


	<b>UNIVERSITI KUALA LUMPUR</b> <b>ROYAL COLLEGE OF MEDICINE PERAK</b> <b>CORRECTIVE &amp; IMPROVEMENT ACTION</b>	Doc. No:	UniKL/RCMP/ QMS-04
		Revision No:	01
		Date	01 July 2017
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#### AMENDMENT RECORDS

No.	Date	Remarks	Revision No.	Approved by
1	09 May 2014	Establishment	00	QMR
2	01 July 2017	Upgrading of ISO 9001:2015 (Refer to the items highlighted in blue)	01	QMR

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## 1. OBJECTIVE

This procedure describes the method of receiving, recording and taking action to resolve Customer's feedback or enquiries and major operational deficiencies that relate to the works, services provided, and/or Quality System. It demonstrates UNIVERSITI KUALA LUMPUR ROYAL COLLEGE OF MEDICINE PERAK's (UniKL RCMP'S) concern to take effective responses and constructive actions to quality related communication from external as well as internal customers.

## 2. SCOPE


This procedure is applicable to non-conformities relating to quality management system.

## 3. REFERENCES

NIL

## 4. DEFINITIONS/ABBREVIATIONS

QMR : Quality Management Representative  
HOD : Head of Department  
HOP : Head of Program

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## 5. PROCEDURE

### (A) CORRECTIVE ACTION REQUEST


- 5.1 On detection of non-conforming work or receipt of a Customer's complaint, the STAFF, assisted by the HOD/HOP, investigates the situation that has led to the incident, identifying or confirming the cause of the non-conformity. The investigation normally looks into the followings :-
- a) Provision of sufficient resources for the process.
  - b) Quality procedure(s) or work instruction(s) used and any deviations therefore.
  - c) Records of inter-communication between section of the Company and the Customer or Customer's representative.
- 5.2 The STAFF takes appropriate action to rectify any inadequate or inappropriate provision for the process, including more stringent supervision if necessary, to ensure that the quality procedure and work instruction are strictly followed.
- 5.3 The STAFF identifies any deficiency in the work issued under his authority and makes appropriate changes.
- 5.4 The STAFF records the results of the investigation, and the corrective action taken in the **UniKL/RCMP/QMS-03-03**, and submits the completed form to the HOD/HOP.
- 5.5 If the Corrective Action affect the QMS, especially for those method changes, the related documented process shall be changed accordingly.
- 5.6 If any deficiency in the quality procedure(s) involved is identified, the HOD/HOP requests the STAFF to make the necessary amendment. The request is made on Corrective Action Request form **UniKL/RCMP/QMS-03-03**.
- 5.7 The HOD/HOP files the report with other reports previously from the same activity and enters the reported incident in the Record of Non-Conformity Report - form **UniKL/RCMP/QMS-04-01**.

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- 5.8 The HOD/HOP scans through the record to determine whether the reported incident is recurrence of non-conformity and then evaluates the effectiveness of the corrective action in the light of similar action previously taken and advises the STAFF accordingly.
- 5.9 If the reported incident is likely to occur in other elements of the quality management system, the HOD/HOP notifies the STAFF to take preventive action.
- 5.10 The HOD/HOP summarized all non-conformities discovered and corrective action taken and submits the information to management review when it is next held.
- 5.11 The CAR being raised shall be converted to the Risks & Opportunities Assessment at least once a year during the assessment period.

**(B) IMPROVEMENT REQUEST**

- 5.12 The Operations Manager shall determine and select opportunities for improvement based on the results of analysis and evaluation and the output from management reviews.
- 5.13 In addition to correction & corrective action, the improvement can include continual improvement, breakthrough change, innovation and re-organization.
- 5.14 Once the opportunity for improvement is identified, the responsible HODs shall initiate & plan for the Improvement action by using Improvement Request Form by identifying the Proposal Target, Potential Consequence, Resources required, and Action Plan.
- 5.15 The responsible HOD to work with QMR to integrate the Improvement Action into QMS, if necessary.
- 5.16 QMR to log the Improvement Request into **Improvement Status Log**.
- 5.17 The responsible HODs to execute as per action plan, and record the results of improvement action taken.
- 5.18 The cases of Improvement Request shall be reviewed in the MR Meeting for the effectiveness of action taken.

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## 6. RECORDS

Record No.	Record Name	Retention Time
UniKL/RCMP/QMS-03-03	Corrective Action Request	3 YEARS
UniKL/RCMP/QMS-04-01	Record of Non-Conformity Report	
UniKL/RCMP/QMS-04-02	Improvement Request	



**UNIVERSITI KUALA LUMPUR  
ROYAL COLLEGE OF MEDICINE PERAK  
CORRECTIVE ACTION REQUEST**

Doc. No:	UniKL/RCMP/ QMS-03-03
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**CAR NO. :**

Department :	Auditor/Requested by :
Area / Doc. :	Auditee/Responsible by :
<b>Details Of Non-conformity :</b>	Issued/Requested by,  _____ )
<b>Immediate Action :</b>	Proposed/Acted by,  _____ )
Need action to eliminate the cause(s) of the NC ? Yes / No	
<b>Results of Investigation :</b>	Investigated by,  _____ )
<b>Corrective Action/Countermeasure: (Action to prevent from reoccur)</b>	Proposed/Acted by,  _____ )
Need to change the affected QMS ? Yes / No. If yes, please specify : _____ )	
<b>Result of Corrective Action Taken :</b>	<b>Effectiveness of Corrective Action:</b>  Verified by,  _____ )
Verify effective? Yes/No	
Need to update them in the next Risks & Opportunities Analysis ? Yes / No	

**Note : If verify not effective, ISSUE NEW CAR**





**UNIVERSITI KUALA LUMPUR**  
**ROYAL COLLEGE OF MEDICINE PERAK**  
**IMPROVEMENT REQUEST**

Doc. No:	UniKL/RCMP/ QMS-04-02
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**IMPV NO. :**

Location/Dept./Doc :		Requested/Issued by :	
Date Requested :		Responsible by :	
Purpose/Target of Changes :			
Potential Consequences (Risks/Opportunities) :			
Resources Required, if any :			
Action Plan :			
<b>Who</b>	<b>Action Items</b>	<b>By When</b>	
If any integration/changes QMS, please specify :			
Prepared by :		Approved by :	
Result of Improvement Action Taken:	Effectiveness of Improvement Action :	Verified by,	
   	   	<hr/> (                      )	
		Verify effective? Yes/No	

**Note : If verify not effective, ISSUE NEW REQUEST**