



# **User Guide to the External Quality Assurance Report**

## Contents

The External Quality Assurance Report.....	3
Grading of sections 3 and 4 .....	4
Direct Claims Status (DCS).....	4
The Report Sections in Detail .....	4
Section 1: Centre Details and Our Contact Details .....	5
Section 2: Previous Action Plan .....	5
Section 3: Assessment.....	6
Section 4: Internal Quality Assurance .....	12
Section 5: Learners sampled .....	17
Section 6: Learner Feedback.....	18
Section 7: Action Plan for Centre .....	18
Section 8: Action by External Quality Assurer/Head Office .....	19
Section 9: Additional Information Sheet .....	19
Section 10: Centre Feedback .....	20
General Dental Council (GDC) Standards for Education .....	20



## The External Quality Assurance Report

The layout of the External Quality Assurance report is the same for all centres. Every active centre will receive a minimum of one External Quality Assurance review per session per sector, which will cover all approved qualifications with active registrations.

To ensure that all centres feel supported and confident when delivering our products and in preparing for an External Quality Assurance review, we have created this document to provide guidance on how each section of the report will be completed by your External Quality Assurer (EQA).

This guidance applies to External Quality Assurance reports for all qualifications and for both face-to-face and remote reviews. It also provides qualification specific information within appropriate sections in relation to the following:

- Qualifications with Controlled Assessment
- Qualifications which lead to a Registered Profession
- Functional Skills Reform Qualifications
- V Cert Qualifications

### Sections of the report

Section 1: Centre Details and Our Contact Details

Section 2: Previous Action Plan

Section 3: Assessment

Section 4: Internal Quality Assurance

Section 5: Learners Sampled

Section 6: Learner Feedback

Section 7: Action Plan for Centre

Section 8: Action by External Quality Assurer/Head Office

Section 9: Additional Information Sheet

Section 10: Centre Feedback

## Grading of sections 3 and 4

Sections 3 and 4 are graded using the 5-point scale, see below. The statements identify the systems/evidence centres have in place for the assessment and internal quality assurance of qualifications covered as part of this report. Any actions or recommendations identified will be detailed in Section 7 of the report.

1 = Excellent (no action required)

2 = Meets requirements (recommendation identified)

3 = Discrepancies within tolerance (action required)

4 = Requirements Not Met (significant action required)

5 = Unsatisfactory (immediate action required)

N/A = Not Applicable

Feedback for sections 3 and 4 will include descriptive information about the evidence seen to authenticate the centres quality assurance procedures and assessment practice. Detail will be provided to support the grade given for each criterion. In each section the feedback will cover all criterion however, feedback may be holistic, covering multiple criteria together.

***Where any criteria are graded 4 or 5 the centre will lose DCS for all qualifications in the QA group, not just qualifications sampled in the report.***

## Direct Claims Status (DCS)

As a centre progresses in delivering and assessing NCFE qualifications, improved decisions for both assessment and internal quality assurance should be evident at review. To encourage best practice, we offer a reward system called Direct Claim Status (DCS).

Please refer to the NCFE website for further details of the DCS criteria and qualifications eligible for DCS.

When a centre achieves DCS, confirmation will be displayed on the External Quality Assurance report and on the Portal. Once achieved centres can claim learner certificates without authorisation from their EQA.

## The Report Sections in Detail

The following pages will explore each section of the report.

You will find the statements included in the report followed by an explanation. These explanations detail what the EQA will be looking for and examples of evidence which could be presented to meet the criteria.

These explanations are not intended to be exhaustive; there is more than one way to achieve a successful outcome so please talk to your EQA if you require any further information.



## Section 1: Centre Details and Our Contact Details

Section 1 is the front sheet of the report and contains information on the centre, qualifications, review date, most recent annual monitoring review (AMR) risk rating and centre contacts. There are only 3 fields in this section that will manually be completed by the EQA, the review date, type, and duration.

Changes to centre contact details should be made as they occur and in advance of an external quality assurance review where possible, so that the correct details are available to plan the review. If any centre contact details need to be updated at the review, they will be captured in section 8 of the report under 'Actions for Head Office' and changes will be made following submission of the external quality assurance report.

## Section 2: Previous Action Plan

This section details the centres previous action plan (if applicable). Commentary in this section relates to actions set in the previous external quality assurance report or the approval report, if it is the first external quality assurance review.

The EQA will detail evidence provided to meet previously set actions and progress will be recorded as illustrated below.

	Action complete	Action outstanding	No action taken	No action required
Assessment				
Internal Quality Assurance				
<b>Feedback to the centre</b>				

Any new action identified from the current review will be captured in section 7, with progress checked during the next external quality assurance review. Recommendations made previously will not be commented on within this section, refer to the appropriate section for detail in relation to recommendations taken forward by the centre since the last review.

