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GUIDANCE ON CREATING A CORRECTIVE ACTION PLAN



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Effective date: 30 July 2022

Toska Sem
Executive Director of Civil Aviation



SCHEDULE

1. INTRODUCTION

This advisory pamphlet provides guidance material on creating an effective corrective action plan.

2. BACKGROUND

The various service providers which NCAA surveils are frequently required to draft corrective action plans (CAPs). This may be from internal systems for example internal safety or quality occurrences that require a corrective action plan, or as a response to NCAA findings during regular or ad-hoc surveillance.

To enable the NCAA safety departments to review and assess the acceptability of a proposed corrective action plan (CAP) as well as monitor progress in the implementation of the accepted CAPs, the NCAA may only accept CAPs that meet certain criteria.

Following the tips and suggestions in this guidance, will assist service providers to develop effective CAPs that would meet the NCAA's criteria.

3. CONTENT OF A CAP

3.1 Basic Criteria of a CAP

Initial proposed CAPs and subsequent CAP updates should meet the following six criteria:

- 1) *Relevant* — CAPs should address the issues and requirements related to the finding and corresponding regulation and or technical standard.
- 2) *Comprehensive* — CAPs should be complete; including all elements or aspects associated with the finding.
- 3) *Detailed* — CAPs should be laid out in a step-by-step approach, as required, to outline the implementation process.
- 4) *Specific* — CAPs should identify who will do what, when, and where, and identify the responsible office or entity.
- 5) *Realistic* — CAPs should be realistic in terms of contents and implementation timelines.
- 6) *Consistent* — CAPs should be consistent in relation to other CAPs addressing the same or similar findings.

3.2 Root Cause

When developing the findings, the most important starting point for determining the corrective action required will be the root cause.



To determine a root cause, you should keep asking yourself “why” until it is clear that there are no more reasons, and the resulting action is the root cause.

Once the why questions have been exhausted the problem can be further broken down into what, who, how, when, and where.

The root cause is not always what is first considered or obvious. It is also normally organisational, for example lack of training or lack of oversight by management.

3.3 Proposed Action

For any proposed actions use the following basic guidelines.

- 1) Ensure that the proposed actions in a CAP directly and fully address the finding and regulatory provisions.
- 2) Break down large action items into smaller, more manageable elements.
- 3) Describe each proposed action in a clear and detailed manner.
- 4) List the step-by-step corrective actions in the correct sequential and/or chronological order (e.g., establishing a requirement, elaborating supporting procedure(s), generating associated checklists, and providing training before implementing it).
- 5) Provide a good and clear working plan adequately detailing the implementation of each step of the proposed corrective actions.

When developing a corrective action plan use of the five questions, what, who, how, when, and where, may be utilized again to ensure there is a process owner, they know what process or procedure is required, how to do it e.g. with what resources or methods, there is a projected timeline for implementation, a location for implementation and where will the item be documented (this will form your evidence and ensure long term application of the CAP). All these items should be included in the short term and long-term CAPs.

3.3.1 Short Term Corrective Action

The short-term action should immediately correct/mitigate the situation but does not necessarily address the root cause. The short-term corrective action should address the regulatory breach to correct it as soon as possible in the most convenient and expeditious way. A short-term action may include items such as a memo to all staff to notify them to change the procedure, whereas the long-term action would be to change the procedure in the manuals.

3.3.2 Long Term Corrective Action

The long-term corrective action must address the root cause. For example, if the root cause is a lack of training, the long-term action must include a permanent change to the approved training plan, or syllabi, resubmission for approval, and implementation of the new training plan or syllabi. If the root cause is a lack of oversight, the long-term corrective action may include documenting (in the manual of procedure or operations manual) mandatory



requirements for more frequent management meetings, participation of top management in safety committees, reports from middle management on activities to improve oversight. The short-term action may be to commence a meeting and implement reporting and document it in the minutes.

3.3.3 Responsible entity

Ensure that the responsible entity is indicated for each one of the corrective action steps. If more than one office is involved in each step, identify, and record each one clearly.

Ensure that the action offices identified in each step of the corrective action have the authority to complete the action.

Spell out the acronym for the title of an action office the first time it is used in the CAP; use the acronym thereafter.

3.4 Action to Prevent Reoccurrence

A CAP requires monitoring by the responsible entity to ensure it is effective and the fault does not reoccur. The process owner should be the one who monitors the reoccurrence so there should be a procedure built into the CAP for monitoring implementation.

If Quality is the owner this is usually from internal audits which are included in the Quality Manual, normally as an Appendix or Annexure, referenced in the main content.

Where top management is the owner, this may be through periodic management reviews.

If operations are the owner, there should be a documented process in the operations manual, so there should be periodic operational checks to confirm the process is being carried out for example an operational checklist. Normally the action to prevent reoccurrence is a function of the long-term corrective action, since that is what addresses the root cause.

3.5 Evidence

ACAP cannot be closed until evidence is provided. For short-term this may be minutes, memos, completed documents which were missing, photographs of items which required fixing, for example.

The long-term corrective action normally has to be documented in a manual, e.g., operations or training manual, so the approved amendment will be your evidence. There may be cases where other forms of evidence are needed, for example audit checklists, operational checklists.

When citing a document, remember to ensure the following is adhered to:

- 1) Indicate the document containing the evidence in a clear manner (all controlled documents should have a document number to identify it, a revision number, and an effective date).
- 2) Provide a specific and clear reference to the page, section or paragraph of the document that contains the information that NCAA needs to review and validate.
- 3) Avoid broad and generic reference to a large document. Be as specific as possible.



3.6 Estimated Implementation Date

Each CAP will have a time limit associated with it, whereupon the item is required to be completed. An estimated completion date for each step will help to determine, if the CAP will be able to be closed within the required time.

While applying an estimated completion date, remember to be realistic, ensure you have considered the level of risk and relevant urgency, and remember that the allowed time for the CAP is the absolute latest time for completion so give yourself a buffer.

4. RESPONDING TO NCAA ASSESSMENT

If NCAA initially assesses a CAP as not addressing or only partially addressing the finding, revise the CAP and ensure that it addresses the shortcomings indicated by NCAA.

Take care to carefully read the rejection report and each detail that was not acceptable and modify the CAP accordingly. When reviewing a CAP ensure to take note of all the content contained therein.

5. UPDATING A CAP

Ensure continuous updating of CAPs by indicating all the following:

- 1) a progress level (in percentage %) for each action item as it is implemented; and
- 2) the date of completion for each completed action item.

If the initial estimated implementation date of an action item has passed and the action has not been completed (or not fully implemented yet), provide an update with the reasons why the item was not completed and include a revised and realistic implementation date.

6. MONITORING CAP IMPLEMENTATION

Once a CAP is accepted and the corrective actions implemented, on provision of the required evidence of such, the finding will be closed. The responsibility is not over. Service providers are reminded that actions to prevent reoccurrence and monitoring of implementation is ongoing. At management reviews a regular item should be monitoring of CAP implementation to ensure compliance is maintained, as too often the action is taken immediately after an audit but eased off in the period after the finding is closed.

If CAPs are not closed out, that is the actions are not completed NCAA can impose enforcement action for the non-compliance.

7. CONCLUSION

Service providers should see findings as an opportunity to grow and improve in safety and as such apply the necessary time and effort into creating effective CAPs that the task deserves. Following this guide will help you to create effective CAPs and thus greatly improve your overall safety with each audit or inspection carried out.