Quality Assurance Requirements

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Controlled by:	Governance & Regulation	Updated:	February 2019	Version:	1.0
Policy Title :	Quality Assurance Requirements	Review Date:	February 2020	Regulatory ref:	

Contents

Introduction

1.1   This document is intended to provide an overview and to be a reference guide for centres on EAL's quality assurance requirements so that the security and integrity of EAL's qualifications are maintained. It is part of a customer-facing policy package that links to the EAL risk management strategy and provides guidance on centre engagement covering relevant aspects of EAL policies.

Centre Engagement

1.2   The term 'engagement' or 'visit' covers a variety of interactions and monitoring activities with centres and which may include the following:

- reviewing governance and quality assurance arrangements
- reviewing qualification delivery arrangements and seeking learner feedback on their experiences
- reviewing of delivery arrangements at related sites (e.g. satellite sites/other campuses)
- providing bespoke support and advice to meet the needs of the centre (e.g. training)
- investigating a complaint
- investigating an appeal
- investigating malpractice or maladministration allegation(s)
- promoting EAL services and products.

1.3   Other types of engagement or visit may include:

- dealing with centre requests and online updates such as:
  - o their online responses to action plans
  - o updates to the centre profile in relation to staff and site details
  - o reviewing banked documents and policies
  - o reviewing evidence such as Internal Quality Assurance (IQA) reports, standardisation records, updates on their risk management activities etc.
  - o reviewing e-portfolios.
- proactive phone calls from EAL staff to assess activity and performance at the centre to identify if there is sufficient activity and/or progress to warrant a visit.

1.4   In essence, it covers all engagements with EAL centres other than the processing of registrations and certification requests. All engagements will be recorded in EAL systems to ensure there is a full audit trail and profile for each centre.

1.5   EAL will support and monitor centres to get the balance right in:

- helping centres successfully deliver EAL's products
- providing centres with effective information, advice and guidance in relation to developments with EAL and the wider education and funding systems
- ensuring that each centre has appropriate quality assurance systems in place and are delivering and assessing qualifications consistently in accordance with the requirements of EAL and the regulators in England, Wales, Scotland and Northern Ireland, identifying any centre needs for mutual benefit

- identifying new market opportunities and/or threats from competitors or the pressures being placed on centres that may affect their ability to engage with EAL's products.

1.6   Every active centre registering and certificating learners will receive at least one External Quality Assurer (EQA) engagement per year with the level of activity, performance and risk rating determining whether the engagement is a visit to the centre or remote based.

1.7   The EQA may consider a remote visit for centres that have no activity planned. Remote visits may be telephone based and/or submission of information or records by the centre .

1.8   If the centre is a high-volume centre or offers active qualifications with learners registered, then a centre will receive a visit.

1.9   The timing of subsequent visits will be determined by the centre's Lead EQA and based on the reviewed centre strategy and the relevance of any actions and potential risk(s) identified during the engagement.

1.10   EQAs will ensure that visits are planned, implemented and communicated in an effective manner, however, it is worth noting that engagement visits to a centre could involve multiple staff from the EAL team. This will usually be the case when a centre is serviced by more than one EQA (i.e. with a technical specialist covering Building Services).

1.11   EAL's Customer Experience staff are the key point of contact for all enquiries to ensure that all customer interactions are logged and managed in an efficient way. Any forms that are created within the Smarter Touch system (centre management) are dealt with by the relevant member of EAL staff in their appropriate functions. These forms may include the following:

- Forms created by centre staff:
    o 'Feedback' form
    o 'Reasonable Adjustments & Special Consideration' form
    o 'Action Risk/Response Form'.
- Forms managed by EAL Staff:
    o 'EAL Reasonable Adjustments & Special Consideration' form.

Approach to Quality Assurance
2.1   All EAL recognised centres are required to operate a robust Quality Assurance (QA) System which supports the delivery of qualifications. QA Systems will vary between organisations and will be defined by a centre's individual circumstances.

2.2   Irrespective of the type of organisation, all QA Systems must incorporate:
- assessment practice
- internal verification/quality assurance
- standardisation
- moderation.

2.3   An organisation's QA System will be discussed during the Centre Recognition process to ensure that it meets EAL's requirements. Monitoring of this process is undertaken by EAL's experienced EQAs, who arrange QA visits appropriate to the needs of each recognised centre. Further information about the approach can be found within this document.

Working with third parties, partnerships and satellite sites

3.1   We want to support all recognised centres delivering EAL's qualifications and services by providing appropriate guidance on the arrangements for working with third parties to deliver EAL's qualifications.

3.2   EAL is willing to allow recognised centres to work with other organisations in delivering high quality provision. However, centres must ensure that they have agreements in place with third parties and sub-contractors to ensure that all policies and requirements referred to in EAL's Centre Recognition Requirements (CRR) are enforceable with third parties and sub-contractors.

Definition of subcontracting

3.3   For the purposes of adequately setting out the requirements that EAL places on recognised centres regarding subcontracting, the following definitions apply. 'Subcontractors' include individuals or organisations which:

- are not directly contracted to EAL to deliver the functions they deliver for the centre
- are not part of the centre's workforce (the definition of 'workforce' includes staff employed on a fixed term basis)
- are autonomous, i.e. not part of the structure of the centre, even if they are owned by the same parent company
- carry out, on behalf of a centre, any part of the development, delivery or award of EAL's qualifications, for which the centre is recognised.

3.4   For example, these may include:

- where the recognised centre does not have the necessary equipment to deliver a practical assessment and subcontracts the delivery of this assessment to another party
- where the recognised centre subcontracts to another party the delivery of an assessment because the centre does not have sufficient in-house expertise for that assessment.

