



## Process Card 15 Improvement of IQMS

Process Name:	<b>IMPROVING THE GMBS INTERNAL QUALITY SYSTEM</b>
Process owner:	<b>VICE-RECTOR FOR QUALITY AND DEVELOPMENT</b>

Mismatch	failure to meet the specified requirement.
Management review	Official assessment of the status, adequacy and effectiveness of the quality system by senior management in relation to the quality policy and objectives of the organization.
Preventive action	action to eliminate the causes of possible disagreements, errors or other undesirable situations in order to prevent their occurrence.
Continuous improvement	a continuous purposeful process of planning, monitoring and evaluating the quality and performance of individual processes and the system, as well as preventive and corrective activities, based on the elimination of weak links in the system and the continuous improvement of the work of the GMBS.

### 4. Process Implementation Procedure:

In accordance with IQSC: Ways of Implementing, Using, Monitoring and Re-evaluating GMBS Quality Assurance Principles, GMBS Management has developed effective procedures for implementation, use, monitoring and review in the field of quality assurance.

In implementing, using, monitoring and reviewing the quality management policy, objectives, procedures and measures of the services provided, the GMBS uses a system of integrated monitoring and evaluation tools for the system:

1. Evaluation of the quality of study programmes and feedback from learners.
2. Evaluation of the quality and development of teaching staff
3. Internal audit of processes and systems
4. Supplier Quality Assessment
5. Evaluation of disagreements and complaints
6. Evaluation of internal control
7. Effectiveness of corrective and preventive action in the field of quality
8. Review of the GMBS Internal Quality Management System

### **In accordance with IQSC: Collection, analysis and use of information necessary for the effective management of the implementation of study programs**

1. GMBS has established effective systems for collecting, analysing and using information necessary for the effective implementation of study programmes within the scope of the above analyses.
2. GMBS has created an information system for collecting data on the quality, success and profile of students, student performances and results, and the employment of graduates in the labor market.

#### 4.1. Evaluation of the quality of study programmes

The procedure is set out in PC 01 Education.

#### 4.2. Quality and Human Resource Development Assessment

The procedure is set out in PC 13 Quality of employees

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### 4.3. Internal audit of GMBS processes

**The aim of the internal audit of the GMBS is to:**

- assess the level of compliance of processes and quality system documentation in practice,
- assess the effectiveness of the functioning of the quality system;
- improve the quality system and its documented procedures.

GMBS internal quality audits are carried out by trained auditors, while the internal audit can also be carried out by suppliers. The selection, control and communication of the supplier of quality audit activities is ensured by the Vice-Rector for Quality and Development.

#### 4.3.1. Internal audit (IA) planning

Internal quality audits are carried out according to a plan developed for GMBS by the Vice-Rector for Quality and Development. **The IA plans (F15/ 01-01)** are compiled in such a way that the periodicity and systematic nature of the IA guarantee the verification of each process of the Internal Quality System at least once a year. Scheduled internal audits are assigned identification numbers that must appear on each internal audit document. Planned internal audits are numbered as follows: PIA- X-XXXX - Planned audit - serial number of the planned audit from the beginning of the calendar year - year.

#### 4.3.2. Unplanned internal audits

The reason for unscheduled audits may be:

- the occurrence of a complaint, unsatisfactory results of the process,
- substantial changes to the quality system or organizational structure of the company,
- a complaint from an employee when a gross violation of legislative, internal procedures and work obligations is detected,
- the need to verify the removal of non-conformities found in previous internal audits;
- the need to verify the implementation and effectiveness of the corrective measures taken.

The author will notify his initiative directly to the Vice-Rector for Quality and Development.

The Vice-Rector evaluates it as either justified or unjustified. If the complaint is justified, the Ministry of Culture will determine which processes or areas the complaint concerns. It also designates the lead auditor, the members of the review group and the deadline, which is recorded in the Unplanned IA form. The Vice-Rector shall notify the author of the complaint within 15 days of the submission of the complaint.

Unscheduled internal audits are assigned identification numbers that must appear on each internal audit document. Unplanned internal audits are numbered as follows: UIA-X-XXXX - Unplanned audit - the serial number of the unplanned audit from the beginning of the calendar year - the calendar year in which the unplanned internal audit will be carried out.

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### 4.3.3. Preparation of an internal audit

It consists of the preparation of the Internal Audit Program. Contains:

- the objective of the internal audit;
- identification of the head of the screening team and its individual members;
- identification of the required documents (which must be available at the time of the inspection);
- the date and place of the inspection;
- the expected time and duration of the audit, including the timing of the internal audit.