**No action required** - If a centre has no previous actions, or is new to operating the qualifications under review, then 'no action required' will be ticked. Feedback will indicate that the centre is undergoing their first external quality assurance review and that the EQA has checked the approval report for any actions/recommendations that are outstanding. It will not be left blank.

If the report is not reviewing actions set in the previous report (due to actions being specific to qualifications not being reviewed in the current report) then 'No action required' will be ticked with commentary to support that these actions are still outstanding with a date to be reviewed. This will leave a clear audit trail that there are still actions in the previous report to review, but they are not linked to qualifications reviewed in this report. If qualifications are in scope for DCS, this will not be impacted.

**Actions outstanding (impacting all qualifications in the QA group)** – If a centre has outstanding actions from the previous report which apply to all qualifications in the group, the

EQA feedback will reflect this. If there is more than one section applicable, the feedback will be clear as to what is outstanding in each area. Detail will be provided to explain reasons why actions are outstanding. Depending on the progress made this will be ticked 'some actions outstanding' or 'no action taken'.

**Impact on Direct Claim Status (DCS):** A Centre will lose DCS for all qualifications within the QA group where 'actions outstanding' or 'no action taken' is ticked. Feedback will specify that the loss of DCS has been discussed with the centre.

If the centre has outstanding actions which only apply to a specific qualification and DCS is not to be lost for all qualifications, then 'no action required' will be ticked in this section and DCS will be managed in section 5 of the report, under reliability of assessment for that qualification.

### Section 3: Assessment

This section reviews the assessment processes in place at the centre and ensures that the assessment is compliant with the Qualification Specification and subject specific regulations and guidance. This section will contain detail to support the reliability of assessment grades awarded in Section 5.

Section 3 will begin with a rationale to confirm how the sample of assessment and internal quality assurance evidence was selected by the EQA.

The EQA will include feedback in this section to confirm that any certificate claims made since the last external quality assurance review or in readiness for the current review have been accurate e.g., the mandatory and optional units claimed for each learner are correct and valid.

#### Criteria

<b>3.1</b>	<p><b>The assessment is mostly:</b></p> <p><b>1 = at the main site</b></p> <p><b>2 = at a satellite centre</b></p> <p><b>3 = in the workplace</b></p> <p><b>4 = via distance learning</b></p> <p><b>5 = via blended learning</b></p>
------------	--

#### Explanation

The EQA will select the number that best represents how the assessment is mainly conducted and include commentary on the 'assessment delivery/location'.

The centre should inform the EQA of all locations where the qualifications are being delivered to ensure they select a suitable sample of learner evidence. The EQA will need to see evidence of a consistent approach to course delivery at all locations involved and will ensure the sample of learners selected reflects this.

**Evidence to meet this criterion could include** details of addresses, staffing and contact details for reference, and reference to specific qualifications/units delivered at each site.

<b>3.2</b>	<b>Assessors have full and up to date information</b>
------------	---

## Explanation

The EQA will ensure that all staff involved in the assessment process have the correct documentation. This includes centre staff having access to NCFE documentation and guidance on our website. This is important to ensure a standardised approach to course delivery and assessment.

**Evidence to meet this criterion could include** Assessor induction information, Awarding Organisation general updates and key documents for the Assessor to carry out their role, such as Qualification Specifications, assessment materials and delivery guides.

<b>3.3</b>	<b>There is a planned program of delivery in line with recommended TQT/GLH and appropriate assessment methods are in place</b>
------------	--

## Explanation

EQA commentary will reflect how the delivery and assessment of the qualifications are being conducted at the centre, including what assessment methods have been used. Feedback provided will confirm how well the delivery meets the requirements of the Qualification Specification giving examples of documentation reviewed as evidence.

The Guided Learning Hours (GLH) are given in the Qualification Specification and indicate the number of tutor-led contact hours required to support learner achievement. The EQA will confirm that the hours provided by the centre are in line with the GLH and support learner achievement.

The TQT is the GLH plus any additional hours that a learner will spend working towards the achievement of a qualification as directed by but not under the immediate guidance or supervision of a Tutor.

NB: TLH (Total Learning Hours) is used in place of GLH for any customised qualifications offered through Accreditation Services. TLH is the total amount of hours it takes a learner to complete a course.

**For Qualifications that lead to a Registered Profession** - feedback of how the planned programme of delivery and assessment is managed by employers in the workplace will be included.

**Evidence to meet this criterion could include** learner attendance records, the curriculum delivery and assessment plans, schemes of work and lesson plans. Details of any specialist materials used could also be highlighted.

<b>3.4</b>	<b>Any achievement of recognition of prior learning (RPL) has been recorded, and checked for appropriateness (where applicable)</b>
------------	---

## Explanation

If RPL is used, a record must be kept and the EQA informed of any application.

Any RPL needs to be clearly documented in the learner's evidence and needs to be recognised during the internal quality assurance process. The IQA must ensure that the prior learning is valid, current and authentic.