3.5   Recognised centres must make sure that the QA and management processes they follow are applied across all third parties, partners and satellite sites. Centres must take responsibility for the management of third parties and keep their capacity and capability under review at all times. EAL will monitor any third party arrangements for delivery, assessment or IQA of qualifications and units to check that they are managed appropriately. Third party arrangements will be included in all QA Monitoring Reports produced by EQAs.

Risk Management

4.1 It is important that recognised centres have arrangements in place to proactively manage identified risks and prevent them from occurring. Where it cannot be prevented, action should be taken to mitigate and lessen the risk from occurring as far as possible to reduce or eliminate any impact.

4.2 The task of identifying and managing risks associated with the delivery of EAL qualifications is shared between EAL and centres as there is a joint interest in ensuring the successful delivery of the qualifications and protecting the interests of learners. The aim is to manage risks by working with centres to ensure proactive and cost-effective action to keep the exposure at an acceptable level.

4.3 The areas which EAL will form risk judgments against, and which we believe are strong indicators of a centre's ability to successfully deliver qualifications are as follows:

Risk Areas
1. Governance
2. QA Arrangements
3. Assessment and Sampling
4. Exam Delivery
5. Learner Experience
6. Qualification Approval
7. Qualification Delivery
8. Learner Volumes
9. Staff Turnover
10. Malpractice
11. Compliance
12. Financial / Funding

4.4 During the engagement visit the EQA will assess a centre's level of compliance for these areas and record a factual judgement in the visit report based on performance at the time of the monitoring activity.

4.5 In addition, and at the end of each section of the visit report, the EQA will record the potential future risk associated with the area(s) under review. Risk areas 1-5 will be communicated via the centre's risk profile in Smarter Touch and via the visit report/EQA. Judgements in relation to risk areas 6 to 12 will be formed from other sources of information but are not visible on Smarter Touch.

4.6 The centre's risk profile is a simple mechanism in Smarter Touch to enable visibility of risks and assists in EAL proactively addressing any emerging risks as part of monitoring centres. The EQA will develop their visit and sampling strategy based on the risks identified. Centre staff has visibility of their centre's current ratings assigned to each area of risk within the Smarter Touch profile. Centres will also be able to 'drill down' into these areas for further information regarding how the rating has been reached as well as looking at other aspects of the centre profile to see details of any actions that have been assigned in relation to the risk area.

4.7   Risk evaluations will be based around:

- findings - the EQA working with the centre to identify any potential risks
- probability – the likelihood of a particular outcome actually happening
- impact – the effect or result of a particular event actually happening on the reputation of the centre and the qualification(s) and/or the interests of learners
- awareness – the awareness within the centre of the risk and the controls/measures they have in place to successfully deal with the risk with the support and assistance of the EQA.

What is the purpose of identifying & managing risk?

5.1   The purpose of risk management is to identify potential problems and/or issues before they occur so that risk-handling activities may be planned and invoked as needed to mitigate adverse impacts on delivering EAL's qualifications. The approach taken is to:

- identify early warning indicators
    - early warning for the Customer
    - early warning for EAL
    - indicate a specific feature within a centre's delivery.
- take a proactive approach
    - indicates potential weakness in the centre's delivery
    - allows EQA's to provide a supportive role to mitigate risk
    - presents information to Centre managers to deal with emerging issues before they become actions and/or sanctions.
- allow EAL to have
    - a broader view of the centre risk to ensure a proactive approach is taken to mitigate and manage areas of risk in the delivery of qualifications.

Regulatory Requirements

6.1   EAL is a regulated body and is recognised by the regulators in England, Wales, Scotland and Northern Ireland. We are subject to the following regulatory requirements:

- Ofqual Handbook: General Conditions of Recognition – (November 2018)- **Link**
- Qualifications Wales Standard Conditions of Recognition (March 2017) **Link**
- SQA Accreditation's Regulatory Principles (2014) **Link**
- CCEA Conditions of Recognition (December 2017) **Link**

6.2   EAL's policies and Centre Recognition Requirements are aligned to the regulatory requirements and outline the standards that need to be met by an EAL recognised centre. Specifically, Ofqual, Qualifications Wales & CCEA Condition's C2 – Arrangements with Centres, outlines the requirements that need to be met where a centre delivers any part of a qualification on behalf of the awarding organisation.

6.3   As a result, any centre that adheres to EAL policies and procedures can be assured they will also be aligned to the required regulatory requirements.

Centre Strategy

7.1   Our approach to developing a centre strategy is aligned to the regulatory requirements. For each recognised centre the EAL Lead EQA will produce a centre strategy based on the current centre profile, risk and business throughput. The centre strategy is the responsibility of the Lead EQA and will be continually reviewed in light of intelligence gained from centre engagements and EAL's own data to ensure any change to the centre risk profile is acknowledged, managed and, where appropriate, actions taken to mitigate risks identified.

7.2   The centre strategy and supporting components will contribute to EAL's compliance with the regulatory requirements and is mandatory for all recognised centres delivering regulated qualifications. For each centre, the Lead EQA will maintain an up-to-date copy of the centre strategy following each engagement. Where the centre risk profile is updated and/or following a quality monitoring visit the Lead EQA will update the centre strategy to ensure it is appropriate with consideration to risk and information available to the EQA.

