



# Continuous Improvement Policy

## Scope

This Policy applies to the Kaplan Australia Group (referred to as 'Kaplan') in relation to the following education providers: Kaplan Education Pty Ltd trading as Kaplan Professional, Kaplan Higher Education Pty Ltd trading as Kaplan Professional, Kaplan International Languages Australia, Kaplan International Languages New Zealand, and Kaplan Business School.

This policy applies to all management and staff involved in Kaplan's continuous improvement process to meet the quality assurance and compliance requirements of relevant regulatory frameworks.

## Purpose

The purpose of this Policy is to provide guidelines to management and staff to:

- understand and implement an ongoing cycle of continuous improvement.
- systematically evaluate academic and student services provided throughout the student's journey from enrolment to completion for all stakeholders where applicable i.e., students, staff, host families, partners, copyright licensing, government agencies and other suppliers.
- focus on quality assurance to ensure the requirements of regulatory standards are met or exceeded.

## Policy Statement

It is not sufficient for a provider to only check their quality assurance immediately before reregistration. Providers need to maintain a cycle of continuous improvement because diverse stakeholders such as regulators, students and employers expect providers to:

- aim to be compliant at all times.
- monitor compliance, make continuous improvements to services and ensure students are meeting their learning outcomes.

## Definitions

The following terms and definitions are applicable to this Policy.

<b>Kaplan Australia Group</b>	means Kaplan Australia Holdings Pty Ltd ACN 117 261 980 ( <b>KAH</b> ), a related body corporate (as defined in section 50 of the <i>Corporations Act 2001 (Cth)</i> ) of KAH or any entity that directly or indirectly controls or is controlled by, or is under common control with, KAH (where 'control' has the meaning given in <b>section 50AA</b> of the <i>Corporations Act 2001 (Cth)</i> and 'controlled' has a corresponding meaning).
<b>Benchmarking</b>	Benchmarking is a comparison of different providers to provide insight into how they monitor, review and improve their procedures.
<b>Continuous Improvement</b>	is "typically based on an on-going reflective feedback cycle involving monitoring, review and consequent evidence-based improvements" (TEQSA 2017). Continuous improvement is usually applied to the performance of a business including quality assurance.



**Continuous Improvement Register**

A Continuous Improvement Register is a record of implemented material changes, to demonstrate a long-term cycle of improvements in compliance, improvements to the student journey and reduction of risk.

**Internal reviews**

Internal reviews of policies, procedures and/or student records are used to monitor and measure compliance and quality assurance. Reviews may be performed regularly using templates and are often conducted in an annual cycle. There are many ways that internal reviews may be conducted, including:

- a brief internal check
- a series of internal checks across all regulatory standards
- an extensive internal audit.

**Quality Assurance**

QA is “a demonstration or verification that a desired level of quality of an activity has been attained or sustained or is highly likely to be attained or sustained” (TEQSA, 2017).

**Risk**

The effect of uncertainty on objectives. Providers need to manage many business risks including the risk of not meeting compliance requirements.

**Risk Assessment**

Actively seeking out, determining and recording the likelihood and severity of current and potential risks with solutions implemented to either resolve or mitigate each risk.

**Self-Assurance**

Providers can effectively self-assure their practices with systems and procedures that critically examine their performance and student outcomes on an ongoing basis. This helps ensure ongoing compliance and the identification of ways in which providers can continue to improve. Self-assurance is a key concept in the Vocational Education regulatory framework.

**Self-Attestation or Self-Assessment**

For NZ, this is “a systematic process of data-driven self-reflection. It is directed towards coherent and clearly articulated goals to inform decision-making and operational practices” (NZQA, n.d.).

## Policy Principles

### Scope of regulatory and legislative requirements

Continuous improvement includes monitoring to check that all regulatory and legislative requirements are met. These requirements will change over time and will differ for each Kaplan provider. However, the principles of continuous improvement will be the same.

### Scope of continuous improvement – the student journey

The scope of continuous improvement includes reviewing the student journey. How these items in the student journey are organised and the terminology used to describe the steps will vary between providers, regulatory requirements and approved courses on scope. For example, KIL NZ will reference sections of ‘the Code’ in the Annual Code Attestation.

The student journey may include, but is not limited to, reviews of the following (where relevant):

- Marketing and recruitment practices
- Admission and ongoing enrolment
- Participation and attainment
- Student support and welfare
- Facilities and infrastructure
- Learning, teaching and assessment
- Completion and certification
- Academic integrity
- Governance.

The purposes of benchmarking are varied and may include, but is not limited to:

- providing evidence of the quality and standing of a provider's operations.
- offering an external evidence base as context for the development of internal improvements, especially to student outcomes.
- establishing or fostering collaborative improvement efforts across providers.

