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The VET Gazette is a collection of information and relevant stories about goings on in the Vocational Education and Training sector. The VET Gazette is published every couple of months and hopefully, include stories and articles that contain something for everyone.

If you are receiving The VET Gazette through a colleague and you would like to be on the mailing list, please send an email to therese@wheretofromhere.com.au and we will add you to the list of recipients.

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Quality Systems 101

I often read about advertised VET sector professional development workshops on topics such as "how to pass an audit" or "getting ready for audit" and "what usually goes wrong at audit". We've all seen these favourite PD topics go round and round, still focusing on the same mistakes RTOs make at audit. I agree that PD workshops offer an opportunity to listen to people with expertise, but I have to wonder why, in the last ten years that I have been consulting with and auditing RTOs, we as a sector generally, haven't come too far in our ability to get through the audit.

In 2002, when the AQTF became part of the staple diet for RTOs, we all rushed about for one or two weeks before an audit, making sure everything was in order, writing policies that never existed and making sure student files were up to date. All sounds too familiar and pretty standard.

It's now 2011 and someone from the registering authority rings to say they would like to conduct a monitoring audit. PANIC sets in, your heart races, you need another, much stronger coffee and the rest of the week and perhaps part of the next week is spent making sure everything is in order. Again all sounding too familiar? Whilst there are not too many RTOs who may have to go to these lengths, there is a lot that do. Wouldn't it be nice to have so much confidence in your systems that you could invite the auditors to come in tomorrow?

So how do we fix the situation? What do we need to do to make sure that everything is in order, all day, every day? How do we change this thing we call **organisational culture**? You will all be pleased to know there is a lot we can (and have to) do but here's one of the fundamentals.

My belief is that we may have strayed too far away from the basics of putting things in place which constitute having a quality management framework that works, all the time, every time. I'll clarify that in a moment. Whilst this move away is probably not attributable to RTO staff being less trained in what quality management systems are, it may be more that the regulatory benchmark that we've been pitching at has become less guiding or prescriptive. The hue and cry from many RTOs which partly influenced the massive shift in the focus of the AQTF between the 2005 and the 2007 version, was that the older version was too prescriptive, telling RTOs how to run their business. Under the guise of 'modern regulation' the shift was towards an outcomes focussed framework that was descriptive rather than prescriptive. For those readers who have played in both spaces, you'll know what I mean.

Perhaps the greatest quality guru of all time was a man called W Edwards Deming who said many profound things that have impacted on thousands of businesses and the management within those businesses. I would like to highlight just two.

Firstly Deming, on process said:

"We should work on our process, not the outcome of our processes."

So here's that moment I was coming back to. It is less common these days (and I have been auditing the AQTF continually since it came into play in 2002) to see documentation of processes. Auditors who have been around a while, often commented in the negative, that RTOs had these cumbersome policies and procedures manuals that sat collecting dust between audit visits. Whilst I don't want to see those again, a well documented standardised approach to operations sure beats no system at all or a system that no-one can follow. I have been telling clients for years that you cannot have any control over outcomes if you don't clarify the inputs and the only way to do that is to make sure that everyone knows the inputs. In this case, the inputs are policy statements and procedures. Of course there are a lot more inputs but I believe this is where it all starts.

Various quality frameworks have quite differing requirements when it comes to documenting policies and procedures. If we look at a few of the major quality frameworks that RTOs typically deal with, we will see some variation. The internationally accepted standard for quality management - ISO9001:2008 is one.

Section 4 ISO of 9001:2008, the current international standard for quality management systems, really sets the theme when it comes to a discussion around policy, procedure and documentation. It states:

"the organisation shall establish, document, implement and maintain a quality management system and continually improve its effectiveness in accordance with the requirements of this International Standard".
Pretty clear that policy and procedure has to be written down.

CRICOS providers know all too well the requirements of the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007, or what people in international students' space call the CRICOS National Code. The code is designed to provide nationally consistent standards for international providers. In the Code's preamble it states that:

"the standards set out specifications and procedures to ensure that registered providers of education and training courses can clearly understand and comply with their obligations under the National Code"

Throughout the code you'll see statements like *'the registered provider must have in place documented procedures for...'* and *'the registered provider must have and implement policies and procedures to ensure ...'* Again it is clear that the code requires procedures to be written down and followed.

One of the immediate concerns people will raise is *'it is all well and good to have procedures, but the staff don't follow them'* and this is a good point. This is where **organisational culture** takes over. There may be several reasons why people may not follow them. The three common ones are:

1. They don't know where they are,

2. They're complicated so people just ask someone else how something's done or

3. They're in a folder in the bosses office, so people just do what they think is right.

A good organisational culture is one where internal communication is solid, where people can have input into the continuous improvement process without fear or favour and where management figures out the root cause of WHY people don't follow procedures and FIX THE CAUSE.

The other Deming quote I love is about long term sustainable business, which is really what our continuous improvement systems should be focussed on. Once again, a strong positive organisational culture is critical here.

Deming said: *"It is not necessary to change. Survival is not mandatory."*

Whilst it is helpful to read books about business excellence and the secrets of success, I have been auditing and working with RTOs long enough to have seen what RTOs do that makes them sustainable as a business. There are many themes that permeate through good business but over and over again it's about doing things to set standards and doing them consistently. You cannot be consistent unless everyone does it the same way and they cannot do it the same way unless there are procedures that are easy to find and follow.

The message here is very clear. Develop clear policies (the WHY) and then write procedures to make sure that the policy is implemented (WHO does WHAT, WHEN, WHERE and HOW).

Cont'd & Practical Tips

So, as you embark on a check of your policies and procedures (or write some that you don't have) start with these practical tips.