EAL Quality Assurance Business Principles

EAL sets out business principles for the External Quality Assurance team to support the effective monitoring of centres which includes performance indicators for quality monitoring visits. The team aim to ensure that centre engagements either in person or remotely are undertaken efficiently. For example, performance indicators regarding visits include:-

- Visit monitoring forms pre visit to be completed and sent to the centre at least 5 working days before the visit is carried out.
- Visit forms to be completed and returned to the centre to review and feedback within 10 working days of the completed visit.
- EQA to advise and check that visit forms are returned to EAL within 20 working days of submission to the centre. If the EQA is unable to contact the centre regarding unreturned forms the EQA will recall and close the form. The EQA will then update the centre strategy and update the centre risk profile on Smarter Touch.

Visit Strategy

8.1   The Lead EQA and/or assigned EQA will issue a written centre visit report form via Smarter Touch in line with EAL business principles before a centre quality monitoring visit. The EQA will prepare for the visit by:

- confirming the date of the visit/activity with the centre co-ordinator
- liaising and communicating with all relevant EQA's, if additional specialist support for the visit is required
- referring to the previous visit report, visit strategy, risk profile, centre intelligence
- generating learner registration reports on claims made since the previous visit to determine the qualification sample
- reviewing the Centre profile in ST, the centre activity and external reports (e.g. Ofsted)
- populating the 'Visit Purpose' section.

8.2   This will include the following:

- Agenda
- Arrival Time
- Centre Update
- Sample agreed with the EAL QA team
- Verification activity.

8.3   EAL will provide specific information regarding the activities or focus of the visit, depending on the size of the centre, to help prepare information, staff, learners and sites. This may include:

- reference to visit strategy / EQA activity
- IQA update - (What they looked at, what they found and actions & closure)
- IQA policy, procedure, strategy
- QA of VRQ(s) or equivalent monitoring records
- centre records (new staff - induction process, CPD, standardisation, updates to Smarter Touch)
- update on previous or outstanding centre actions
- risk Management update
- sample assessment methods and evidence (observation / witness testimonies, professional discussion, product evidence, questioning)
- live observation of practical assessments
- IQA agreement to mapping to the standards, planned evidence (individual, specific, auditable, quantifiable contribution)
- confirmation and sample of invigilator records/staff and exam locations
- records of internal standardisation activities / meetings
- confirmation of occupational competence records.

8.4   Following the centre co-ordinator reviewing and agreeing the contents of the centre visit form, this form should be returned to EAL prior to the visit.

Sampling Strategy

9.1   The visit strategy will be supported by a sampling strategy. Dependent on the centre's profile and the EQA Sampling Strategy, this may include:

- number of assessment sites to visit
- number / names of learners to sample and/or interview
- number / names of internal quality assurers to interview
- number / names of assessment staff to interview
- number / names of invigilation staff to interview
- range of qualifications to sample
- records related to the provision delivered.

Visit purpose

10.1   Below is an example of the information pre-populated by the Lead EQA/EQA within the visit purpose section of the ST Visit Form. This is completed for each monitoring visit in relation to regulated qualifications.

10.2   Summarise the purpose and scope of the visit:

- type of visit
- additional EAL representative (if appropriate)
- date of the visit
- name of centre co-ordinator
- details of the pre-visit review(s)
- re-attach any actions carried forward from a previous visit.

10.3   Visit reason:

- standardisation check
- review actions
- monitoring of assessment and/or delivery
- observe exam delivery
- verify claims (portfolios etc.)
- additional details in relation to the visit purpose.

Post Visit

11.1   The EQA will return the visit form to the centre in line with the business principles. Upon receipt of a visit report, centres will have the opportunity to review its factual accuracy and will be encouraged to provide feedback. The EQA will aim to submit their visit report within 10 working days of the visit taking place. The form should be returned to EAL within 20 working days of the report being published by the EQA and will be archived within the visit tab on the centre profile within Smarter Touch.

Standardisation and moderation

12.1   EAL will monitor that arrangements are in place across recognised centres for standardisation and moderation of centre decisions to ensure consistency of assessment judgements. In addition to asking to see the notes and results of standardisation/moderation activities that occur at a centre during an engagement, the EQA will review:

- centre familiarisation (of systems and procedures)
- documentation on how to run a centre (roles, dissemination of EQA reports etc.)
- syllabus/delivery materials (including delivery and assessment guidance etc.)
- tutor/assessor training
- exemplars
- model IQA procedures
- regional seminars on specific qualifications
- centre training (e.g. Assessor and IQA) support and guidance
- sampling / moderation arrangements:

- o portfolios
- o learners (interview & observation)
- o assessors (interview & observation)
- o IQA (interview & observation)
- o assessments (exams and performance)
- o delivery (observing tutors/trainers).

12.2   Data from reports from the Smarter Touch system and monitoring visit results will be analysed to identify the areas where standardisation activities will be focused.

12.3   Throughout this process, EAL intends to develop a manner of engaging with its centres which is stimulating, pro-active and consistent, both for its IQA staff and across its recognised centres.

Conducting a remote engagement

13.1   Prior to a remote engagement, the EQA will review the centre's profile in order to have an up to date view on the centre's performance and level of activity (e.g. view the types of enquiries it may have submitted to EAL, to review the current list of staff and/or sites listed by the centre for the qualifications it offers, etc.).

13.2   The EQA centre strategy will be consulted so that the focus of the discussions can be determined prior to the remote engagement. The EQA will also raise a centre visit report form and complete 'Section 1 – Visit purpose'.

13.3   Depending on the focus of the Remote Engagement, the EQA may arrange with the centre:

- • telephone interviews with the delivery team
- • telephone interviews with a selection of learners
- • review of IQA documentation carried out by the IQA
- • checking centre details.

13.4   After the engagement, the EQA will update any relevant section of the form and discuss their findings with the centre's nominated person. Upon receipt of the report, the centre will have the opportunity to review its factual accuracy and will be encouraged to provide feedback. The form should be returned to EAL within 20 working days and will be archived within the visit tab on the centre's Smarter Touch profile.