The lead auditor prepares sets of questions and areas of the audited issues in the form of a checklist (F 15/ 02-01). It must design them in such a way that the objectives of the audit are met. If possible, each question or problem area is supplemented by a reference document (e.g. an article in a chapter of a quality manual etc.).

### 4.3.4. Conducting an internal audit

An internal audit begins with familiarizing the auditee with the content of the internal audit, where a brief overview of the methods and procedures that will be used in the implementation of the audit is clarified. The availability of reference materials required in Programme IA (F15/04-01) will be checked.

Subsequently, the screening group will proceed to collect evidence. Evidence is collected through interviews, examining documents, and identifying activities and conditions in the areas of interest. The information collected during interviews should be verified from independent sources and, if possible, supported by evidence (recording, measurement, etc.). All significant indications of non-conformities relating to the issues under review are investigated, including those not mentioned in the checklist. The findings and evidence are recorded in a checklist. If necessary to ensure optimal achievement of the audit objectives, the lead auditor may make changes to the audit programme. The implementation phase ends with a final meeting with the examinees, the purpose of which is to inform the examinee of the identified discrepancies. If the examinee recognizes the identified nonconformities as justified, he or she confirms the inspection sheet with his or her signature.

### 4.3.5. Evaluation and completion of internal audit

As part of the evaluation phase, an Internal Audit Report (F15/03-01) is drawn up. If there are suggestions for improving the quality system in the case of IA, these shall be included in the Protocol. The audit report is issued in two copies. The lead auditor submits the audit report to the Vice-Rector within 3 working days of the IA being executed. The protocol must be signed by the examiner, which serves as proof of recognition of the identified non-conformities.

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### 4.4. Discord management

Each employee is obliged to ensure or contribute to the elimination of non-conformities (errors – non-compliance with the requirements for the services provided and internal processes).

The procedure for the removal of the non-conformity and the adoption of the Corrective Action is always proposed by the originator of the non-conformity F15/ 05-01. The relevant manager is obliged to subsequently check the removal of the non-conformity and propose corrective measures so that there is no recurrence in the future.

The occurrence of non-conformities is evaluated once a year in the SMK Review. The guarantor is responsible for remedying the nonconformity and proposing corrective action (in the record of nonconformity).

#### **Complaint Management:**

It shall be carried out in accordance with Directive Principles of complaint handling.

### 4.5. Corrective and preventive actions

Corrective actions must be carried out in such a way as to exclude the recurrence of deficiencies, which is the cause of the detected errors.

The regime of corrective measures and risk treatment measures, defined in this chapter, determines the extent to which management and other employees can intervene in the processes that make up the internal quality system in order to maintain and, above all, improve the level of the quality system.

#### **Proposal for elimination of non-conformity and corrective action and measure to treat risk and opportunity** (in F15/05-01 Proposal for elimination of non-conformity and corrective action)

The causes of any possible or existing non-conformity, error or other undesirable situation must be addressed and eliminated. Each GMBS worker is obliged to immediately propose a corrective action and a risk treatment measure if he identifies or knows deficiencies that may result in or have arisen a non-conformity, error or other undesirable situation.

#### **Sources of Incentives for Corrective Actions and Risk Treatment Measures and Opportunities**

Basic sources of suggestions for corrective actions and measures to treat the risk of GMBS:

- Evaluation of study programmes and related to:**
  - Student feedback
  - Class visit (Teaching observation)
  - Employer feedback
  - Alumni feedback

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- Proposal Bank

The evaluation of study programmes, as proposed, presupposes a proposal of measures in the field of study programme content, organisation of teaching, forms and methods of teaching, spatial, material, technical and informational provision of the study programme, coverage of the study programme with basic and recommended literature, staffing of the study programme.

### 2. Evaluation of scientific and research activities and the transfer of outputs into the pedagogical process.

The evaluation of scientific research activities, as proposed, presupposes a proposal of measures in the field of the structure of scientific and research staff for individual areas of science and research, outputs and publication activities, quality and quantity of scientific research projects, structure and success of the third level of study, mobility of scientific and research workers, awards and participation in professional events.

### 3. Employee Quality Assessment

The evaluation of the quality of employees, as proposed, presupposes a proposal of measures in the field of pedagogical activities of employees, qualification development of employees, development of pedagogical skills of pedagogical employees.

### 4. Results of the internal audit

It assumes the design of corrective measures regarding the compliance of processes with requirements and the efficiency of processes.

### 5. Results of inspection activities and complaints

It assumes an obligatory response to the complainant's suggestion or the result of an internal inspection.

