



OP 8/1 - Procedure for the Periodic Review of the Institution's Systems

PURPOSE:

To establish a procedure for the review of the quality management system at planned intervals to ensure that it is suitable, adequate and effective and complies with the standards of the Accreditation Council of Trinidad and Tobago (ACTT) and the Caribbean Evangelical Council (CETA).

SCOPE:

This procedure covers all system reviews conducted at WIST including internal audits and management reviews of the quality management system. WIST may use auditors external to the institution to conduct internal audits.

RESPONSIBILITY:

The Quality Assurance Manager is responsible for

- Developing the audit schedule and plans
- Assigning internal auditors and ensuring that internal audits are conducted.
- Ensuring that data is collected, maintained, trended and the results presented for management reviews where analyses have not been otherwise assigned.
- Ensuring that any correction, corrective and/ or preventive actions identified during any of the review processes are implemented and monitored to ensure that all such actions are effective.

The Internal Quality Auditors are responsible for

- Executing audits under the direction of the Quality Assurance Manager or assigned lead auditor
- Reviewing action items and observation notes where applicable
- Preparing the audit report

**Auditees are responsible for**

- Providing requested documentation for the audit, for participating in meetings with the quality auditors and implementing corrective actions identified.

The Administrative Committee is responsible for

- Determining data to be collected and analyzed in line with the agreed schedule.
- Reviewing the results of analyses and internal audit reports and determining appropriate action to be taken
- Critically reviewing the management system on a periodic basis and participating in Management Review meetings

The President

- Is responsible for ensuring that outcomes of the Management Review meetings are recorded and communicated to all relevant personnel

DEFINITIONS

The following definitions are associated with this procedure.

TERM	DEFINITION
Auditee	- Organization or department being audited.
Auditor	- An individual qualified through training or experience to perform a quality audit.
Audit Plan	- An outline that describes the audit activities to be conducted.
Audit Report	- A summary of the findings.
Audit Schedule	- A formal listing of all planned audits.
Internal Quality Audit	- A systematic and independent examination to determine whether the management system has been effectively implemented and maintained throughout the organisation.
Lead Auditor	- An individual qualified through training or experience to organise and direct a quality audit.

**REFERENCES**

Not applicable

DOCUMENTATION

Audit Schedule	F58
Action Requests	F61
Audit Plan	F96
Observation Notes	F97
Audit Checklists	F98
Audit Findings	F99

PROCEDURE:**1. Internal Quality Audits**

- 1.1 The Quality Assurance Manager prepares an Audit Schedule, F58 based on the importance, and status of the area or process to be audited and previous audits where necessary.
- 1.2 Prior to the commencement of an internal audit the Quality Assurance Manager:
 - a. Develops an audit plan that identifies the processes to be audited, the date, time and duration of the audit and the assigned auditor(s).
 - b. Distributes the audit package which contains blank Action Request Forms (F61), Action Requests from previous audits to be followed up, Observation Notes (F97), Audit Checklists (F98) and blank Audit Finding forms (F99) to the assigned auditor.
- 1.3 The assigned auditor(s) are required to review the material prior to the commencement of the audit.
- 1.4 During the audit, auditees are expected to provide auditors with requested information in a timely manner.



- 1.5 On completion of the audit, the auditor forwards all completed documents to the lead auditor or the Quality Assurance Manager where a lead auditor is not assigned, who then prepares the audit report based on the findings of the audit.
- 1.6 The Quality Assurance Manager discusses the audit findings with the auditee prior to finalising the report. The auditee reviews the findings and identifies the proposed actions necessary to prevent recurrence.
- 1.7 The Auditee documents this information on the requisite forms and sends the completed forms to the Quality Assurance Manager for review and follow-up.
- 1.8 The Quality Assurance Manager updates the Action Log with the identified action requests and follows up on corrective action as outlined in the Corrective Action Procedure.
- 1.9 The Quality Assurance Manager sends a copy of the completed audit report to the Administrative Committee for review, prior to the next scheduled Administrative meeting. Information from the audit report analyses form part of the management review of the system.