The EQA will outline what gaps are missing and what evidence will be accepted (or exempt) based on the RPL evidence provided.

Evidence recorded could include reviewing the centres policy on RPL and how the centre has applied this. It could also include a central tracking document which records any RPL as well as being clearly referenced in the learner portfolio and IQA documentation.

If no RPL has been used, then 'N/A' will be selected, and commentary provided to support how this was ascertained.

**Evidence to meet this criterion could include** a central tracking document which records any RPL, as well as RPL evidence being clearly referenced in the learner portfolio and IQA documentation.

3.5	<b>Assessment methods, equipment and resources used, are appropriate and are consistent with the Qualification Specification (where applicable)</b>
-----	---

### Explanation

The EQA will confirm that the centres assessment process has been reviewed. Details will include, what assessment methods have been observed, as well as how they've allowed the learner to produce evidence, if assessment is valid, reliable, and sufficiently meets the expectations within the Qualification Specification. Assessment methods should provide accessibility to learners with specific requirements.

If there are satellite centres, confirmation that the same assessment models are consistent across sites will be evidenced.

Relevant physical resources required to run the qualification can be found in the individual Qualification Specifications. Within the commentary the EQA will confirm whether the centre complies with relevant business legislation and qualification requirements. Details of how the centre is complying with both business legislation and product requirements could include a list of standard teaching materials and specific commentary on any product related requirements outlined in the Qualification Specification.

**For Functional Skills Qualifications** – the EQA will comment on the centre's premises used for teaching and running assessments including recording equipment for Speaking, Listening and Communication assessments.

**For Essential Digital Skills Qualifications** - the EQA will comment on the centre's computer resources for teaching and delivery of assessment.

**For Qualifications that lead to a Registered Profession** – the EQA will comment on the legality of the qualifications operating (e.g., vicarious liability, professional indemnity insurance, etc.).

Confirmation will be recorded by the EQA, that learners understand assessment types and processes, access to ongoing support for their general welfare needs (including from peers), careers advice, professional development, and work pathways (including knowledge of the professional organisation registration process). It should also be recorded that learner's pre-requisite qualifications have been checked at the review

The EQA will provide commentary as highlighted in the 'Guidance for Qualification Approval and EQA Reviews' on the website and comment on key documentation seen including:



- work-based supervising registrant list for each learner – (Appendix A)
- contracts setting out specific roles and responsibilities that Centres/Employers must agree on, sign and comply with Appendix F/G throughout the qualification
- work-based placement procedure (including quality assurance of placements) and additional placement procedures (where applicable)
- the points above are linked to the breadth of experience requirements and need to be checked to review the access to experiences and management by the centre of any gaps at each review
- a placement handbook which gives details as to the roles and responsibilities of the staff Supervisor/Mentor
- initial paperwork and contracts for new learners should be checked regularly by EQA
- a process in place to check the workplace/placement is registered with the CQC (England) or Healthcare Inspectorate Wales (Wales)
- a process in place to check dental learners are not in practices which are not registered with the CQC, which includes action to take if the setting has an unsatisfactory CQC outcome
- procedure for checking and retaining copies of learner vaccination records. This needs to be checked regularly to ensure the learners are receiving the required vaccines and that the centre has a policy should a learner not comply
- evidence of sufficient staff and appropriate knowledge and / or competence to support the delivery of our qualifications for which they have active learners? (GDC 1.4, 3.19)
- evidence of CPD activities centre staff have undertaken since the last EQA review and how is this documented (GDC 1.5, 3.19)
- details of changes to staffing since the last audit (GDC 1.5)
- evidence to show how the centre has ensured any new staff are suitably qualified and competent for the role appointed and there is a range of suitable resources available to support the delivery of our qualifications being delivered by the Centre.

**Evidence to meet this criterion could include** assessment plans, learner assessment records, or provision for learners with particular assessment requirements. A tour of the centre’s facilities could also be included during face-to-face review or video/photo evidence if remote.

<b>3.6</b>	<b>Assessment including any grading decisions has been applied as outlined in the Qualification Specification</b>
------------	---

### Explanation

It’s important that all Assessors base their assessments on the correct Qualification Specification. If the qualification is graded, it’s important that the Assessors base their decision on the descriptors outlined in the Qualification Specification. Standardisation meetings will highlight discrepancies in assessment decisions and should be a regular part of course management.

Confirmation that the sample was requested by the EQA and complied with by the centre will be commented on. Following sampling of centre assessment and grading decisions (where applicable) the feedback will confirm if decisions have been made in accordance with the standards set out in the Qualification Specification. Details of any discrepancies will be provided including whether additional samples were taken to form the overall ‘Reliability of Assessment’ outcome in section 5.

Discrepancies in relation to malpractice, maladministration or any other issues will be presented clearly in this section along with appropriate actions and recommendations in section 7.

