

Approved by
Chairman of the Board - Rector
of NPJSC “Zhetysu university
named after I. Zhansugurov”,
Doctor of Geographical Sciences,
Professor

« 2021



DOCUMENTED PROCEDURE
Management of nonconformities. Corrective action
IRD-ZU-15-04

Taldykorgan, 2021

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1 SCOPE

1.1 This documented procedure is the main document that establishes the procedure for organizing the process of managing nonconformities, conducting corrective actions to eliminate the causes of potential nonconformities at Zhetysu university named after I. Zhansugurov (hereinafter ZU, University).

1.2 This documented procedure is used by all departments of the ZU and is the part of internal quality assurance system documentation.

2 NORMATIVE REFERENCES

References to the following normative documents are used in this documented procedure:

IRD-ZU-15-01	Internal quality assurance system manual
IRD-ZU-15-02	Documented procedure. Management of the documented information
IRD-ZU-15-03	Documented procedure. Internal audit

3 TERMS AND DEFINITIONS

The following are the most commonly used terms and definitions in this documented procedure:

Nonconformity	Non-fulfilment of a requirement
Corrective action	Action to eliminate the cause of a nonconformity and to prevent recurrence
Correction	Action to eliminate a detected nonconformity
Self-assessment	A thorough evaluation, usually conducted by management itself, which results in an opinion and judgment about the organization's performance and effectiveness and the level of maturity of the IQAS
Analysis	Action taken to determine the suitability, adequacy, and effectiveness of the actions taken to achieve the objectives
Inputs	Information data or students at any of the intermediate stages of training intended for subsequent processing or transformation through a particular process
Outputs	Information data or students at any stage of training that is the result of processing or transformation through a process
Monitoring	Continuous review, supervision, critical monitoring, or status determination identify changes in indicators and expected results

4 SYMBOLS AND ABBREVIATIONS

The following symbols and abbreviations are used in this documented procedure:

ZU, University	Zhetysu university named after I. Zhansugurov
IQAS	Internal quality assurance system

5 RESPONSIBILITY AND AUTHORITY

5.1 The Chairman of the Board - Rector of the University approves this documented procedure.

5.2 Center for International Cooperation and Strategic Development is responsible for:

- implementation and management of this documented procedure;
- the correctness of the execution of this documented procedure.

5.3 Heads of structural divisions are responsible for:

- organization and coordination of activities for the implementation of specific stages of the process and the final results;
- the quality of work performed at specific stages of the process.

6 DESCRIPTION OF THE PROCEDURE

6.1 Identification of nonconformities

6.1.1 The University manages the following types of nonconformities:

- nonconformities related to educational programs;
- nonconformities related to students;
- nonconformities related to staff;
- nonconformities related to resources for training and support of students;
- nonconformities related to scientific activity;
- nonconformities related to environment for the operating of processes.

6.1.2 Nonconformity can be identified by using the following information:

- to what extent do educational services comply with the state standards of bachelor's, master's and doctoral studies;
- powers and suggestions for improving the IQAS;
- results of internal and external audits;
- information on customer requirements;
- data on employment of University graduates, customer satisfaction;
- data on the ranking of the University activities;
- self-assessment results;
- information on changes in the external environment that affect the IQAS (legislation, standards, new technologies, competitors' actions, etc.);
- results of periodic checks of IQAS documentation (Policy, IQAS manual, IQAS documents, provisions of division, job descriptions);
- data on the evaluation of the effectiveness of the IQAS functioning, the status of the execution of decisions taken and other important information.

6.2 Registration and identification of nonconformities

6.2.1 If nonconformity is identified as a result of an internal audit, a nonconformity sheet is issued, which includes the audit results, the type and description of the nonconformity. During an external audit, the organization conducting the audit draws up a report on nonconformity.

6.2.2 When conducting an internal audit, nonconformities are identified by the auditors together with the heads of departments.

6.2.3 If there is a nonconformity as a result of other internal and external audits, monitoring and analysis processes need to be made a report or other document of the audit results, monitoring and analysis which should include the description of the nonconformities and evidence upon which the decision was made about the presence of nonconformities.

6.2.4 Identification of nonconformities is carried out by the auditor, the head of the structural division and the manager of the process.

6.3 Analyzing the causes of nonconformities

6.3.1 All nonconformities are analyzed for their causes.

Responsibility for conducting the analysis of nonconformity in the structural division is assigned to the head of the division.

6.3.2 The analysis of nonconformities and their causes is carried out in several stages:

- assessment of the level of nonconformity;
- distribution of nonconformities by degree of importance in case of detection of several causes of nonconformity
- making a decision about performing corrective actions.

6.3.3 The employee responsible for identifying the causes of nonconformity, if necessary, involves employees of other departments in this process.

6.3.4 Information about nonconformities is discussed at meetings of the Academic board, Academic council, Higher school council and at meetings of structural divisions.

6.4 Development of corrective action plans and elimination of nonconformities

6.4.1 The head of the structural unit joint with the head of the audit group determine the choice of strategy, tactics and corrective actions within the specified period after the registration of the identified causes of nonconformities and develop the corrective action plan (IRD-ZU-15-03).

6.4.2 Minor nonconformities that do not require identification of the reasons for the nonconformity are corrected.

6.4.3 The corrective action plan is approved by the member of Board – Vice-Rector for Scientific Work.

6.4.4 The results of the analysis of the nonconformities causes and the corrective action plan are submitted by the heads of structural divisions to the Center for international cooperation and strategic development.

6.4.5 In case of major nonconformities requiring the redistribution of resources, proposals are made at a meeting of the Academic board.

6.4.6 The implementation of corrective action plans is carried out by the unit participating in corrective actions.

The identified nonconformities must be eliminated within the prescribed period.

The head of the structural unit is responsible for the implementation of the plan.

6.5 Checking the implementation of corrective actions and evaluating their effectiveness

6.5.1 If a nonconformity is identified as a result of internal and external audits, the audit team leader and (or) members of the audit team (in case of internal audit) and the organization performing the audit (in case of external audit) check the implementation of corrective actions.

6.5.2 If nonconformity is identified as a result of other internal and external audits, monitoring and analysis of processes, the audit of corrective actions is performed by the auditor, the process manager and the head of the structural division where the nonconformity was identified.

6.5.3 Operational evaluation of the effectiveness of corrective actions is carried out by internal auditors, process managers.

6.5.4 The effectiveness of corrective actions taken based on the results of internal and external audits is evaluated by the auditors during the subsequent audit.