2. Data Analysis and Measurement

- 2.1 The Administrative Committee determines what data is collected, the duration the data is to be monitored and the person responsible for the analysis of the data, based on the objectives of the institution.
- 2.2 The instruments used for the collection of data are issued by assigned personnel. Once completed they are forwarded to the respective persons for compilation and analysis.
- 2.3 The persons responsible for the analyses use different statistical methods for presentation of the data. These include but are not limited to graphs, charts, paired comparisons, and histograms.
- 2.4 The compiled data is sent to the Administrative Committee for review.
- 2.5 The information is shared with the members of faculty during meetings for feedback and recommendations.
- 2.6 Where the data shows trends that are not aligned with the desired outcome, corrective measures are identified and channelled through the corrective action process.
- 2.7 Information from data analysis including corrective and/ or preventive actions identified is used as an input to the Management Review process. Data to be monitored is shown in the table which follows.



Table Showing Data to be Monitored and Personnel Responsible

Data			Responsibility		
Data to be Monitored	Instrument to be Used	Monitoring Frequency	Distribution of Instrument	Performing Analysis	Reviewing Analysis
Administration					
Staff satisfaction	Staff Satisfaction Questionnaire	Annually	Administrative Assistant	Registrar	President/ Administrative Committee
Staff performance	Performance Appraisal Form	Annually	Administrative Assistant	Registrar	President/ Administrative Committee
Stakeholder Satisfaction	Stakeholder Satisfaction Form	Biennially	Administrative Assistant	Registrar	President/ Administrative Committee
Student Services					
Student Satisfaction	Student Satisfaction Survey	Annually	Registrar	Registrar	VP Student Affairs / Administrative Committee
	Student Exit Interview Form	Annually	Registrar	Registrar	President/ Administrative Committee
Academic Office					
Faculty/Course Review	Faculty/Course Evaluation Form	Twice per semester	Assistant Registrar	Registrar	VP Academic Affairs/ Academic, Curriculum & Administrative Committees
Academic Performance	Attendance & Grade Sheets	At the end of every semester	Teaching Faculty	Registrar	VP Academic Affairs/ Academic & Administrative Committees



Data			Responsibility		
Data to be Monitored	Instrument to be Used	Monitoring Frequency	Distribution of Instrument	Performing Analysis	Reviewing Analysis
Programme Review	Student Satisfaction Survey, Stakeholder Survey, Curriculum Questionnaires	Every four years	Registrar	Registrar	Curriculum & Administrative Committees
Library Services	Nicholson Library Suggestion Slip, Monthly Report, Nicholson Library Student Survey	Annually	Library Technician II	Library Technician II	Academic Committee
Alumni Progress	Alumni Survey	Every four years	Administrative Assistant	Registrar	Academic & Administrative Committees
Business Office					
Plant and Maintenance	Plant Manager's Report & Things to Do Report Sheet	Monthly	Plant Manager	VP Business Services	Administrative Committee
Financial viability	Estimated vs. Actual Expenditure and Income, Annual Audited Report	Annually	-	VP Business Services	Administrative Committee & Board of Directors



3. Management Review

- 3.1 Management review of the quality management system takes place on an on-going basis at the Administrative meetings which are held monthly. The complete management system is reviewed at least once per year.
- 3.2 The meetings are chaired by the President and where necessary other personnel are allowed to attend the meetings where their presence will assist in solving problems.
- 3.3 The agenda items for management review include but are not limited to the following inputs:
- Assessments of Internal Audits
 - System review including policies and procedures
 - Programme Monitoring and Review
 - Stakeholder Complaints and Feedback (Satisfaction)
 - Status of Corrective and Preventive Actions
 - Recommendations for Improvement
 - Changes that could affect the Management System and its processes
- 3.4 The outputs from the review including decisions and actions are tracked using action plans with deliverables.
- 3.5 These action plans are identified in the minutes along with:
- Decisions on improvement in the management system and the processes
 - Resources required to address issues/concerns/ problems/ opportunities
 - Ways of improving the institution based on stakeholders requirements
 - Deadlines/ responsibilities for timely effective action
 - Any other decisions
- 3.6 The Quality Assurance Manager is responsible for ensuring that any corrective and/ or preventive actions identified are implemented and monitored to ensure that all such actions are effectively implemented.