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Мәдениет және ақпарат министрлігі
«Құрманғазы атындағы Қазақ ұлттық консерваториясы» РММ

ҚҰЖАТТАЛҒАН РӘСІМ

april 30, 2025
дата

Алматы қ.

Republican State Institution «Kurmangazy Kazakh National Conservatory» of the Ministry of Culture and Information of the Republic of Kazakhstan

DOCUMENTED PROCEDURE

№ Y-02-25

c. Almaty

APPROVED
By the decision of the Academic Council
RSI «Kurmangazy Kazakh National Conservatory»
Ministry of Culture and Information of the Republic of Kazakhstan
Chairperson
_____ G. Tasbergenova
Protocol No. 10 «30» april 2025

NON-CONFORMANCE MANAGEMENT, CORRECTIVE PREVENTIVE ACTIONS

Developed by:			
Head of the Project Office for Quality Management, Internal Audit, and Strategic Planning		Sarymsakova A.	30.04.25
Approved by:			
Vice-Rector for Academic Affairs		Abdirakhman G.	30.04.25
Acting Vice-Rector for Scientific and Innovative Activities, Creative Development, and International Cooperation.		Nussupova A.	30.04.25
Vice-Rector for Educational and Social Affairs.		Kuldanov N	30.04.25
Compliance officer		Jaguparova G.	30.04.25
Head of the Human Resources Department		Karabalaeva G.	30.04.25
Head of the Legal Sector		Mamedova J.	30.04.25
Position	Signature	Full name	Date

CONTENT

1. SCOPE OF APPLICATION

1. This documented procedure (hereinafter - DP) establishes the order of corrective actions to eliminate the causes of nonconformity in order to prevent their recurrence.

2. The provisions of this procedure are mandatory for application by all employees of the Republican State Institution «Kazakh National Conservatory Kurmangazy» of the Ministry of Culture and Information of the Republic of Kazakhstan (hereinafter - the Conservatory), included in the quality management system (hereinafter - QMS) of the university.

3. This documented procedure is included in the documentation of the quality management system.

4. The following regulatory documents are referenced in this documented procedure:

1) Standards and Guidelines for Quality Assurance in Higher Education in the European Higher Education Area (ESG) Endorsed by the Ministerial Conference in Yerevan, May 2015;

2) ST RK ISO 9001-2016 (ISO 9001:2015) «Quality Management System. Requirements»;

3) ST RK ISO 9000:2017 (ISO 9000:2015) «Quality Management System. Basic provisions and vocabulary».

2. TERMS, DEFINITIONS AND ABBREVIATIONS

5. This documented procedure uses terms, definitions and abbreviations in accordance with ST RK ISO 9000-2017:

1) **Analysis** - an activity undertaken to establish the suitability, adequacy, effectiveness of the object under consideration for achieving the established objectives (management analysis, design and development analysis, analysis of customer requirements, analysis of nonconformities, etc.);

2) **Audit** - a systematic, independent and documented process of obtaining audit evidence and objectively evaluating it in order to establish the extent to which agreed audit criteria are met;

3) - a person qualified to conduct an audit;

4) **Internal audit** - an audit conducted by the organization itself for internal purposes;

5) **Identification of non-compliance** - determination of its belonging to a certain type on the basis of failure to fulfill a specific requirement;

6) **Control** - a procedure for assessing conformity through observation and analysis, accompanied by appropriate measurements, tests or calibration;

7) **Corrective action** - an action taken to eliminate the causes of an existing nonconformity, defect or other detected undesirable situation in order to prevent their recurrence;

8) **Corrective Action** - an action taken to eliminate a detected nonconformity;

9) **Non-conformity** - failure to fulfill a requirement set forth in a QMS document or other regulatory document, which may have a negative impact on product quality or result in a significant failure to meet the established requirements if it is not eliminated.

