is meeting HIMAA's high standards for training and assessment.

## **6.3 Written agreement between a third party and HIMAA**

- 6.3.1 HIMAA will ensure that all third party arrangements have agreements in place to ensure that the third party delivers their services in accordance with HIMAA requirements.
- 6.3.2 The third party agreement will be created on the RTO016 Form Partnering Agreement Template with both parties signing the agreement.
- 6.3.3 The original signed agreement will be held by HIMAA with supporting evidence attached which includes induction checklist, signed declaration for the reading of policies and procedures and any other evidence required such as qualifications, resume and Memorandum of Understanding. A copy of all documentation will be given to the third party for their reference and a notification sent to the VET Regulator with any evidence that the VET Regulator may require.

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6.3.4 HIMAA will monitor the third party by validating the assessments and obtaining feedback from learners/ clients to ensure that the services the third party is providing meet HIMAA's quality requirements.

#### **6.4 Systematically monitoring training and assessment strategies and practices**

6.4.1 HIMAA ensures that it systematically monitors its training and assessment strategies and practices. This not only ensures our training and assessment strategies and practices meet the training package requirements, industry requirements and the Standards but also improves our training. HIMAA does this with feedback from Education Officers, industry, learners and changes made in the industry which need to be reflected in the training.

6.4.2 HIMAA's training and assessment strategies are validated and improved when required on a yearly basis at a minimum; when the training package changes, changes to ICD – 10- AM, ACHI and ACS or when learners/ industry requests changes to be made to the way HIMAA delivers their courses. This could also be due to changes in the industry.

6.4.3 HIMAA validates its training and assessment strategies and practices in validation meetings. These are held pre-assessment and post assessment. HIMAA will also conduct validation on a sample of examinations prior to the issue of a Statement of Attainment to the learner.

6.4.4 HIMAA ensures that the learner is competent in the unit of competency, training package requirements and workplace/ industry requirements for a clinical coder prior to gaining their Statement of Attainment.

6.4.5 HIMAA monitors all feedback, complaints, appeals and continuous improvement of our training and assessment strategies and practices to improve the quality of our services.

6.4.6 All feedback, whether a complaint, appeal or an improvement to our courses, is brought to the Education Services meeting which is held weekly. The feedback, complaint, appeal or improvement can come from the AQTF surveys which are analysed and discussed at a meeting after each intake has completed.

6.4.7 If an improvement to our training and assessment strategy and practices is suggested a ORG002 Form Continuous Improvement Action Request is completed and given to the appropriate staff member. This ensures that the improvement recommended by learners is considered for inclusion in the training and delivery of the course.

#### **6.5 Continuous Improvement**

##### **6.5.1 Survey Procedure**

6.5.2 Student Support and Administration Officer emails completed learners a survey link for learners to complete the online survey.

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- 6.5.2.1 The learner completes the online survey and information is collated for analysis at the next Education Services meeting. All reasonable feedback is considered for action.
- 6.5.2.2 Items/issues are raised and discussed at the meetings and a Continuous Improvement Action Request form is completed by the Quality and Compliance Officer.
- 6.5.2.3 The Continuous Improvement Register is updated with relevant information not in too much detail as this comes from the ORG002 Form Continuous Improvement Action Request
- 6.5.2.4 Actions/tasks are allocated to the relevant person and a target date for completion of CI is allocated to each action.
- 6.5.2.5 Actions from the Continuous Improvement Register are reviewed weekly at the Education Services meeting.
- 6.5.2.6 If the Continuous Improvement has been completed evidence of the completion is attached to the ORG002 Form Continuous Improvement Action Request and is to be closed off by the Chief Executive Officer. The register is updated to reflect this.
- 6.5.2.7 If the Continuous Improvement has not been completed within the agreed timeframe the Continuous Improvement will stay open until all actions have been completed.
- 6.5.2.8 The Quality and Compliance Officer will review the Continuous Improvement prior to getting it signed off by the Chief Executive Officer to ensure that all actions have been completed and the necessary evidence is attached and then closed by the Chief Executive Officer.