- Write so that it is impossible to be misunderstood.

- Have the same structure in your procedures. Purpose, scope, definitions, references, detailed procedure, associated procedures/forms and review schedule.

- Make sure people know how to locate them, that they have read them and understand them. Then test them.

- If people don't follow procedures after knowing where they are and having read them, *whack them with a big stick.*

- Ask the person who knows the least about the process to read the final draft of the procedure.

- If someone says they can write a better procedure, let them.

It's all part of continuous improvement.

If you want to have a look at some well written procedures, go to the procedures section of the website of the University of Ballarat. These are well written procedures. One particular procedure I noted was a simple topic of parking at the university. http://policy.ballarat.edu.au/finance/motor_vehicles/ch05.php

Refer www.thinkexist.com for quotes.

Auditor's Tip

I am going to link two concepts together and then attach them to a compliance requirement. The two concepts are:

- Quality management is based around two absolutes — aiming at a set standard and being consistent about reaching or addressing the standard.

- Nothing can be improved unless you can measure it. Continuous change is not the same as continuous improvement. Staff PD is a form of improvement, otherwise why would you spend the money on PD.

Let's link these two points to compliance against AQTF element 1.4 (d).

One of the tricky things at audit is the discussion around 'adequacy' of staff professional develop-ment as required under standard 1.4. I have read a few articles about where the PD may come from but here's a few tips and reminders for you to build on.

There are two types of professional development. One is the industry area that a person trains and assesses in (e.g. hospitality, retail, business etc.) and the other is training and assessment related professional development (i.e. keeping up with training and assessing as a profession). You must do and track both.

There is no industry wide benchmark helping us to determine how much PD is adequate, so it is up to the RTO to set that benchmark or standard itself.

Setting an organisational standard along the lines of 'all training and assessment staff must complete XX hours of industry relevant PD and XX hours worth of training and assessment PD' is a start. It also becomes a handy measuring stick when completing performance appraisals.

Allocating time (as the measure) to PD activities can be a tough one. Going off to do a workshop or conference is easy enough but how much time do we allocate to reading industry journals, various sector specific emails, industry network meetings etc. Perhaps setting a 'points' benchmark is easier than an 'hours' benchmark e.g. each half day PD workshop attended is 5 points, full day 10 points, reading industry emails 2 points etc. Setting the benchmark might then be easier.

Rather than having each trainer subscribe to general VET PD email alerts, have one (and a backup) person subscribe and then forward to a 'trainer group' set up in MS Outlook or some other email tool you use.

If you really want to get serious, create a short assessment for each email alert article and have all trainers/assessors do the assessment. Great way of making sure they get it and that the topic of the development may at some stage, be associated with a measurable improvement.

Qualifications and the new AQF

For too long, I have written articles about course durations, what is acceptable and what is not. In the last VET Gazette, the main article was about cause and effect and one of the key points of that article was to highlight that a possible cause of some common audit non-compliances maybe inadequate training in certain areas.

It is a very difficult concept to tell beginners to the sector, that some Certificate IV's can take years to complete and some can be done in a week with a bit of homework. Separating us from our higher education cousins is the premise that competency based training is not time based and that's a can of worms I don't want to open.

We've been tracking some amendments to the AQF for some months now and on the AQF website (www.aqf.edu.au) is the AQF2011 which was endorsed by MCTEE on 18th March 2011. Also on the website is the March 2011 AQF newsletter and an implementation guide. The guide states that the new AQF (for the VET sector) takes effect on 1st July 2011. Now, unfortunately there isn't a summary yet so you have to trawl through the document to see what the changes are. I am sure there will be workshops on what the changes are so keep a look out for those. We will highlight the changes in coming editions of The VET Gazette.

There is one point however that I would like to highlight and it is the issue of course duration. At the beginning of the document, there is two sets of tables. The first one shows the AQF levels criteria at each of the ten AQF levels and the second table shows AQF qualification type descriptors, also at each of the ten levels. Of particular interest is the last row in the descriptors table which talks about the 'volume of learning'. Two really interesting points here. Firstly, the durations are noted as typical durations, they are not mandated. Secondly, of the levels that apply to general VET, only the III and IV have any details written about them. The Certificate III explanation refers to apprenticeships (indentured training employment) which is very obvious why that's there. However, it is the explanation in the Certificate IV box that is intriguing.

It reads:

"The volume of learning of a Certificate IV is typically 0.5 – 2 years. There may be variations between short duration specialist qualifications that build on knowledge and skills already acquired and longer duration qualifications that are designed as entry level requirements for work".

There's a lot that can be read into that.

Firstly, why is it that only the Certificate IV level requires the narrative? It seems that shorter Certificate IV courses (around six months) may be specialist courses, whereas longer durations of up to around two years are more likely to apply where the qualification is an entry level requirement for work, like the Certificate IV in Training and Assessment for example. I'll let you make up your own minds and read into it what you like.

A little later in the AQF document, there is a pathway policy (starts on page 66). Of particular note is in section 2.1.9 (page 68) where it outlines that the 'volume of learning' is one of a number of considerations given when a person seeks credit between AQF qualifications (vertically or horizontally). What will be interesting in years to come will be, what precedents will be set by higher education providers when a person tries to claim 33% of a three year undergraduate degree for having done a diploma. How will the higher education provider know the duration of that Diploma course the person is presenting?

So one of my obvious questions is 'does the new Diploma/Advanced Diploma testamur have to include the duration or volume of learning'?

Our thanks go to Ruth Bartlett, Manager - Quality Services, Planning, Quality and Review, University of Ballarat for chatting with us about the policies and procedures on the University website.