If assessment and/or grading decisions are not agreed by the EQA, a deep dive may be required to take place. CV and CPD records may be requested to review occupational competence of the staff within the centre. The EQA will be assessing whether the competence/experience/qualifications held by staff, demonstrate they are suitably qualified to deliver/assess/internally quality assure the relevant qualifications.

The deep dive activity will only be applied if the majority of grading decisions are not agreed by the EQA, and the competency of staff is in question.

**Evidence to meet this criterion could include** assessment records and standardisation meeting minutes supported by conversations with the assessment team. Copies of staff CVs, certificates and CPD records and IQA feedback to Assessors could also support.

<b>3.7</b>	<b>Learners receive regular feedback after assessment</b>
------------	---

### Explanation

The EQA will need to see that assessment has taken place, they will record what method of feedback has been observed within the centre Even a simple tick can show the work has at least been read.

Positive and constructive feedback should be given to each learner as the qualification progresses. It should contain enough detail to allow a learner to formulate a response. It is good practice to give the learner both verbal and written feedback.

The consistency of tracking progress and achievement and signing assessment documentation will also be commented on.

**Evidence to meet this criterion could include** copies of feedback sheets and assessment records.

<b>3.8</b>	<b>Each unit of assessed evidence is named, authenticated, and dated by the Assessor and the learner</b>
------------	--

### Explanation

Feedback will be provided on whether assessment decisions are clearly authenticated (signed or electronically verified) and dated to support learner progression. Summative and formative feedback should be provided to avoid end loaded assessments where possible.

The Assessors should agree dates with their IQA when the different types of assessment will take place. This will show that course planning has been integrated into the delivery.

It's also good practice for Assessors to include constructive, written feedback to the learner throughout the qualification to aid the learning process and provide support.

Assessors are responsible for ensuring each learner's evidence meets the rules of currency, validity, reliability, authenticity, and sufficiency. This is part of the quality assurance expected within a centre. Learners can confirm authenticity by signing and dating their evidence.

**Evidence to meet this criterion could include** copies of feedback sheets and assessment Records, and learner declaration sheets.

<b>3.9</b>	<b>Assessment records show accurate tracking, progress, and achievement</b>
------------	---

**Explanation**

The centre should ensure a system for tracking learner completion dates is in place and kept up to date. This could be a spreadsheet recording all Assessors and learners on the qualification.

Learners should be encouraged to take ownership of their evidence and its presentation. Assessors are advised to keep an assessment completion record including brief details of the type of evidence produced by each learner against each unit.

In this section the EQA will comment on any Conflict of Interest (COI), special consideration or Reasonable Adjustment that has been declared either prior to or during the external quality assurance review.

The EQA will comment on evidence seen during the review that confirms accurate assessment tracking is in place.

**For V-Cert qualifications**, using the sub-heading 'Synoptic Project Additional Requirements' the EQA will comment on the tracking documentation to confirm if the centre has followed the correct process for administering the Synoptic Project. They will also comment on how this has been tracked showing project progress and achievements.

**For Functional Skills Qualifications**, using the sub-heading 'Reformed Skills Additional Requirements' the EQA will comment on the recording of SLC assessments and adherence to the regulations for invigilation. In addition, they will record how the assessment tracking document is being used and accuracy of completion. Confirmation that Speaking, Listening and Communication assessments have been recorded and recordings supplied for EQA are in line with the Regulations for the Conduct of Controlled Assessments.

**Evidence to meet this criterion could include** demonstration of assessment tracking system/spreadsheet, learner's Evidence Tracking Logs, assessment completion records.

<b>3.10</b>	<b>Registrations and/or withdrawals have been completed in a timely fashion to allow for external quality assurance to take place</b>
-------------	---

**Explanation**

The centre must ensure that all learners registered on the product are working towards completion and there is a robust process in place to withdraw any learners who've left and are no longer continuing in a timely manner.

If learners have been requested for sampling but they've not been supplied due to withdrawal, then this will be recorded in the report with appropriate actions.

**For Qualifications that lead to a Registered Profession** - If there is a placement as part of the professional qualification (e.g., Dental Nursing) the centre needs to check the registration date has been shared with the employer so there is evidence that this was conducted 3 months before starting their programme.

**Evidence to meet this criterion could include** a process, plan or policy.

## Section 4: Internal Quality Assurance

This section requires a review of the process of internal quality assurance. This is a vital aspect of all qualifications and for demonstrating quality risk control, so a detailed account of the evidence observed at the review should be provided.

### Criteria

4.1	<b>The Internal Quality Assurers are mostly:</b> <b>1 = based at the main site</b> <b>2 = based at a satellite centre</b> <b>3 = freelance/home based</b>
-----	--

### Explanation

The EQA will select the number that best represents how internal quality assurance is mainly conducted and include commentary on the 'internal quality assurance delivery/location'.

The centre should inform the EQA of all locations where the qualification is being delivered to ensure they select a suitable sample of learner evidence. The EQA will need to see evidence of a consistent approach to course delivery and assessment at all departments involved. They'll pick a sample of registered learners from a variety of departments where the qualification is being delivered.