10) **Normative document** - a document that establishes rules, general principles or characteristics concerning various types of activities or their results;

11) **Educational process** - 1) the process of forming a new level of theoretical knowledge, practical abilities, skills and competencies, carried out by organizing active cognitive activity of students; 2) the process that implements one or more educational programs;

12) **Reporting documents** - documents that provide objective evidence of the work done and/or results achieved;

13) **Potential non-conformity** - a non-conformity that has not been identified but may occur;

14) **Consumer** - the organization or person receiving the products. In an educational organization;

15) **External consumers** - employers, customers, parents, the state, the Ministry of Science and Higher Education and other organizations cooperating with the Conservatory;

16) **Process** - a set of interrelated and interacting activities that transform inputs into documentation outputs;

17) **Product** - the result of a process;

18) **Procedure** - an established way of carrying out an activity or process;

19) **Effectiveness** - the degree of realization of planned activities and achievement of planned results;

20) **Compliance** - fulfillment of requirements;

21) **Requirement** - a need or expectation that is established, normally expected or mandatory;

22) **Corrective action** - action taken on an existing nonconforming object to eliminate the nonconformity;

23) **QMS** - quality management system

24) **DP** - documented procedure;

25) **Faculty** - teaching staff.

3. RESPONSIBILITY AND AUTHORITY

6. This documented procedure (DP) shall be approved at the Academic Council meeting.

7. The project office of quality management, internal audit and strategic planning is responsible for the implementation of the procedure.

8. Responsibility for the organization and coordination of activities for the implementation of specific stages of the document management process and the quality of the final results is borne by the heads of departments that are participants in the implementation of a specific planning stage.

9. The Conservancy's Internal Audit Regulation regulates some procedures in Section 9 «Formalization of Audit Results» (paragraphs 37-42) and Section 12 «Implementation of Corrective and Preventive Actions» (paragraphs 49-56), which also correlate with this DP.

4. GENERAL PROVISIONS

10. In accordance with ISO 9001 standard «Quality Management System. Requirements», upon identification of nonconformity the Conservatory shall:

1) Respond to the non-conformity to the extent applicable or possible;

2) take action to manage and correct the non-conformance;

3) take action on the consequences;

4) assess the need for action to correct the cause(s) of the nonconformity so that it does not recur or occur elsewhere by analyzing the nonconformity;

5) Identify the causes of the nonconformity;

6) Identify whether similar nonconformities exist or could potentially occur;

7) implement any necessary action;

8) Analyze the effectiveness of all corrective actions taken;

9) update, if necessary, the risks and opportunities identified during the planning phase.

11. This documented procedure defines the controls, respective responsibilities and authority to prevent non-conformities in the services and activities carried out by the HEI at all stages of education and to manage identified non-conformities.

12. Corrective actions shall be appropriate to the consequences of the identified nonconformities.

13. Regular analysis should be carried out:

1) claims of consumers, students, employees and other stakeholders;

2) all types of non-conformities and comments identified during internal and external audits;

3) internal documentation of the QMS, including records, Quality Policy and objectives, as well as various suggestions of employees.претензий потребителей, обучающихся, сотрудников и других заинтересованных сторон;

14. All Conservancy departments involved in the QMS are required to identify the causes of any problems related to:

1) with non-conformities of the QMS;

2) with consumer/student complaints;

3) with application of inappropriate QMS documents.

15. The Conservatory's subdivisions involved in the QMS shall take the necessary corrective actions, regardless of the reasons for the need to carry them out.

16. Unit management should ensure that all revisions are followed up to ensure that they are effective.

17. Corrective actions are considered to be effective if there is no recurrence of the problems for which they were taken.

18. Records of the nature of the non-conformities identified, the corrective actions taken and the corrective action plan to eliminate and prevent their recurrence shall be kept on file. The records include:

1) Corrective Action and Corrective Action Plan (Appendix 1);

2) Report on nonconformity (Appendix 2);

3) Log of documents on nonconformities and corrective actions (Appendix 3).

5. PROCEDURE DESCRIPTION

19. The purpose of nonconformance management is to:

1) providing assurance that non-conforming services/activities are corrected in a timely manner;

2) recording, analyzing, correcting and corrective action in the future of a similar non-conforming service/activity.

20. The issue of non-compliant service/activity shall be resolved as follows:

1) through the implementation of actions to eliminate the detected non-compliance;

2) for non-fulfillment of the workload according to the curricula of educational programs, violation of the duties stipulated by the Charter of the university, internal regulations, students may be expelled from the Conservatory;

3) employees may be brought to administrative responsibility.

21. Determination of non-compliance is possible on the basis of the following sources:

1) information (complaints) from consumers and other stakeholders;

2) interaction with consumers of the Conservatory and other stakeholders;

3) internal audits;

4) according to the results of self-assessment of the Conservatory;

5) according to the results of external audit of the Conservatory in the course of certification, licensing, attestation and accreditation.