13.5   EQA's will only record confirmation in sections of the report where they have physically seen or sampled evidence the centre has uploaded into Smarter Touch or as a result of interviews with learners/staff.

Conducting a two-person centre visit

14.1   The lead EQA will determine if a particular visit requires additional personnel. They will then liaise with the nominated centre contact and the secondary EAL staff member prior to the visit to confirm the date of the visit and to outline specific visit requirements. The lead EQA will raise a centre visit report form, and once completed, will submit to the centre.

14.2   If the centre has been assigned a Lead and support EQA, wherever possible they will visit the centre together.

14.3   The EAL team will confer at the end of the visit to co-ordinate the findings of the visit and agree the details to be recorded in the final report.

14.4   Upon completion of the visit, the Lead EQA will discuss findings with the centre's nominated person. It will be the lead EQA's responsibility to arrange and complete the visit report and submit the relevant documentation to the centre. Upon receiving the report, the centre will have the opportunity to review its factual accuracy and will be encouraged to provide feedback.

Additional visits

15.1   Whilst at least one centre engagement (visit or remote) is required for every active centre registering and certificating learners, large centres with high-volume take-up can expect to receive additional support and visits.

15.2   However, where take up is low or consultancy services are provided by EAL, the EQA may charge for these additional activities in line with the fees for such activities listed in EAL's published price list which can be found within the Smarter Touch Document Library. All charging will be discussed with the centre by prior arrangement.

15.3   Examples of chargeable activities include:

- consultancy services such as mapping a centre's internal arrangements to our assessment requirements and producing an assessment and verification template for a centre
- where a centre fails to prepare for a planned visit or fails to internally manage claims for planned visit dates.
- an additional visit required in order for the EQA to lift restrictions and check claims made
- bespoke training events to meet a request from the centre
- an additional visit in response to a case of proven malpractice/maladministration at the centre (e.g. to deal with action sign-off, etc.)
- extra quality assurance visits to sign off actions and/or to check progress – if requested by the centre – in relation to how they are managing risks at the centre. These activities would only be charged if these details cannot be reviewed remotely or online via the ST system
- if appropriate, and in exceptional circumstances, carry out internal verification activities for the centre if they have no current, competent IQA. In which case the decisions and work of the EQA is subject to independent scrutiny by a different/independent EQA
- cancelled visits without valid reasons will incur a fee at the discretion of the EQA and EQA manager.

15.4   Whilst it is expected that centres can be charged fees for the above activities, fees may be waived dependent on individual circumstances and on a case-by-case basis.

Records and Data

16.1   It is a requirement within EAL's Centre Recognition Requirements that recognised centres maintain data and records. EQAs will check that these requirements are being met when visiting the centre. The centre must update company and staff details in EAL's systems and ensure learner records are maintained and held securely. The centre is required to ensure confidentiality of all data under the General Data Protection Regulations and that assessment records are held and made available to EAL staff for at least three years from the end of the year to which they relate.

16.2   As an organisation contributing to a national system of qualifications, EAL is required by the regulators to collate and provide comprehensive data. EAL will process personal data in accordance with the statutory regulation of external qualifications in England, Wales, Scotland and Northern Ireland. EAL's privacy statement is accessible via the website. We are committed to data security and transparency in what we do with your data. This privacy policy covers what we do with the data you give us, in particular under the General Data Protection Regulation and the Data Protection Act 2018 (together Applicable Laws).

16.3   This privacy policy covers who we are, how and why we collect, store, use and share personal data and individuals' rights in relation to their personal data, how to contact us and the relevant communication channels in the event that something goes wrong.

16.4   Where there has been an incident or issue that has resulted in the loss of a learner's portfolio or evidence by a centre, we provide in Section 17, an outline of our expectations that need to be met when dealing with such a situation.

Keeping Records

16.5   The Centre Coordinator is responsible for ensuring that the centre has a reliable, auditable quality assurance system set up and maintained for documenting and recording assessment decisions. The records to be maintained by centres include:

- Centre Records
- Assessment Records
- Quality Assurance Records

Centre Records

16.6   In order to apply for recognition, the Centre will have declared that they have adequate staff and physical resources to operate as a Centre and to deliver the approved qualification(s). A Centre may, if they wish, keep physical copies of these documents in a 'Centre File' or if preferred they can upload these documents on to the Centre's 'Documents' section of the Smarter Touch system. Documents such as copies of Assessor/Trainer/Internal Quality Assurer's details/qualifications or Health and Safety policies for example, can be uploaded on to the Smarter Touch system.

Assessment Records

16.7 EAL requires recognised centres to keep records of assessments for **three** years after certification. During that period the records should be available for inspection by an EQA or other authorised representative (e.g. from the regulatory bodies). When a centre ceases to operate as an EAL Centre they must in the first instance contact their EQA for specific advice and guidance on document retention.

Note: *Assessment records must not be confused with learner **evidence** used to assess competence. EAL requires that evidence (of competence) need only be kept between EQA engagements. Of course, depending on its nature, it may be possible to keep evidence (or access to the evidence) for much longer.*

What assessment records need to be kept?

16.8 Centres are free to use their own assessment recording methods, however, records **must** be retained for each assessment decision as to:

- who carried out the assessment ((centre assessment staff)
- when the assessment took place (date assessment decision of competence was made)
- how the decision was made (assessment methods used)
- what evidence was used (a brief description of the evidence used – not necessarily the evidence itself)
- where the evidence can be found (if it has been kept or if normal working practice allows it to be accessed)
- authenticity including a Declaration of Achievement stating that the evidence is authentic
- whether any Particular Assessment Requirements were needed.