#### 6.5.3 Staff or other sources requesting a Continuous Improvement

- 6.5.3.1 If staff have a Continuous Improvement suggestion or receive a request from a third party, they must complete the ORG002 Form Continuous Improvement Action Request and submit it to the Quality and Compliance Officer.
- 6.5.3.2 The Quality and Compliance Officer will bring it to the next relevant meeting either the all staff meeting or the Education Services meeting to be discussed and agreed upon. If not agreed upon an explanation will be given to the appropriate staff member.
- 6.5.3.3 If the Continuous Improvement is agreed actions will be allocated to the relevant staff member(s) and a target completion date allocated to each action.
- 6.5.3.4 Once the target date has passed the Quality and Compliance Officer will review/audit the Continuous Improvement action request and report findings at the next staff meeting or Education Services meeting.

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- 6.5.3.5 If the Continuous Improvement has been completed evidence is attached to the ORG002 Form Continuous Improvement Action request and is closed by the Chief Executive Officer. The register is updated to reflect this.
- 6.5.3.6 If the Continuous Improvement has not been completed in the agreed timeframe the Continuous Improvement will stay open until all actions have been completed.

## 6.6 Management of Course Content

- 6.6.1 Only the staff members listed in the table below are to manage the course content. If changes are to be made to the coursework these are done by the relevant staff member.

Course	Staff Member
Comprehensive Medical Terminology (CMT)	Team Leader CMT
HLTCC301B (all editions) Introductory Clinical Coding (all editions) Refresher Clinical Coding	Team Leader Introductory and refresher Clinical Coding
HLTCC401B (all editions) Intermediate Clinical Coding (all editions)	Training Manager
HLTCC402B (all editions) Advanced Clinical Coding (all editions)	Training Manager

### 6.6.2 Downloading the master document from the SMS Document Management System

- 6.6.2.1 Log into Business Applications (BA) system
- 6.6.2.2 Select ADMINISTRATION from the toolbar
- 6.6.2.3 Select LICENSED ORGANISATION
- 6.6.2.4 Select the DOCUMENTS tab
- 6.6.2.5 Click the down arrow under the Document Type column and select the document type (this will reduce the number of documents on the screen and make it easier for you to locate the correct document).
- 6.6.2.6 Locate the relevant document and click on the Download Latest link.

### 6.6.3 Update and convert the document

- 6.6.3.1 Make the necessary changes to the master document.
- 6.6.3.2 For errata, update the footer to reflect the date of the change in the format (day month, year) e.g. 12/01/14. For edition changes, put the date of the first intake when the new

coursework will be implemented in the format (month, year)  
e.g. March 2014.

6.6.3.3 Convert the document to pdf

6.6.3.4 Secure the pdf

6.6.3.4.1 Select secure from the pdf menu

6.6.3.4.2 Select encrypt with password

6.6.3.4.3 In permissions, tick the box 'restrict editing and  
printing of the document'

6.6.3.4.4 In the field Change Permissions Password enter the  
password 6magnoliaz

6.6.3.4.5 In the field Printing Allowed, select High Resolution

6.6.3.4.6 Click OK

6.6.3.4.7 Enter the password again and click OK

6.6.3.4.8 Save the document

#### 6.6.4 Upload the document into the LMS

6.6.4.1 Log into BA

6.6.4.2 Select the relevant courses from My Courses

6.6.4.3 Scroll down to Hidden Tools and Links

6.6.4.4 Select Documents

6.6.4.5 Select the folder where the document would be held from the  
drop down list

6.6.4.6 Click upload documents

6.6.4.7 Click the browse button and locate the updated file

6.6.4.8 Select Overwrite the existing file if you are uploading an  
erratum. If you are uploading new coursework select 'Do  
Nothing'.