22. Information for analyzing the causes of nonconformities are:

1) QMS documentation data and their compliance with the criteria;

2) authority and suggestions for QMS improvement;

3) data on ranking of HEI activity (Methodology of ranking of higher and postgraduate education of the Republic of Kazakhstan by specialties;

4) results of periodic audits of QMS documentation (Quality Policy and Objectives, DP, internal audit, regulations on subdivisions, job descriptions, regulations/policies, other regulatory documents).

23. The reasons for non-compliance may be:

1) low school preparation of students in basic disciplines of the Conservatory - mathematics, physics, chemistry, also language training;

2) low academic discipline of students - non-attendance of classes, failure to fulfill the schedule of the educational process;

3) violation of the schedule of issuing control materials: syllabuses, EMCD, test assignments, coursework, other documents for the organization of the educational process;

4) violation of schedules of consultations for examinations on disciplines;

5) non-compliance of working programs with the requirements of production development and labor market.

24. At the stage of student training, the causes of non-compliance are established by the results of sessions, inspections of the readiness of departments for the academic year; inspections by representatives of the Rectorate; reports of intra-university commissions at the Academic Council of the Conservatory, at the educational and methodological councils of faculties.

25. To analyze the compliance of graduates with the needs of the labor market, the university organizes a questionnaire survey (on the basis of the Regulations on questioning in the Kazakh National Conservatory named after Kurmangazy) of the heads of enterprises on the quality of training in the Conservatory in various areas - performing, management, information, legal, etc., and their wishes to adjust the working programs of disciplines.

26. Methods necessary to ensure efficiency in the implementation of the process of management of nonconforming activities of the university:

1) organization of additional training and passing the examination in the discipline;

2) reinstatement;

3) repeated training;

4) expulsion.

27. The non-conformance management procedure consists of the following steps:

1) identification of the non-conformity;

2) registration and identification of the non-conformity;

3) suspension and isolation of the non-conforming service/activity/educational program;

4) analyzing the causes of the nonconformity;

5) determining necessary corrective actions to eliminate the nonconformity;

6) analyzing the effectiveness of the process.

28. Identification of inconsistencies in the educational activities of the Conservatory shall be carried out by:

1) in measuring and analyzing the characteristics of educational services/activities.

29. Measurement and analysis of the characteristics of educational services/activities takes place:

1) in assessing the quality of training sessions;

2) during intermediate and final control of students' knowledge;

3) by collecting statistical information;

4) by testing students (control of residual knowledge of students);

5) by questioning of students and graduates;

6) by surveying employers;

7) when considering complaints and suggestions received from consumers, faculty and staff of the Conservatory.

30. All cases of deviations, both identified and potential deviations, shall be compulsorily recorded by completing a discrepancy report.

31. Suspension of use and isolation of non-compliant service/activity.

32. A service/activity found to be non-compliant with regulatory requirements should be separated from the compliant service/activity to ensure that it cannot be inadvertently used or transferred to the following stages of the process.

33. Analysis of reasons for non-compliance.

34. Analysis of non-conformities and their causes is carried out in order to assess the significance and degree of their impact on the quality of the service/activity, as well as to establish the costs required for their elimination.

35. Graduating department on the basis of the decision of the rectorate develops corrective and preventive actions to eliminate the factors of nonconformity, their reaction in the period of training of specialists and in the following final certification.

36. The analysis of the causes of non-compliance involves:

1) identification of the root cause in the chain of possible causes that led to the occurrence of the non-conformity;

2) determining the possible consequences of non-compliance;

3) ranking of causes by degree of importance (if there are several causes of one non-compliance) and possible consequences.

37. Claims, complaints and feedback from enterprises are registered by the office and forwarded to the project office of quality management, internal audit and strategic planning.

38. The project office of quality management, internal audit and strategic planning shall review the information received within five working days and, depending on its content, may:

1) create a group to identify and analyze the causes of the problem;

2) submit information to the unit (dean's office, chair, department) to identify and analyze the causes of the problem.

39. The time period for identifying and analyzing the causes of nonconformities is set depending on the complexity of the problem, but not more than 4 weeks from the date of receipt of information.

40. Methods of determining the causes of nonconformities:

1) An analysis conducted by an individual or team assigned to develop;

2) observation;

3) statistical methods;

4) sociological methods.