If satellite centres are chosen, an overview of any additional satellite centres will be recorded along with the centres process for quality control over all sites. In addition, a suitable sample of learners across sites over time will be considered.

**Evidence to meet this criterion could include** details of locations, staffing, and contact details.

4.2	<b>An appropriate internal quality assurance strategy and sampling plan is in place which is reviewed regularly</b>
-----	---

### Explanation

Feedback on the effectiveness of the centre's internal quality assurance strategy and sampling plan will be provided here. Details recorded will include what documentation has been reviewed, if any corrective measures been implemented by the IQA and confirmation of whether the process is fit for purpose. For example, within the sampling plan, the IQA has increased sampling on a particular unit due to trends identified.

The centre should have a documented internal quality assurance strategy and sampling plan which is regularly reviewed to ensure its effectively supporting the assessment process and, where it isn't, is amended accordingly. Comments will also confirm what procedures are in place for the safe storage of internal quality assurance documentation.

**Evidence to meet this criterion could include** internal quality assurance plans and reports, a sampling strategy and schedule of activity, records/minutes of assessment team meetings, internal reviews of sampling strategies, evidence of corrective actions taken.

<b>4.3</b>	<b>Suitable arrangements are in place to ensure effective meetings and standardisation takes place across qualifications and all sites</b>
------------	--

### **Explanation**

Commentary here will focus on what the centre has in place to ensure all sites comply to the same processes for internal quality control and standardisation (if applicable). Details within the feedback will support the documentation reviewed and discussions had with the centre. It is vital that the EQA can confirm that all sites achieve a consistent standard. Feedback comments will be bespoke to each centre and not blanket statements.

It's essential that all staff have the chance to meet and discuss information related to the product. Standardisation meetings are important and should take place throughout the year.

The purpose of standardisation is to maintain consistency in assessment practice, this can be achieved through sharing learner evidence, exchanging teaching practices and agreement on assessment practices to be used

**Evidence to meet this criterion could include** meeting agendas, minutes, and records of attendance.

<b>4.4</b>	<b>Allocation of Assessor responsibilities are clear and meet the needs of learners and Assessors. Continuous development is available to support responsibilities</b>
------------	--

### **Explanation**

Commentary will include what evidence has been reviewed to confirm that all Assessors and IQAs fully understand their role and requirements of the qualifications being delivered. Such as IQA observation of assessment records to support performance, feedback to the Assessor which identifies areas of good practice as well as any areas of improvement in their assessment practice.

Evidence of what internal quality assurance processes are in place to support the Assessor identify and meet their training needs will be documented here.

IQAs must support the Assessor as this forms part of the internal quality assurance process. The IQA's feedback should help the Assessor identify any areas of improvement in their assessment practice.

**Qualifications that lead to a Registered Profession** – details of how CPD allows annual achievement linked to their regulatory body (GDC) will be included. Changes to unit and/or qualifications that may impact on staff competencies, or lead to further specialist training, since the previous review, will be clearly documented within the report by the EQA.

**Evidence to meet this criterion could include** organisational chart, records of all assessment sites and personnel, CVs of the assessment team, CPD records, copies of job descriptions, and 1:1 performance review process. Also records of standardisation meetings and IQA feedback to Assessors.

<b>4.5</b>	<b>Assessors have been assisted with arrangements for learners with special assessment requirements (where applicable)</b>
------------	--

## Explanation

Discussions around any special assessment requirements will be documented here and feedback on whether these are following NCFE procedures. The sampled evidence should confirm the learner has been supported appropriately by the Assessor and that the Assessor is acting accordingly and impartially. Observation of the centre documents relating to special assessment requirements will be commented on to confirm these have been upheld by the centre so there is no impact on assessments.

If there is confirmation from the centre that there were no special consideration, then the N/A option will be selected and commented upon.

Learners with special needs may benefit from extra tuition. A basic skills test will help to ensure learners are registered on the correct level. IQAs should provide support to Assessors to ensure assessment methods are appropriate to each learner's specific requirements.

**Evidence to meet this criterion could include** details of the curriculum offered and the support programme as well as records of initial assessments.

4.6	<b>Assessors have been assisted in resolving disputes, appeals or fitness to practise concerns (where applicable)</b>
-----	---

## Explanation

Commentary for this section should acknowledge if there was evidence of disputes or learner appeals. Details of any disputes acknowledged will include an overview of the Assessors role in and how the centre has applied and followed their policies to managing disputes in an appropriate manner. A record of the outcomes and how impartiality has been met will also be provided.

If there were no disputes this will be graded as 'N/A' and will be acknowledged.

A documented appeals policy must be in place, outlining the steps that'll be taken should learners dispute any assessment decisions. Assessors should be provided with support from IQAs in the event of any disputes. See our guidance document Appeals and Enquiries about Results for assistance.