### 6. Feedback from staff, students and other stakeholders

Corrective actions are proposed by those personnel of the organization who have identified a possible source or registered a possible incentive for corrective actions and measures to treat risks and opportunities. The design of corrective actions and measures to address risks and opportunities must be preceded by a thorough examination or analysis of the causes of the existing or potential error. After analysing the proposal for corrective actions and measures to treat risks and opportunities, the senior employee determines the responsibility for their implementation and the deadline for implementation. Responsibility must be determined by name, with responsibility attributed to only one worker for a specific action.

An additional source of input from students and staff is the '**Propospal Bank**', through which (LMS) students and staff can express their views.

The owner of the process "Improving the Internal Quality System of GMBS" has access to the "Proposal Bank" and at regular intervals (1x per month) determines the occurrence of student and staff

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contributions in the "Proposal Bank", which are further reviewed and solved with the owners of the relevant processes.

### **Imposition of corrective actions and measures to treat risks and opportunities**

Corrective measures based on proposals are imposed by an authorized person - the Vice-Rector for Quality and Development, another Vice-Rector and a member of the management, the Head of the Department. In the event that the entitled person does not agree with the proposal, he will return it to the submitter for revision, or change it himself according to his own ideas.

#### → **Record and implement corrective actions (CAs) and actions to treat risks and opportunities**

The authorized person records the approved CAs or risk and opportunity treatment measures in the CA and the risk and opportunity treatment measures and ensures that they are distributed to all staff responsible for implementation. The responsible officer will ensure that corrective actions and measures to address risks and opportunities are implemented within the set deadline.

Records of CAs and measures to treat risks and opportunities are maintained on the internal GMBS portal.

### **Review the implementation and evaluation of the effectiveness of CAs and measures to treat risks and opportunities**

In the records of CAs and measures for the treatment of risks and opportunities, the Vice-Rector for Quality and Development monitors the deadline for their implementation and in a regular review requests a review of their implementation and an evaluation of the effectiveness of the measure from the relevant responsible process owner/manager. In the event that the measure has not been implemented and the responsible employee does not prove a sufficient reason for it, the Vice-Rector will take further steps. If the measure has been implemented, the Vice-Rector may set a date for an internal audit to verify the effectiveness of the corrective measure. The internal audit is carried out according to the procedure applicable to the Internal Quality Audits process.

### **Evaluation of corrective actions and measures to treat risks and opportunities**

The Vice-Rector for Quality and Development evaluates the scope of corrective and preventive action and its effectiveness at annual intervals as part of the IQMS review report.

## 4.6. Change system

The GMBS monitors proposals for changes. The procedure for proposing a change is as follows: The employee notifies the proposed change to the direct superior. Proposals for changes are registered by the direct superior. The immediate superior notifies the GMBS management of the proposal.

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The management of the university will evaluate the proposal and comment positively or negatively on its implementation. In the event of a positive opinion on the proposal, the GMBS management will decide on a team leader who will coordinate and control the implementation of the proposal.

### 4.7. Post-delivery activities

Proposals in connection with the implementation of additional services are registered by the head of the department. Records are carried out in the form of minutes. The GMBS management requests suggestions by the management and decides on their justification or unjustification.

### 4.8. Examination of the SMK by the management

GMBS has developed effective procedures for implementing, using, monitoring, and reviewing the college's quality assurance policies.

The review of the Internal Quality Management System is carried out **at annual intervals**. The review report **and the measures taken** serve as a basis for drawing up the GMBS plans for the next period.

Procedures for the implementation, use and monitoring of the system are part of the Quality Manual **and PC 15 Improving the GMBS Internal Quality System**.

The efficiency and correctness of the functioning of the quality system is determined and evaluated as part of the IQMS review by the management.

For the review of the quality system, the Vice-Rector for Quality and Development, in cooperation with the responsible process owners, will carry out an evaluation of the entire GMBS Internal Quality Management System in the scope of the following inputs:

#### 1. Evaluation of the quality of study programmes and feedback from learners.

The basis for the evaluation are the reports of the Evaluation of Study Programmes and related annexes, which are handed over to the Vice-Rector for Quality and Development by the guarantor of Št. Program.

- ‡ The documents are provided by the Vice-Rector for Education and the guarantors of the Vice-Rector for Education. Programs.

For individual SP must be in accordance with F PC 01/8-0 Form: Study Programme Evaluation identified risks and shortcomings and proposed improvement measures in the scope of:

- the implementation and effectiveness of the measures from the previous evaluation;
- The content of the study programme with regard to the objectives, the profile of the graduate and the content of the description of the field of study,
- organization of teaching,

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- forms and methods of teaching,
- spatial, material, technical and information provision of the study programme,
- coverage of the study programme with basic and recommended literature,
- staffing of the study programme,
- feedback from employers,
- feedback from graduates.