41. Implementation of corrective action plans is carried out by the unit involved in the corrective actions.

42. Corrective and preventive action planning.

43. Corrective actions are developed by department managers to prevent reoccurrence of non-conformities.

44. Developed corrective actions are reviewed at unit meetings, coordinated and approved by the Vice Chancellor for Academic Affairs.

45. On the approved corrective actions, an action plan is developed, which defines the persons responsible for execution and sets deadlines for execution (Appendix 1).

46. Control over the execution of the action plan is carried out by a specially appointed official responsible for the elimination of nonconformities or corrective actions.

47. Evaluation of the effectiveness of corrective actions.

48. Criteria for evaluating the performance of corrective actions shall be developed by the developer in conjunction with the corrective action plan.

49. If appropriate, the developer may propose changes to the evaluation criteria during the course of the corrective action, but no later than halfway through the corrective action implementation period.

50. Proposals for changes in the evaluation criteria shall be approved by the quality management project office, the internal audit office and the internal auditor. the project office of quality management, internal audit and strategic planning.

51. The evaluation results shall be filled in according to the form presented in Annex 2.

52. The head of the subdivision shall analyze the effectiveness of the internal audit results once a school year.

6. AMENDMENT PROCEDURE

53. Proposals to change this DP are discussed at the Academic Council meeting and are accepted or canceled by the majority of votes (not less than 2/3 of votes from the number of RS members present at the meeting).

54. Amendments to the DP are made only by the decision of the Academic Council of the Conservatory on the basis of an official letter of the head of the project office of quality management, internal audit and strategic planning, coordinated with the Vice-Rector for Academic Affairs.

55. Changes in the DP are made in accordance with the requirements of the QMS with the obligatory marking in the «Change Registration Sheet».

56. Notices of changes in the DP are sent to all departments and responsible structural subdivisions of the Conservatory.

57. The original of the DP is kept in the Department of Documentary Support, and its scanned copy is posted on the official website of the Conservatory in the section corresponding to the work of the sector.

58. Distribution of copies of the DP to the structural subdivisions of the Conservatory is carried out by the Quality Management Sector.

7. FINAL PROVISIONS

59. This DP, as well as amendments and additions to it, shall be approved by the Rector of the Conservatory and shall come into force after their approval.

60. The items of the PO are binding and may be amended or supplemented due to changes in regulatory documents, appearance of new additional costs not accounted for by this document.

61. Other issues arising in the implementation of the clauses of the DP shall be resolved in accordance with the Charter of the Conservatory or the current legislation of the Republic of Kazakhstan.

Appendix 1.

APPROVED
Vice Rector for Academic Affairs
_____ G. Abdirakhman
«_____» _____ 2025

PLAN

elimination of non-conformities and corrective actions

_____

service/division/sector

№_____ «____» _____ 20__

№	Non-compliance, Potential non-compliance	Corrective actions actions	Due date	Responsible executor, co-executors	A note o performance
1	2	3	4	5	6

Head audited unit _____

Auditor _____

Appendix 2.

Form for completing the evaluation results

Output Data Name	Where from and when received	The content of the output data or the document created when procedure (document registration number)	Responsible input output data	Storage location	Shelf life
1	2	3	4	5	6
1. Corrective and Corrective Action Plan					
2. Changes in QMS documentation					
3. Changes in authority in the quality management system					
4. Improved parameters as a result of corrective actions					
5. Modernization of methods for measuring product parameters and production processes					
6. Results of assessment of the effectiveness of corrective actions					
7. Results - Measurements and analysis of consumer requirements; - inspections of regulations;					

- Analyzing methods for measuring processes and product quality indicators					

Appendix 3

SHEET

registration of documents of non-compliance

_____

service/division/sector

№_____ «____» _____ 20__

Date	**Registration number**	**Name of the action plan**	**Number, date of the order, order on putting into operation operationalization**	**Responsible executor**	**Mark of completion**
1	2	3	4	5	6

CHANGE SHEET

Registration number	Date of registration	Alterations	Caption
1	2	3	4
1	30.04.2025	Added normative reference - Standards and Guidelines for Quality Assurance in Higher Education in the European Higher Education Area (ESG) Endorsed by the Ministerial Conference in Yerevan, May 2015.	
2	30.04.2025	Updated the names of new positions and subdivisions according to the approved structure of KNC Kurmangazy from 25.12.2024.	

FAMILIARIZATION SHEET

Item No.	Full name of the person familiarized with the document	Position	Caption	Date
1	2	3	4	5