### Ownership of continuous improvement

It is the responsibility of the Management Team for each provider to ensure that there is a cycle of continuous improvement and to encourage a culture that supports this cycle. This ownership includes:

- regular reviews on compliance and quality assurance
  - promoting awareness and involvement of staff and students in identifying and implementing opportunities for quality improvement.
  - acting on data gathered both formally and informally.
  - providing evidence of compliance with the regulatory framework.
- the maintenance of a Continuous Improvement Register listing material improvements that have been implemented.
- including staff in the continuous improvement cycle to increase staff capability in innovation, compliance and quality assurance.

### Guiding Procedures

The management team needs to ensure there is a regular cycle of continuous improvement as described in the Plan-Do-Check-Act cycle.

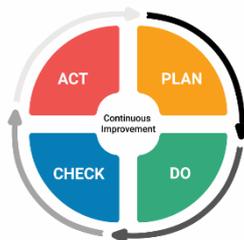


Figure 1: Kanbanize 2021, What is Plan-Do-Check-Act (PDCA) Cycle?

<b>Plan</b>	Establish the program and define the scope, the benchmark standards and the procedures to be used.
<b>Do</b>	Implement detailed plans and allocate resources accordingly for those planned improvements.
<b>Check</b>	Monitor compliance with regular reviews, measuring and reporting on the effectiveness of results and level of risk. Identify areas for improvement, their impact on compliance risk, how they will improve the student journey and the actions required to implement the plan.
<b>Act</b>	Identify options to address any unacceptable risks and improve compliance. Act on options and record these in the continuous improvement register.

If a provider uses another Continuous Improvement model, this may be used instead if Policy requirements are still covered.



For each provider, issues may arise where improvements are required to reduce business and/or regulatory risks. These improvements may vary in scale, priority and may occur within different and overlapping timeframes. Regardless of the improvements required to meet or exceed quality standards, the Plan, Do, Check and Act steps (or another Continuous Improvement framework) will apply.

## Plan

Providers are advised to plan an annual cycle of internal reviews to measure what needs to be improved. The approach to reviews may vary between individual providers while adhering to the principles of this Policy. Planning is involved to establish the program and define the scope, the benchmark standards and the procedures to be used. Some of the key elements in planning are:

<b>Review Schedule</b>	A plan of when reviews will occur to cover all quality and compliance requirements in an annual cycle.
<b>Ownership</b>	<p>The senior decision maker will appoint an owner of the Review Cycle and an owner of the Continuous Improvement Register to ensure the provider is well supported in cultivating a workplace culture that values and prioritises compliance and as such is ready for audit at any time since all identifiable risks have already been addressed.</p> <p>The owner of the review cycle will decide whether to use templates and who is best able to conduct a review without bias. Templates may need to change as business needs and compliance requirements change over time.</p>
<b>Internal audit or maintaining continuous improvement</b>	An internal audit is formal preparation for an upcoming re-registration audit or a desk audit by rehearsing the process and making improvements before the external audit. If there is no upcoming re-registration audit or desk audit, the plan should still be to continuously maintain quality assurance and compliance practices.
<b>Approvals for decision making</b>	A regular update with the senior decision maker is needed to provide an executive summary of the planning underway to address non-compliances and improve procedures in the Student Journey.

## Do

This step includes implementing a plan and allocating resources. Some of the key elements are:

<b>Review Procedures</b>	Review procedures are used to verify regulatory compliance, student satisfaction and student progression. The templates should cover a specific part of the student journey, measuring practice against Standards, Codes or Benchmarks. Templates may be used for a consistent approach in terms of gathering evidence and measuring compliance as part of the review procedures.
<b>Implementation plan</b>	When plans are implemented, the plan should include stakeholder communication with management, students and staff.

## Check

The table below provides the key elements of an internal review program.

<b>Evidence</b>	Evidence is collected during internal reviews to demonstrate whether improvements are needed to meet or exceed regulatory requirements. This evidence may include but is not limited to course reviews, assessment rubrics, student surveys, meeting minutes, online system reports, student records, and complaints registers. The list is not exhaustive. It is best to have organised evidence prepared in the event it is
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	required for reasons that could include internal investigations, media enquiries, cohort tracking analyses, and requests from regulators.
<b>Communication</b>	<p>There are many ways the leader of the review procedures and the Continuous Improvement Register may communicate with stakeholders. Options include:</p> <ul style="list-style-type: none"> <li>• A regular meeting with a team to conduct reviews and look at results of previous reviews for the purpose of identifying trends. The frequency depends on the scope of the provider's requirements and the number of people involved.</li> <li>• A regular meeting to ensure the register is updated and all items in the annual review schedule have been periodically completed.</li> <li>• Working groups convened for specific reviews and updates.</li> <li>• Regular, timely and targeted staff updates and training.</li> <li>• Communication should be delivered in the most engaging and efficient way possible to demonstrate the time spent on compliance produces a return on investment with continuous improvements of value to all stakeholders.</li> </ul>