**For Qualifications that lead to a Registered Profession** – commentary will be included relating to fitness to practise.

Areas that the EQA will consider in the feedback include:

- If the centre has had any reviews from regulatory organisations (Ofqual/GDC). If so, the EQA will document in the report date conducted, outcome etc and that they've had access to these reviews so feedback can be used to provide an outcome
- Commentary around arrangements the centre have in place to explain that the learner has had sufficient opportunities to demonstrate competency relating to patient care. Details of the disputes and any hearings must confirm that the lack of competency lies with the learner's ability rather than the opportunities provided by the centre.
- Commentary around any issues with learner achievements/competencies and details on how the centre have dealt with these and whether this has been reported to NCFE.
- Details as to what is outstanding from learner competencies against the learning outcomes, patients and procedures and confirmation this is evident in the learner assessment sampling.

**Evidence to meet this criterion could include** internal records of any disputes, a centre appeals policy, fitness to practise procedure and whether this been followed correctly by the centre.

<b>4.7</b>	<b>Internal quality assurance of assessment decisions has been applied accurately</b>
------------	---

### **Explanation**

It's important that all IQAs base their decisions on the correct Qualification Specification. If the qualification is graded, it's important that the Assessor's decisions have been based on the descriptors outlined in the Qualification Specification. Standardisation meetings will highlight discrepancies in assessment decisions and should be a regular part of course management.

Following sampling of centres internal quality assurance decisions the feedback will confirm if decisions have been made accurately. Details of any discrepancies will be provided including whether additional samples were taken to inform the overall 'Reliability of Assessment' outcome in section 5.

Discrepancies in relation to, malpractice, maladministration or any other reasons will be clearly outlined in this section of the report along with appropriate actions and recommendations in section 7.

In the event internal quality assurance decisions are not agreed by the EQA, a deep dive will take place. CV and CPD records may be requested to review occupational competence of the staff within the centre. The EQA will be assessing whether the competence/experience/qualifications held by staff, demonstrates if they are suitably qualified to deliver/assess/internally quality assure the relevant qualifications.

**Evidence to meet this criterion could include** assessment records and standardisation meeting minutes. It may also be demonstrated during conversations with the assessment team. Copies of staff CVs, certificates and CPD records and IQA feedback to Assessors could also support.

<b>4.8</b>	<b>Assessors are provided with clear and constructive feedback on assessment practice and assessment decisions</b>
------------	--

### **Explanation**

As well as commentary outlined in relation to IQA feedback to the Assessor, methods of assessment will be commented upon.

The IQA should identify good practice and share it with Assessors to ensure consistency in assessment. The IQA must provide support and feedback to Assessors as part of the centre's quality control process.

In reviewing the internal quality assurance process, feedback on timing of IQA feedback to Assessors will be recorded. For example, the internal quality assurance process should be carried out throughout the delivery of the qualification and not just at the end. Both formative and summative feedback should be provided. Discussions with delivery staff may also be carried out with feedback to support the conclusion of adequate time being allocated to internal quality assurance activities.

**Evidence to meet this criterion could include** records of standardisation meetings and IQA feedback to Assessors.

4.9	<b>Assessment is internally quality assured, and each unit of internally quality assured evidence is named, authenticated and dated by the Internal Quality Assurer(s)</b>
-----	--

### Explanation

Commentary will confirm that each unit that has been sampled by the IQA has been named, authenticated (signed or electronically), and dated by the IQA.

The IQA should review assessment decisions and feedback to learners and provide feedback to the Assessor. This feedback should be documented, signed, and dated by both the Assessor and IQA. Dates should correspond to the IQA sampling plan.

**Evidence to meet this criterion could include** records of feedback given by the IQA to the Assessors. It should be clear which comments are the Assessors, so signatures and dates are essential. Example tracking documents are available within the course file documents on QualHub.

4.10	<b>Sampling dates are consistent with dates in the Internal Quality Assurer(s) sampling plans</b>
------	---

### Explanation

The details of the sampling plan provided by the centre should confirm that dates are consistent with the evidence reviewed. Where there are discrepancies, these will be discussed with rationale expected as to why this has happened so that improvements and support can be provided. The EQA will document all evidence reviewed and discussed to support this.

The IQA should demonstrate that the sampling plan has been followed. A matrix tracking system shows the recording of planned and actual activities relating to the internal quality assurance process. An example sampling plan is available within the course file documents on the NCFE website.

**Evidence to meet this criterion could include** a spreadsheet which is held in the course file.



## Section 5: Learners sampled

Section 5: Learners Sampled										
Batch No.	Qualification	Session	Status	Learner	Assessor	IQA	Units sampled	Assessment Method	Booking Declaration	Reliability of Assessment

This section shows the administrative details of the learners sampled by the EQA. The batch number, qualification, session, learner name, and declaration date (date of the controlled assessment booking declaration) will be populated from the system and should reflect the sampling plan received by the centre. The EQA will add reference to assessments seen during the review including the Assessor and IQA, unit numbers and the type of assessment.