In addition, it is good practice to retain:

- the location where the assessment took place (if the assessment was not conducted at the address of the recognised centre)
- planning (Assessors' individual learner plans for assessment)
- feedback (Assessors individual learner feedback following assessment).

16.9 EAL provides an assessment planning form called an 'X200' which may be used for recording all of the mandatory assessment details and also the good practice points above. The X200 covers Performance Assessment Plans, Evidence Records, Assessment details, Review occasions and feedback to the learner. A X200 form template can be downloaded from the Smarter Touch document library.

16.10 It is good practice to keep assessment records (e.g. X200 forms) independently of the learners' portfolios. The reason is that if a portfolio gets lost then a replacement portfolio may be recreated from these records along with additional evidence. For information about lost portfolios please refer to Section 17.

Quality Assurance Records

16.11 The Centre Coordinator (or nominated officer at the centre) needs to ensure that there are adequate quality assurance records showing the sampling activities (involving, delivery staff, assessors, learners/portfolios, conduct of internal & external assessment records) carried out at the centre along with details of any remedial/follow up activity undertaken as a result of the sampling.

Security and confidentiality

16.12 The Centre Coordinator is responsible for storing assessment records in a secure and confidential manner. In particular the centre must ensure that:

- only those individuals in the organisation who have a right to see the records are given access to them
- the centre's data protection policy is adhered to
- eventual disposal (after a minimum of **three** years) is carried out with an awareness of issues of confidentiality and general data protection regulations.

16.13 Record keeping is an important part of the Centre Coordinator's role as the EQA (and possibly regulatory authorities) will wish to look closely at the records so that a clear **audit trail** can be traced.

Dealing with lost evidence / portfolios

17.1   There have been instances where a learner's evidence/portfolio has been lost. To explain what can be done to limit the impact on a learner when this situation occurs we have provided guidance below of how to deal with instances of this nature (such as securing assessment records away from portfolios, securing portfolios when they are not being worked on, regular assessments and QA and recording).

17.2   The likelihood of learner certification in these circumstances can be likened to a sliding scale; the more evidence there is that the learner is competent, the greater the likelihood of demonstrating achievement to the standards of the qualification. If little evidence is available, then the chances are greatly reduced.

17.3   If a learner loses any un-assessed evidence, they will need to recreate the evidence for it to be assessed (as the quality of the evidence and whether it meets the standards is unknown).

17.4   The chances of evidence being permitted are increased if the assessor can verify that the original was in good order – if the assessor has not seen/assessed the material then there is little chance of it being permitted.

17.5   Similarly, if there are frequent quality assurance checks and records available (e.g. records confirm the IQA has seen the evidence before it was lost) the chances of certification are increased.

Evidence

17.6   In the case of lost evidence or portfolio, the EQA will advise on how extensively the assessment records can be used and what additional evidence/records will be required. The EQA will want to interview the learner/assessors and quality assurance personnel who have been involved with the original assessments and/or who may be involved in helping to recreate the portfolio, in order to confirm the learner's competence.

Re-creating and Evaluating the Evidence

- For learners at levels 1 and 2, assessors should conduct an oral question and answer session, with both the questions and answers being fully documented by the assessor.

- The breadth and depth of questions developed by assessors should be appropriate to the level of the qualification, occupational area & type of assessment and competence performance outcomes.
- For levels 3 and above, the learners should be given the opportunity to offer written statements in response to the assessor's questions or to take part in a professional discussion.
- Using witness and assessor statements, as well as documented learner responses to in-depth question and answer sessions, it should be possible to recreate the learner portfolio.
- A portfolio recreated because evidence has been lost should be quality assured. The quality assurance records should be included as part of the assessment record for the learner. It is important that centres keep their own learner assessment records independently of a new portfolio.
- There should also be a written statement by the assessor or IQA detailing the circumstances of the loss of the original portfolio of evidence.
- If the EQA is called in to assist and undertakes additional work, the EQA will consider charging the centre for the additional work undertaken.

Non-compliance (sanctions, maladministration / malpractice, conflict of interest)

Sanctions

18.1   This section outlines the approach the EQA team takes in applying sanctions at a centre, in line with EAL's Sanctions Policy, available in the Smarter Touch document library. . EAL has a responsibility both to the learners taking our qualifications and the UK regulators to ensure that centres deliver our qualifications and units in accordance with relevant national standards.

18.2   To meet this responsibility, the performance of each EAL Centre is monitored and quality assured by our team of EQAs and by our Governance and Regulation Team. EAL's policy is used by EAL staff and EQAs to ensure the application of action(s)/sanctions are consistent.

18.3   If a serious breach of non-compliance is identified at a centre resulting in a Level 3 or Level 4 Sanction being imposed, then EAL will notify the regulators and where necessary other Awarding Organisations.

18.4   EAL has in place a range of action(s)/sanctions that may be imposed on a Centre depending on the seriousness of the situation, the level and track-record of the Centre's non-compliance, the risk to the interests of learners and the integrity of the qualifications and units.

18.5   In some cases, imposing an action(s)/sanction will enable EAL to investigate suspected malpractice and/or maladministration whilst maintaining the integrity of the qualification involved in an allegation. Please refer directly to EAL's Malpractice and Maladministration Policy available in the Smarter Touch document library.

18.6   EAL aims to work with centres to prevent situations arising that would warrant a sanction being imposed by carrying out a risk assessment. We will work with each centre to

assess the risk posed and require the Centre to manage the identified risks through the creation of appropriate action plans. The EAL EQA will determine whether a centre needs extra assistance with identifying actions required by the centre to prevent any situation arising which would merit imposing a Level 1 or above sanction to the centre. If the centre fails to complete the action(s) or, the EQA identifies further issues that would threaten the integrity of EAL's qualifications or reputation, this could result in a higher-level sanction being imposed.