### 2. Evaluation of scientific research activities related to the field of research and innovation of the study programme with regard to the outputs of scientific and research activities

‡ The documents are provided by the Vice-Rector for Science and Research.

- Outputs of publishing activities, responses to outputs.
- Scientific and research projects
- Awards
- Professional events

### 3. Evaluation of the quality and development of teaching staff

In accordance with the results of the evaluation of pedagogical staff, the Vice-Rector for Quality and Education evaluates:

- Qualification development of pedagogical staff
- Development of pedagogical competences of GMBS pedagogical staff
- Learning Effectiveness
- The structure of scientific researchers and teaching staff and changes in the monitored period.

‡ The documents are provided by the Head of the Department.

### 4. Internal audit (IA) of processes and system - the course and content of IAs carried out in the previous period, the number and causes of unplanned internal audits, evaluation of the course of internal audits, results of internal audits, results of external audits.

‡ The documents are provided by GMBS's authorized internal auditors.

### 5. Supplier performance evaluation – suppliers are evaluated according to supplier quality criteria for individual commodities.

‡ The documents are provided by the Managing Director of GMBS.

### 6. Evaluation of non-conformities and complaints and results of internal control

In the report, the Vice-Rector states the number of identified disagreements and complaints, the evaluation in terms of causes.

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**7. Effectiveness of corrective and preventive action, effectiveness of measures taken to address risks and opportunities**

Frequency of CAs adopted and implemented, number of effective and ineffective CAs, number of measures taken and implemented to treat risks and opportunities, number of effective and ineffective measures to treat risks and opportunities.

**8. Process Performance Evaluation**

When evaluating process performance, the degree of fulfillment of process performance indicators is evaluated

The report shall present the overall percentage fulfillment of the indicators and the fulfillment of the indicators of individual processes.

- † Documents are provided by the process owner (if the indicator was not part of the previous points).

**9. Review of the level of fulfilment of the objectives and policy of the GMBS Internal Quality Management System**

The review of the fulfilment of quality objectives for the past period contains the total number of fulfilled and unfulfilled objectives, for unfulfilled quality objectives the causes of non-fulfilment are stated.

The evaluation of the quality policy includes a review of the topicality and suitability of the current quality policy and a proposal for its possible corrections or a proposal for a new policy.

**10. Changes in external and internal environmental factors that could affect the quality management system**

The evaluation contains changes that could affect the main, managerial and auxiliary processes.

**11. Feedback from relevant stakeholders**

The report shall specify serious shortcomings resulting from the feedback, if identified.

**12. Adequacy of resources**

The report provides a statement on the adequacy of the resources and their sufficient capacity.

**13. Corrective actions and measures to treat risks and opportunities to improve the quality management system**

The results of the evaluation are part of the Report on the Review of the Internal Quality Management System by Management. The report is submitted by the Vice-Rector to the GMBS Quality Council. The Quality Council discusses the report and measures for further improvement of the system. The result of

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the review of the system by the Quality Council are the outputs (the need for changes to the Internal Quality Management System):

- Setting quality goals for the next period.
- Possible correction of the quality policy.
- Proposal of corrective actions and measures to address risks and opportunities related to problem areas according to the report on the functioning and effectiveness of the quality system,
- Identification of resources necessary for the implementation of goals and measures for the next period.

**The review report and the measures taken** serve as a basis for drawing up the GMBS plans for the next period. The findings of the management review are implemented in accordance with the procedure for Corrective Action and Preventive Action.

5. Performance indicators:	Procedure	Frequency
Effectiveness of corrective and preventive action	<i>% Evaluation of CA implementation and risk and opportunity treatment measures, % effective CAs and risk and opportunity treatment measures</i>	yearly
Effectiveness of Study Programme Evaluation	<i>% of programs evaluated, number of evaluated subjects</i>	yearly
Effectiveness of employee quality assessment	<i>% of evaluated teaching staff</i>	yearly
Internal audit efficiency	<i>% of Plan IA Implementation</i>	yearly
Disagreements and complaints	<i>Number of complaints</i>	yearly

6. Related documentation:
<b>GMBS Quality Manual</b>

7. Attachments:
PC 15 / 01 Internal Audit Plan
PC 15/ 02 Checklist
PC 15/ 03 Internal Audit Protocol
PC 15/04 Internal Audit Programme
PC 15/06 Proposal for the removal of non-conformities, imposition of remedial measures
PC 15/05 Records of CA and measures for the treatment of risks and opportunities.

8. Validity of the document:
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	Drafted	Assess	Endorsed
<b>Name and surname</b>			
<b>Function</b>			
<b>Date</b>			
<b>Signature</b>			