



### Overview of audit tool

The Academic Audit Tool ([OM011F1](#)) has been developed to use for the purpose of an internal academic audit against the RTO Standards. The intent of this tool is to ensure the quality of training and assessment is consistent across the College and to facilitate the collection of relevant data for continuous improvement activities.

The tool is mapped to the RTO Standards. The tool is divided into two sections:

- The Evidence Checklist is divided into sub sections and is intended to check the quality of the documentation from the desktop evaluation and also the site audit.
- The Audit and Outcome Summary is to be completed within two (2) weeks of conducting the audit and provided to Planning and Quality for recording, reporting to the auditee/s and monitoring.

Use the tool to document your findings as you proceed through the audit process. You will have three outcomes:

### Compliant

Where the evidence clearly meets the identified RTO Standard you should:

- Tick the Compliant box.
- Briefly summarise the compliant evidence provided in the Comments box (e.g. validation completed for unit ABC on 28/5/2012 IRv number is V12/2012).

### Non-Compliant

Where the evidence clearly does not meet the identified RTO Standard you should:

- Tick the NC box.
- Identify why it is not compliant (e.g. has not completed a validation since 2009).
- Identify the action that needs to be carried out to remove the non-compliance (e.g. need to complete a validation of assessment on one unit from the qualification ABC123).
- Please note that an internal academic audit cannot be finalised until all non-compliances have been completed.

### Opportunity for Improvement (OFI)

Where the evidence does meet the requirement of the identified RTO Standard but there are changes that could be made to improve the process you should:

- Tick the OFI box.
- Identify the Opportunity for Improvement (e.g. a validation was completed this year on unit ABC on 28/5/2012 however the OFI's for this validation have not been completed).
- Identify the action that needs to be carried out to make the improvement (e.g. complete the OFI's from the validation on unit ABC).
- Please note that an internal academic audit can be finalised without completing all OFI's.

## The Audit Process

- Identify who the Portfolio/Program Manager is.
- Contact Planning and Quality to identify any feedback, complaints etc. that may assist in focusing the audit.
- Schedule an appointment with the auditee/s (between 1 and 2 hours depending on how much you do through desktop evaluation).
- Access the current version of the relevant Training Package from [www.training.gov.au](http://www.training.gov.au) (make sure the implementation guide is available through VET InfoNet/Department of Training and Workforce Development).
- The auditee/s (Lecturer/s) will inform you where the materials for the qualification are stored (this should be on G or K drive) or to email them to you.
- Complete The Evidence Checklist by working through the Academic Audit Tool ([OM011F1](#)) via desktop audit and with the auditee/s at the site audit (please note that not all aspects of the audit can be completed via desktop audit).
- Identify the appropriate due dates for any non-compliances. Non-compliances should be completed within twenty (20) working days. An extension may be provided where there is a valid reason for non-completion within the initial timeframe, and in consultation with the Portfolio/Program Manager.
- Within two (2) weeks of completing the audit, email a copy of the completed Audit Tool ([OM011F1](#)) to Planning and Quality at [quality@crtafe.wa.edu.au](mailto:quality@crtafe.wa.edu.au). Planning and Quality will then send a copy to the auditee/s and the Portfolio/Program Manager.
- Planning and Quality will monitor the corrective action time frames to ensure any non-compliances are being actioned.
- As non-compliances are completed and relevant changes are made remember to send updated copies of the Audit Tool to the Planning and Quality. This will ensure that records remain up to date and reports based on the audit process are accurate and current. Before doing this make sure you change the version number of the tool. You should not wait until all non-compliances are completed before sending updates to the Planning and Quality.
- Once all non-compliances have been completed Planning and Quality will send a copy of the Audit Tool (OM011F1) to the auditee/s, their Portfolio/Program Manager and cc the auditor/s stating that the audit has been completed and can now be finalised.
- Planning and Quality will update the Audit Monitoring register and the Audit Schedule Master.
- Critical non-compliances will require a monitoring audit to be conducted with the auditee/s within three (3) – six (6) months from the initial audit date. This follow up audit is to check that the non-compliances and opportunities for improvement are being consistently implemented.

## Additional Instructions

### Assessment Validation

- Check to see if assessment validation and moderation has occurred for a unit from the qualification in the last twelve (12) months.
- Where there is evidence of validation and/or moderation record the number in the comments box as evidence

### Lecturer Competencies

- If not provided, email Human Resources (HR) the names of all deliverers and assessors on the TAS and ask HR to confirm that they have copies of all of the identified qualifications for each trainer and assessor.
- If not provided, ask HR to send you a copy of the Professional Development record for each of the identified trainers and assessors for the past two (2) or three (3) years.
- A lecturer can provide a range of evidence options to show how they have maintained their currency including but not limited to things such as:
  - completed certificates of training courses
  - subscriptions to journals, wikis, blogs, magazines etc
  - participation in return to industry
  - minutes of meetings
  - summaries of discussions with industry
  - visits to industry etc

### Meeting Individual Needs

- Where a lecturer states that no students have an identified need ask them to explain what the process would be for a student with an identified need. Make sure they address all of the related information.

### Learner Records

- Choose two students and follow all of the identified records for these two students.

### Orientation Information

- Use the same two students you identified above.

### Partnerships

- Use the same two students identified above
- Only complete the relevant sections based on the mode of delivery for the qualification.