6.6.4.9 Click upload file. You should receive a message saying 'file  
upload succeeded'. If you are uploading an erratum the  
message should also include '.....was overwritten'

#### 6.6.5 Update the LMS Map for the Course

6.6.5.1 Access the LMS map for the course in the binder

6.6.5.2 Locate the relevant document listed on the map

6.6.5.3 If the document has already been updated previously print out  
a new map (follow the instructions in number 16.6.5.1to locate  
the LMS Map in the Document Management System)

6.6.5.4 Place a tick in the errata column if the update is related to  
errata

6.6.5.5 Enter the date the document was uploaded in the appropriate  
column and sign your initials

6.6.5.6 File the copy of the errata or updated information in the plastic  
sleeve behind the mapping document and return to the binder.

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#### 6.6.6 Upload the document into the SMS Document Management System

- 6.6.6.1 Log into BA
- 6.6.6.2 Select ADMINISTRATION from the toolbar
- 6.6.6.3 Select LICENSED ORGANISATION
- 6.6.6.4 Select the Document tab
- 6.6.6.5 Click down arrow under the Document Type column and select the document type.
- 6.6.6.6 Locate the relevant document and click to highlight
- 6.6.6.7 Select the new version from the menu
- 6.6.6.8 Click attach file
- 6.6.6.9 Click browse and locate the file then upload to the system
- 6.6.6.10 Type the document name into the document field
- 6.6.6.11 Select appropriate document type from the Document Type dropdown list
- 6.6.6.12 Select system administrator for both the Write Permitted Roles and Read Permitted Roles
- 6.6.6.13 Click save

#### 6.7 Learner and Employer Feedback

- 6.7.1 HIMAA collects the AQTF feedback from learners at the completion of each course through an online survey platform called Survey Methods.
- 6.7.2 The feedback is reviewed at Education Services meetings. This review is conducted four times per year at the end of each examination.
- 6.7.3 Where possible continuous improvement action requests are initiated and actioned.
- 6.7.4 Evidence of the improvement is attached to the Continuous Improvement Action Request form and the Chief Executive Officer signs off the continuous improvement.
- 6.7.5 Where learners have an employer HIMAA will send an employer feedback survey to the employer for completion.
- 6.7.6 Employer feedback is reviewed at the Education Services meeting and where possible a ORG002 Form Continuous Improvement Action Request is completed and actioned.
- 6.7.7 All feedback is used to continuously improve our training and assessment to meet learner and industry needs.
- 6.7.8 HIMAA reports all feedback in an analysis summary to ASQA on or before the 30th June each year.

#### 6.8 Business Applications Audit Process

- 6.8.1 The Quality and Compliance Officer will conduct audits on Business Applications data on a bi-annual basis.
- 6.8.2 Audits will be based on data integrity and entering AVETMISS data.
- 6.8.3 The process will be as follows:

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- 6.8.3.1 Quality and Compliance Officer will notify staff of the date of the audit.
- 6.8.3.2 An opening meeting will be conducted and the process explained to the staff in attendance as required.
- 6.8.3.3 The Auditor will check the data against enrolment forms and assessment evidence to ensure that all data is correct.
- 6.8.3.4 Once the audit has been conducted a closing meeting will take place with relevant staff as required.
- 6.8.3.5 A report will then be written explaining the audit findings.
- 6.8.3.6 Once the audit findings have been reported, corrective actions will be written and tasks issued to the appropriate staff member.
- 6.8.3.7 The staff member will be given a timeframe to rectify the issue usually twenty days, as this is the guide that ASQA uses for non-conformances.
- 6.8.3.8 Once the tasks have been completed the Quality and Compliance Officer will perform a sample check to ensure that it has been rectified and will conduct another audit in six months to ensure that the data is correctly entered.
- 6.8.4 The Training Manager is to sign off on the audit report where it is an RTO matter with the Chief Executive Officer being the final sign off on the audit findings and on the corrective actions.

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