Sampling will focus on the following:

- all/range of IQAs
- all/range of Assessors (wherever possible)
- all/range of batches (wherever possible)
- all satellite centres
- range of assessment methods
- all grades (where applicable)
- variety of completed and in progress portfolios including ones that have and haven't been internally quality assured.

If the qualification holds DCS, the sample will include current and previous learners who've been certificated through DCS

For qualifications which lead to a registered profession, the EQA will sample the square root of learners registered or submitted for a controlled assessment or a minimum of 5 learners (where there are fewer than 5 learners, all learners must be sampled).

**Reliability of Assessment** - The quality and reliability of assessment at the centre will be graded in this section based on the sampling conducted. This will be completed at a learner level. The outcomes that can be awarded are:

Grade	Outcome Awarded	Impact on DCS
A	Assessment is as expected and fully consistent: no remedial action required by centre	No impact
B	Discrepancies are within tolerance: remedial action to be put in place for next session	No impact
C	Discrepancies are outside the tolerance: Centre must re-assess all portfolios and NCFE will request a new sample to ensure action has been taken	DCS lost for the qualification sampled
D	Assessment is very inaccurate and/or inconsistent: Centre must carry out required remedial action and pay for an extra review by the External Quality Assurer.	DCS lost for the qualification sampled

The reliability of assessment grade will reflect the feedback provided in Section 3 and 4 of the report based on evidence sampled.

## Section 6: Learner Feedback

This section is vital and will be completed during at least one review per session, as it means we can see from the learner perspective if the qualifications have met their intended purpose, content, support, and validity of assessments. Previous reviews will be checked to see if this section has been completed and if not, learner feedback will be requested. The EQA will rotate which qualifications learners are spoken to if multiple are being delivered.

If no feedback is completed over 2 external quality assurance reviews, there will be commentary in section 9 of the report as to why, to provide an audit trail and as a reminder that this section is very important but may not be completed at all external quality assurance reviews.

**For Qualifications that lead to a Registered Profession** - it will also be commented upon whether the centre is meeting the requirement to collect patient feedback. The template is available to the Assessors in the Qualification Specification, and this should be used to inform learners' personal development and improvements to course delivery or a centre process.

When learner interviews are taking place, the questions below will be used with the learners to cover the GDC Standards for Education requirements. It will be evidenced that they have provided responses either individually or holistically that cover these additional questions:

- Has the centre provided learners with access to complaints and appeals procedures and policies, and do they have an acceptable awareness of these policies? (GDC 1.3, 1.6, 1.8)
- Did the learners receive an induction appropriate for their qualifications? (GDC 1.1, 1.3)
- Did the learners have access to the appropriate materials to undertake the course/qualification/unit? (GDC 3.13, 3.15)
- Have the learners received feedback from their tutor/assessor? (GDC 3.17, 3.18)
- Did the learners feel adequately informed and supported throughout the undertaking of their qualification? (GDC 3.18)
- Provide details of any findings which may indicate suspected Malpractice/Maladministration (Compliance issues) (e.g., inappropriate assessment or internal quality assurance activities) (GDC 3.19, 3.20, 3.21)
- Is the learner/s aware of Fitness to Practise and Patient Safety?
- How do patients get to know that there are trainees in the practice?

## Section 7: Action Plan for Centre

This section will automatically highlight an action and recommendation for sections 3 and 4 of the external quality assurance report as follows:

- any statements in sections 3 or 4 that are graded as '2' will automatically be referenced in Section 7 as a recommendation
- any statements in sections 3 or 4 that are graded as '3, 4 or 5' will automatically be referenced in Section 7 as an action.



The terminology used by the EQA will be clear to ensure any recommendations are worded as a suggestion for improvement for example 'could' or 'should' whereas if using 'must' then this relates to an action.

The comments provided against each action/recommendation will:

- reflect the feedback from sections 3 and/or 4 of the report, there will be no new information in the action plan
- have a clear owner so that completion of actions can be monitored by NCFE
- be SMART (Specific, Measurable, Achievable, Realistic, Time bound). The action will ensure a centre knows exactly what is required by when and can complete the action as required.

Your EQA will explain what will appear in this section at the end of the review.

### Section 8: Action by External Quality Assurer/Head Office

This section records any actions that either the EQA or Head Office need to complete in reference to a centre review.

Examples of actions for EQA could include reminders for sampling of specific products, learners, or assessment types on the next review.

Examples of actions for Head Office include:

- administrative details in section 1 which are incorrect and need to be changed.
- high risk issues identified including malpractice or maladministration.
- assessment material errors
- confirmation of a COI, reasonable adjustment and/or special consideration being in place, if notified of an individual case ahead of the review
- new products.