Action Plans

19.1   Whilst an entry into an action plan is not strictly a formal sanction, there may be circumstances that may lead an EQA to require an action plan being put in place at a centre. This would mitigate any minor concerns or issues highlighted during normal quality assurance activities that can improve processes and/or support good practice without further consequence and do not have an adverse effect on learners.

19.2   However, issues may arise where action(s)/sanctions are required; we do this by applying a level that relates to the type of action(s)/sanction. The action(s)/sanctions that EAL may assign to a centre are fully outlined in our Sanctions Policy.

19.3   Should a Centre have its approval for a qualification/suite of qualifications (Direct Claims Status temporarily or permanently removed, EAL will take all reasonable steps to protect the interests of any learners currently registered on the qualification(s).

Monitoring Sanctions

20.1   All sanctions will be monitored by EQA Managers to ensure they have been applied consistently and fairly. These sanctions can apply to:

- a single qualification
- an entire qualification sector
- an entire qualification type
- all qualifications.

20.2   Only in exceptional circumstances of extremely serious non-compliance or the persistent failure of the centre to address outstanding actions, and/or the failure of previous sanctions to address the issue, would EAL impose, via approval of the manager, the ultimate sanction of removal of qualification approval in relation to:

- a single qualification
- an entire qualification sector
- an entire qualification type
- all qualifications and in turn the centre's 'recognition' with EAL (in which case it's access to the Smarter Touch system may be deactivated).

20.3   EAL expects that it would never impose the immediate withdrawal of approval for a qualification or range of qualifications without:

- the centre being given an opportunity to address the area(s) of non-compliance
- first of all, imposing one of the previous sets of sanctions

- there being evidence that the non-compliance poses a significant threat to the interest of learners or the integrity of EAL qualifications and units or assessments.

20.4   However, should a centre not be able to meet the current recognition requirements, then EAL may remove approval and/or centre recognition with immediate effect.

Communicating the Application of Sanctions

21.1   Sanctions will only be imposed by EAL if there is clear evidence of non-compliance by the centre. In all instances the nature of the sanction and the rationale for its application will be communicated in writing to the centre (e.g. via the Centre Visit report form and/or separate correspondence from EAL). If the centre disagrees with the decision, the centre can refer to the arrangements laid out in EAL's Appeals Policy, accessible via the Smarter Touch document library.

21.2   Sanctions may be applied to new centres to ensure that certificates cannot be claimed without the EQA first monitoring the qualification(s). Sometimes new qualifications require a 'global' restriction on them, this will ensure that the EQA engages with the centre and removes the restriction before certificates may be claimed. This is known as a restriction of Direct Claims Status.

Maladministration and Malpractice

22.1   This section outlines the differences between malpractice and maladministration, the types of malpractice and maladministration and where they can occur. It outlines our approach to investigating allegations of maladministration and malpractice within centres. In doing so the EAL Malpractice and Maladministration Policy will be used as this aligns and adheres to the regulatory requirements for dealing with malpractice and maladministration investigations.

22.2   EAL provides centres with guidance on how to conduct an investigation into potential maladministration or malpractice. This can be accessed via the Smarter Touch document library.

Maladministration

23.1   Maladministration is any activity, neglect, default or other practice that results in the centre or learner not complying with the specified requirements for the delivery of the qualifications as set out in the relevant codes of practice, where applicable or Qualification Delivery Manuals.

23.2   It could also be any activity or practice which results in non-compliance with administrative regulations and requirements and includes the application of persistent mistakes or poor administration within a centre.

Malpractice

24.1   The term 'malpractice' covers any deliberate activity, neglect, default or other practice that compromises, or could compromise:
- the assessment process
- the integrity of a regulated qualification
- the validity of a result or certificate

- the reputation and credibility of the awarding body or
- the qualification or the wider qualifications community.

24.2   Malpractice also covers misconduct and forms of unnecessary discrimination or bias towards certain or groups of learners.

24.3   Malpractice may include a range of issues from the failure to maintain appropriate records or systems to the deliberate falsification of records in order to claim certificates.

24.4   Failure by a centre to deal with an identified issue may in itself constitute malpractice.

Types of Maladministration

Centre maladministration

25.1   Failure to adhere to the regulations regarding the conduct of controlled assessments, coursework and examinations or malpractice in the conduct of the examinations/assessments and/or the handling of examinations papers, learner scripts, mark sheets, assessment records, results and certifications claim forms etc.

25.2   For example:
- failing to ensure that learners' coursework or work to be completed under controlled conditions is adequately monitored and supervised
- under-qualified or non-qualified or unauthorised members of staff assessing learners
- failing to use current assignments for assessments
- failing to train invigilators adequately
- failing to issue to learners the appropriate notices and warnings
- failing to post notices relating to the examination or assessment in all rooms where examinations and assessments are held
- not ensuring that the examination venue conforms to awarding body requirements
- the introduction of unauthorised material into the examination room, either during or prior to the examination
- failing to ensure that mobile phones are placed outside the examination room and failing to remind learners that any mobile phones or other unauthorised items found in their possession must be handed to the invigilator prior to the examination starting
- failing to invigilate in accordance with EAF1 (Instructions for Conducting Exams) for Invigilators
- failing to keep accurate records in relation to examinations
- granting access arrangements to learners which do not meet the requirements for 'Reasonable Adjustments and Special Consideration'
- failing to retain learners' controlled assessments or coursework in secure conditions
- failing to report to EAL an instance of suspected malpractice related to qualification or examinations/assessments delivery as soon as possible after such an instance occurs or is discovered
- failing to maintain appropriate auditable records e.g. certification claims and/or forgery of evidence

- failing to conduct a thorough investigation into suspected examination or assessment malpractice when asked to do so
- the inappropriate retention or destruction of certificates
- persistent failure to adhere to learner registration and certification procedures
- persistent failure to adhere to centre recognition and/or qualification requirements and/or associated actions assigned to the centre
- late learner registrations (both infrequent and persistent)
- unreasonable delays in responding to requests and/or communications from EAL
- inaccurate claim for certificates
- withholding of information, by deliberate act or omission, which is required to assure EAL of the centre's ability to deliver qualifications appropriately.

