



Continuous Improvement Policy

Australian Institute of Digital Technology Pty Ltd

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POLICY 19

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Applicable Legislation & Standards	Standards for RTOs 2025 (Standard 5); ESOS Act 2000; National Code 2018		

1. Purpose and Commitment

This policy establishes AIDT's approach to systematic, evidence-based continuous improvement across all aspects of its operations as an RTO and CRICOS provider. The Standards for RTOs 2025 (Standard 5) require every registered training organisation to have deliberate processes for collecting data, identifying improvement opportunities, acting on them, and demonstrating that the action taken has improved outcomes. This is not a once-a-year compliance exercise — it is a practice that operates throughout the year and is embedded in how AIDT reviews its training, manages its policies, responds to feedback, and develops its staff.

AIDT's commitment to continuous improvement reflects a fundamental principle: the obligation to deliver high-quality, relevant, and compliant training and assessment never stands still. Training packages are updated; industry practices evolve; student cohorts change; and regulatory requirements develop. An RTO that treats its systems as static — that relies on last year's TAS, last year's assessment tools, and last year's compliance processes without critical review — is not meeting its obligations to students, to industry, or to ASQA.

Every AIDT staff member contributes to continuous improvement. Trainers who notice an assessment tool that consistently confuses students, administrative staff who identify a recurring process error, and the CEO who reviews patterns in the complaints register are all performing continuous improvement activities when they identify and report what they observe. The formal mechanisms in this policy — the Continuous Improvement Register, the Annual Self-Assurance Review, and the validation process — are the structured backbone of a practice that should operate informally every day.

2. Sources of Improvement Information

AIDT draws improvement information from the following sources. Each source provides a different type of evidence, and the value of AIDT's continuous improvement system comes from analysing these sources together, not in isolation.

- **Student satisfaction surveys:** Anonymous end-of-term surveys covering training delivery, assessment quality, support services, facilities, and trainer performance. Target response rate: minimum 60% per cohort. Results are analysed by the Training Manager and reported to the CEO within 2 weeks of the survey close date.



- **NCVER Quality Indicator data:** Annual Learner Engagement and Employer Satisfaction survey results. AIDT's results are benchmarked against the national VET sector average. Results below the national benchmark in any category trigger a specific improvement action.
- **Complaints and Appeals Register:** Every formal complaint and appeal is reviewed by the CEO at the end of each term. Recurring categories, patterns involving specific units or staff, and trends in assessment appeals are identified and addressed.
- **Assessment validation outcomes:** The annual validation process for each qualification identifies issues with tool validity, marking consistency, or training package currency. All validation recommendations are entered into the CIR.
- **Trainer and assessor review:** Annual review of the Trainer and Assessor Register confirms continuing compliance with qualification and currency requirements. Gaps identified are addressed through professional development or recruitment.
- **Industry consultation:** Annual consultation with industry representatives, employers, and graduate employers confirms that the TAS for each qualification reflects current practice. Consultation records are maintained and the outcomes inform TAS reviews.
- **Audit and compliance findings:** ASQA audit findings and DHA compliance review outcomes are reviewed immediately. All findings requiring action are entered into the CIR with priority status.
- **Workshop and placement incident data:** All Workshop Incident Reports and placement welfare concerns are reviewed by the CEO. Patterns indicating systemic WHS risks are addressed before the next relevant session.
- **Exit interviews and withdrawal data:** Qualitative information from students who withdraw or are reported to DHA is analysed to identify any avoidable contributing factors.

3. Continuous Improvement Register

Every identified improvement opportunity is entered into AIDT's Continuous Improvement Register (AIDT-REG-004) by the CEO or Training Manager within 5 business days of identification. The CIR is a live, working document — not a historical record. Each entry specifies: the source and date of identification; the area affected; the specific improvement action agreed; the staff member responsible; the target completion date; the evidence of implementation; and the date and outcome of post-implementation review. The CIR is reviewed at the CEO's management meeting at the end of each term. Overdue items are escalated and must be assigned a revised target date with a documented explanation of the delay.

4. Annual Self-Assurance Review

AIDT conducts an Annual Self-Assurance Review (SAR) in the final quarter of each calendar year. The SAR is the most comprehensive review AIDT conducts of its own compliance and quality, and its outcomes directly inform planning for the following year. The SAR covers: a review of all CIR entries from the year, including the extent to which



improvement actions were implemented and their effectiveness; a full review of AIDT's compliance against the Standards for RTOs and the National Code, using AIDT's own self-assessment framework; a review of the Trainer and Assessor Register for all qualifications; a review of TAS currency for each qualification; assessment validation outcomes from the year; student outcomes data including completion rates, satisfaction scores, and — where data is available — employment outcomes; and any significant events, incidents, or regulatory matters from the year. The SAR report is presented to the CEO and is retained for a minimum of 5 years as evidence of self-assurance activity available for ASQA review.