If a centre requests further information on an additional product during the External Quality Assurance review, for example an EPA product, The EQA will need to provide the below detail in this section to allow a follow up to be arranged with the centre:

- who should be contacted – name, role, email and/or phone number
- qualification / product interested in e.g., Skills Forward, EPA
- any supportive comments e.g., specific delivery needs
- potential learner numbers.

The actions set for Head Office will also follow the SMART principle, so it's clear what support the centre and EQA need to provide a resolve any actions raised.

### Section 9: Additional Information Sheet

This section will be used for any additional information that isn't covered in the other sections of the external quality assurance report.

Commentary could also relate to:

- the support received during the planning of the review including communication with staff (e.g., virtual via Microsoft Teams)
- comments on the way the centre has supported NCFE with the quality assurance process
- links to additional resources/training events/new policies/updates on the NCFE website that will support the centre could also be included
- where possible, the next external quality assurance review date.

## Section 10: Centre Feedback

This section is in the report so that centres can provide NCFE feedback from their experience of their qualifications. Centres will be asked to complete this section once per year as this has 2 benefits:

- 1) It allows NCFE to be compliant with the regulatory requirements set by Ofqual (the 'General Conditions of Recognition')
- 2) It allows the centres to focus on any qualification they feel needs reviewing so that NCFE Product Development team can make necessary improvements if required.

Centres will not feedback on all qualifications under the scope of the External Quality Assurance review, they should concentrate on one. This directs focus onto one qualification, so it's relevant and easy to follow.

The completed report will be uploaded to the Portal within 5 working days (excluding Bank Holidays).

## General Dental Council (GDC) Standards for Education

It's clear in the Qualification Specification that NCFE's approval and quality assurance process for these qualifications are mapped to the GDC Standards for Education. Centres must evidence at approval reviews, annual monitoring reviews and external quality assurance reviews that they continue to meet these standards. Centres must be familiar with the standards and must ensure that they are using and adhering to the mandatory documents outlined in the Qualification Specification.

### **The EQA will complete additional checks for Registered Professions qualifications to ensure the GDC standards are met:**

- In addition to the sampling of learner work as outlined in the EQA Strategy, additional administrative checks are carried out by the EQA, backed up by analysis and intelligence from Lead External Quality Assurers (LEQA), Quality Assurance Officers and Provider Development team.
- EQAs will check centre trackers and/or e-portfolio systems to ensure all learners presented for certification have completed 100% of the qualification and therefore 100% of GDC outcomes.
- The EQA will check all learner portfolios presented for certification have been agreed and signed off by the IQA; ensuring when a certificate claim is received by the EQA, that the EQA is cross-referencing the learner names on the claim with the additional checks carried out on previous external quality assurance reviews.
- Should a centre claim for learners where additional checks have not been completed, the EQA will request further evidence that the learner(s) have completed 100% of the

qualification. An additional EQA review will be required to sample learners that require certificating in-between external quality assurance reviews.

Only once these checks have been carried out and confirmed can a certificate be signed off by the EQA.

Following additional checks, the EQA will provide commentary on the following and include the GDC Standards within the appropriate sections of the external quality assurance report:

- Are the Internal Quality Assurers judgment of the assessment process and Assessor's decisions valid? (GDC1.1, 2.9, 2.11, 3.13, 3.14, 3.16, 3.17, 3.21)
- Is internal quality assurance feedback to Assessors valid including any actions (set and met) (GDC 1.1, 2.9, 2.11, 3.13, 3.14, 3.15, 3.16)
- Does the centre need to review the assessment and/or quality assurance judgments already made? (GDC 2.10, 2.11, 3.13, 3.14, 3.17, 3.18)
- Does the centre have a documented Internal Quality Assurance Strategy? (GDC 2.12, 2.9, 2.11, 3.1, 3.14, 3.21)
- Does the centre have an internal quality assurance plan which includes the internal quality assurance of the records of assessment cycle (GDC 2.9, 2.10, 2.11, 2.12, 3.14, 3.16, 3.17, 3.19)?
- Does the centre have documented evidence of appropriate standardisation activities relating to the qualifications being delivered? (GDC 2.9, 2.10, 2.11, 3.16, 3.21)
- Is the centre implementing their documented internal quality assurance strategy for the qualifications they are delivering? (GDC 2.9 2.10, 2.11, 2.12, 3.14, 3.21)
- Has the centre got in place arrangements to ensure that assessment outcomes can be held and transmitted securely? (GDC 3.14)

**Version control:**

<b>Date approved</b>	
<b>Approved by</b>	<b>Kay Barrass</b>
<b>Review date</b>	<b>1 February 2023</b>

Only approved versions of this document should be documented in the below table:

<b>Version</b>	<b>Date</b>	<b>Revision author(s)</b>	<b>Summary of changes</b>
<b>1</b>	<b>June 2022</b>	<b>Rachael Lacey</b>	<b>First edition of guidance in line with updated External Quality Assurance Report</b>