25.3   These examples could be notified to the EQA directly by centre staff or from other sources such as EAL's exams or customer experience teams.

25.4   The EQA has a responsibility to review each centre's arrangements for maladministration and will apply the necessary actions to prevent further instances of maladministration.

Types of Malpractice

Centre malpractice
26.1   Examples of centre malpractice include:

- insecure storage of assessment instruments and marking guidance
- misuse of assessments, including inappropriate adjustments to assessment decisions
- failure to comply with requirements for accurate and safe retention of learner evidence, assessment and internal verification records
- failure to comply with EAL's procedures for managing and transferring accurate learner data
- excessive direction from assessors to learners on how to meet national standards
- deliberate falsification of records in order to claim certificates
- repeated instances of maladministration.

26.2   There may be other instances of suspected centre malpractice which may undermine the integrity of EAL's qualifications.

Centre staff malpractice
27.1   Malpractice committed by a member of staff (or contractor) at a centre. It can arise through, for example:

- a breach of security (e.g. failure to keep exam material secure, tampering with coursework etc.)
- deception (e.g. manufacturing evidence of competence, fabricating assessment or internal verification records)

- the provision of improper assistance to learners (e.g. permitting the use of a reasonable adjustment over and above the extent permitted by EAL's policy, prompting learners in assessments by means of signs or verbal or written prompts)
- failure to adhere to regulations/EAL's stated requirements.

Learner Malpractice

28.1 Malpractice by a learner in internal assessment can occur in:

- the compilation of portfolios of internal assessment evidence
- the presentation of practical work
- the preparation and authentication of coursework
- conduct during an internal assessment
- conduct during an external assessment.

28.2 Examples of learner malpractice include:

- plagiarism – failure to acknowledge sources properly and/or the submission of another person's work as if it were the learner's own, collusion with others when an assessment must be completed by individual learners.
- copying from another learner (including using ICT to do so)
- impersonation – assuming the identity of another learner or having someone assume a learner identity during an assessment
- inclusion of inappropriate, offensive, discriminatory or obscene material in assessment evidence. This includes vulgarity and swearing that is outside of the context of the assessment, or any material of a discriminatory nature (including racism, sexism and homophobia)
- inappropriate behaviour during an internal assessment that causes disruption to others. This includes shouting and/or aggressive behaviour or language and having an unauthorised electronic device that causes a disturbance in the examination room
- frivolous content – producing content that is unrelated to the examination paper/question in scripts or coursework
- unauthorised aids – physical possession of unauthorised materials (including mobile phones, MP3 players, notes, etc.) in the examination room.

Preventing Maladministration / Malpractice

29.1 It will always be preferable to prevent malpractice/maladministration than to deal with it once it has occurred. The EQA is an integral part of prevention of malpractice/maladministration and must be fully aware and knowledgeable of both malpractice and maladministration, to ensure methods to preventing these events are a focus of all centre engagements.

29.2 EAL will:

- ensure the Centre Co-ordinator understands what activity constitutes malpractice and maladministration; their role in preventing it and the need to communicate relevant points to all members of centre staff
- develop qualification delivery and assessment systems and procedures that are clearly laid out and communicated to centres in plain English (or Welsh, where relevant)
- communicate any changes to systems and procedures to centres in a clear and timely manner
- monitor that the in-centre arrangements for preventing and dealing with malpractice/ maladministration is clearly defined and communicated within the centre
- ensure that quality monitoring of all centres is carried out regularly and thoroughly by appropriately trained EQAs
- ensure that quality monitoring activity (EQA visits for example) include the opportunity to review how the in-centre arrangements for preventing and dealing with malpractice/maladministration is working and identify improvements, where necessary
- ensure that EAL's sanctions policy is clearly documented and communicated to all centres to clearly state what the repercussions of malpractice/maladministration could be
- provide support to ensure all centre staff understand their roles and responsibilities fully and assess the risk posed by each centre in relation to potential for malpractice and maladministration, and take appropriate steps in response to that level of perceived risk
- identify and share good practice amongst centres to encourage and support high quality delivery and assessment.

Dealing with cases of potential maladministration/malpractice
Identification

30.1   Malpractice may be identified:
- at centre level through on-going quality assurance activity and monitoring e.g. internal verification activity
- at centre level through intelligence, complaints or feedback received e.g. from centre staff, learners etc.
- through scheduled QA activity and monitoring e.g. external verification activity
- through internal examinations sampling
- through intelligence, complaints or feedback received e.g. from learners, centre staff, whistle-blowers or other stakeholders
- through information from other organisations e.g. other awarding organisations, standards setting bodies or funding agencies etc.
- at regulator level through intelligence, complaints or feedback received.

30.2   Malpractice/suspected malpractice may be identified by:

- EAL's EQAs/examination markers or other quality assurance staff
- a centre representative
- a whistle-blower

- a learner
- the Regulatory Authorities
- other parties e.g. employers, members of the public.