## Act

Providers are required to act on the findings and evidence of those reviews to make continuous improvements. Some of the key elements in acting on a review program are:

<b>Reporting</b>	<p>When the results of internal reviews are collated, the leader needs a report on what is compliant and what is not compliant. Reporting may include a rating for each risk, proposed options and a summary of action items.</p> <p>A risk rating could include a range of numbers (from 1 to 5) or words (Low, Medium, High). Any risk ratings should be explained and should be consistent in their use.</p>
<b>Approvals for decision making</b>	<p>The senior decision maker for each individual provider, or approving body where applicable, prepares an executive summary of the Review Cycle and any proposals for improvements that require approval. The update should highlight any non-compliances, the risks involved and recommended actions. Minor issues may be reviewed, approved and implemented by teams on a case-by-case basis. Larger proposals may be allocated to projects requiring a project leader, project team and changes to procedures and systems.</p>
<b>Project management</b>	<p>Projects are managed appropriate to the size, non-compliances identified and risks to be addressed. Although many different people will be involved in managing projects to completion, the leader of the Review Cycle will need to ensure records are up-to-date, accurate and demonstrate what has been implemented, what has not been implemented and why.</p>
<b>Add to the Continuous Improvement Register</b>	<p>The owner of the Continuous Improvement Register will record material improvements on the register. The register needs to be clear when items have or have not been implemented. Items on the Continuous Improvement Register can include:</p> <ul style="list-style-type: none"> <li>• finalised projects</li> <li>• small changes to procedures</li> <li>• annual requirements such as submissions to regulators.</li> </ul>
<b>Go back to 'Plan'</b>	<p>The Continuous Improvement Cycle will return to 'Plan' to confirm the improvements have delivered on what was required.</p>



## Relevant Legislation

As a registered education provider, Kaplan operates under strict laws and regulations. Policies and procedures are in place to ensure compliance with such laws. Below, please find the most relevant legislation for each provider:

### Australia

- Australian Qualifications Framework
- Education Services for Overseas Students Act 2000
- Education Services for Overseas Student Regulations 2019
- Education Services for Overseas Students (Registration Charges) Act 1997
- Education Services for Overseas Students (TPS Levies) Act 2012
- ELICOS Standards 2018
- Higher Education Standards Framework (Threshold Standards) 2015
- National Code of Practice for Providers of Education and Training to Overseas Students 2018
- National Standards for Foundations Programs 2011
- Standards for Registered Training Organisations (RTOs) 2015 (Cth)
- National Vocational Education and Training Regulator Act 2011 (Cth)
- National Vocational Education and Training Regulator Regulations 2011.
- Tertiary Education Quality and Standards Agency Act 2011

### New Zealand

- Education Act 1989
- Education and Training Act 2020
- Education Amendment Act 1990
- Education (Refund Requirements for International Students) Notice 2012
- The Education (Pastoral Care of International Students) Code of Practice 2016 (including Amendments 2019).
- The Education (Pastoral Care of Domestic Tertiary Students) Interim Code of Practice 2019

## Related Policies

This Policy should be read in conjunction with the following Kaplan policies available on Kaplan provider websites.

- Kaplan Diversity, Inclusion and Equity Policy
- Kaplan Privacy Policy AU
- Kaplan Privacy Policy NZ
- Kaplan Copyright Policy
- Kaplan Health and Safety Policy.



## Version Control and Accountable Officers

It is the joint responsibility of the Implementation Officer and Responsible Officers to ensure compliance with this Policy.

<b>Policy Category</b>	Corporate			
<b>Responsible Officer</b>	Chief Executive Officers, Managing Directors, Academic Dean or equivalent			
<b>Implementation Officers</b>	Academic Managers, General Managers, Heads of Departments or equivalent			
<b>Review Date</b>	May 2024			
<b>Approved by:</b>				
Academic Board				
<b>Version</b>	<b>Authored by</b>	<b>Brief Description of the changes</b>	<b>Date Approved</b>	<b>Effective Date</b>
1.0	Quality, Regulations and Standards team	New policy for Kaplan Group ANZ.	17.06.2021	28.06.2021
1.1	Quality, Regulations and Standards team	Restructured Plan-Do-Check-Act cycle Minor amendments to definitions and procedural details.	06.10.2021	13.10.2021