Please refer to EAL's policies for Malpractice / Maladministration and Whistle-blowing available via the Smarter Touch Document Library.

EAL Response

31.1   All suspected cases of malpractice and maladministration identified by the EQA must be reported to their manager and the Governance and Regulation Team. Upon receipt of the allegation the manager will follow EAL's Malpractice and Maladministration Process.

Investigation Outcomes

32.1   Following the conclusion and outcome defined by EAL's Governance and Regulation Team, the EQA Manager will work with the EQA to develop an appropriate improvement plan should the event be proven.

32.2   Following a proven event of malpractice, EAL will:

- develop an improvement plan to take the centre through the 'Deming cycle' – plan–do-check-act
- review policies/procedure & update as necessary
- consider training & development in relation to event and findings
- monitor sustainment of new policies/procedures and practice
- review and update
- have a manager attend the initial meeting to support the EQA and centre ensuring the plan is appropriate and accepted
- ensure the EQA develops an action plan in Smarter Touch and records the centre's agreement with the action plan in the summary section of reports
- submit a copy of the action plan to the compliance@eal.org.uk mailbox for review by the Governance and Regulation team.

32.3   Following a proven event of Maladministration:

- On receiving the notification, the EQA will review the relevant Governance log for information on the maladministration. This is important as it contains information submitted by the centre as to their thoughts as to the causes and any strategies/actions they have identified to minimise the risk of reoccurrence.
- The EQA will also review the centre strategy and the centre intelligence tab to check if this is a reoccurrence of maladministration within the last 12-month period.
- The EQA must take actions to demonstrate that the risk of reoccurrence of maladministration is being reduced.

Conflict of Interest

33.1   The overriding aim as an awarding organisation, and body offering assessment products and services, is to ensure they are fit for purpose, and meet the needs of learners and the associated regulatory requirements.

33.2   EAL recognises that key stakeholders and the individuals who work for them will be keen to maintain the integrity of the products and services we offer as well as their own integrity. This 'requirements' document aims to reflect this.

33.3   More importantly, when an actual or potential conflict is identified, then EAL should be notified of it by the centre staff. Individuals should always disclose an activity if they are in doubt whether it represents a conflict of interest.

33.4   A conflict of interest is where an individual or organisation has competing interests or loyalties. A conflict can arise in a variety of circumstances and it is likely that individuals working with or for us may encounter potential conflicts from time to time. Further information is outlined in EAL's Conflict of Interest Policy located on the Smarter Touch documents library.

Conflict of Interest between EAL and the Centre

34.1   From time to time there may be occasions where the EQA has a conflict of interest in relation to a centre. Examples of conflicts in relation to an EQA's role are where they have:

- previously worked at the centre within the last 18 months
- a relative that works at the centre
- worked at a competitor centre in the local area.

34.2   EAL will aim to ensure that there are no conflicts of interest and will aim to conduct checks:

- when allocating an EQA to a centre
- when managers undertake appraisals/discussions with EQAs
- at regional and national team meetings (if appropriate).

34.3   When a new EQA joins EAL the EQA Manager, during induction, will complete the EQA Competence and Conflict of Interest Declaration with the new EQA.

34.4   If a possible conflict is identified the EQA Manager will record this and pass it on to the Governance and Regulation Team to log the conflict in regard to that member of the team. Wherever possible an alternative EQA will be allocated to the centre to mitigate any conflict occurring. The original EQA may continue with the centre for the non-conflicting areas. Alternatively, a different EQA may be allocated for the entire centre. This will depend on the circumstances at the time.

34.5   If the EQA has a conflict and is the only EQA capable of being allocated to the centre then the relevant manager for the EQA will be responsible for managing the conflict identified and have in place the appropriate processes to mitigate any risk identified, ensuring no adverse issues emerge that may lead EAL to being accused of not being consistent and/or unfair in relation to the centre.

Conflict of Interest at the Centre

35.1   As part of the declaration with EAL, the centre must advise EAL if there is a potential or actual conflict of interest.

35.2   If the EQA is contacted and informed by the centre that there is a conflict, the EQA will need to discuss with the centre what arrangements need to be taken to ensure that the quality of the qualifications are not compromised. The conflict will need to be monitored closely by the EQA and consideration given to amending the sampling strategy and risk rating accordingly.

35.3   If the EQA discovers the conflict during a centre engagement then the EQA will record it. Depending on the circumstances of the conflict the discovery may result in actions or sanctions being imposed on the centre.

External Quality Assurance - Capacity and Capabilities

36.1   EAL recognises the value of education and development and we know that keeping our staff skills and knowledge up to date is key to how well we do as a business. We believe that high performing people continuously learn from each other and through self-development. Therefore EAL invests in the training and development of all staff from day one of their employment ensuring that they have the appropriate qualifications and experience to carry out their roles in line with our quality standards.

36.2   EAL recognises the importance of ensuring that there are adequate resources in place to support the delivery of external quality assurance services and consequently we regularly keep recognised centres up to date with any potential changes to their allocated EQA. In line with EAL's regulatory responsibilities all reasonable steps are taken to ensure at all times we have a workforce of appropriate size and competence and sufficient management resources are in place. Adequate systems of planning and control are in place and on an ongoing basis we review resource requirements making appropriate changes where needed, taking into account the findings of reviews.

36.3   CPD is just as important to EAL as it is to the centre staff delivering EAL's qualifications and that's why EAL invests in the ongoing training & development of EAL staff, undertaking standardisation sessions and providing opportunities for further development on an ongoing basis. Training needs analysis is carried out as part of EAL's appraisal process across all teams.

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