

# User guide to our Provider approval report

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# 1.0 Introduction

To gain and maintain approval to offer one of our qualifications you must meet NCFE's approval criteria. We will review the evidence available in support of the approval criteria on the initial approval review and throughout our annual monitoring and external quality assurance reviews.

We want to ensure that our providers feel supported and confident when delivering our qualifications and this guide offers an explanation for each section of the Provider Approval Report.

There are other supporting documents available on our website in the approvals section and on our how to prepare for a quality review page.

The Provider Approval Report will be completed by an External Quality Assurer (EQA) and you'll be graded as either yes or no for meeting each criterion.

Each criterion has been profiled as being high/medium/low risk, as identified in this guidance document. Each criterion will be marked as a 'yes' or 'no' within the report based on evidence being presented and whether it satisfies the requirements outlined.

If a 'no' is selected against any high or medium risk criteria this will result in approval being deferred and actions set. Providers will be asked to agree a suitable date for a second approval review to take place once actions have been completed.

If a 'no' is selected against a low-risk criterion, action(s) will be set to be reviewed during the first Annual Monitoring Review (AMR).

Once you have gained approval and registered students, you will be allocated an Quality Reviewer to carry out an Annual Monitoring Review (AMR). This will take place once per session and the first will be 6-12 months after gaining approval.

## 2.0 The Approval Report

The provider approval report is divided into sections as follows:

Section 1 – Provider details and our contact details

Section 2 – Management Systems and administration

Section 3 – Action plan for Provider

Section 4 – Action for External Quality Assurer/Quality Reviewer or head office

Section 5 – Additional information

Within section 2, the main subject areas are divided into elements such as 2.1, 2.2 etc. Your External Quality Assurer will assess each point and grade it as either meeting or not meeting requirements. Actions required to move from a no to a yes on each point will be outlined in section 3 – Action plan for Provider.

*Please note throughout this document we refer to evidence, (possible and suggested sources). Not all are mandatory, and they aren't definitive lists, the evidence will be reviewed against the criteria and Qualification Specification. We are aware different providers have different terminology/names for documentation*

# The report sections in detail

Over the following pages we will take a look at each section of the report and explain what it is for and what you need to do.

## Section 1: provider details and contacts

Section 1 of the report holds the Provider details and contacts.

### 2.1 Section 2: Management Systems and Administration

2.1	Aims, policies and procedures that are supported by senior management are in place and understood by the delivery and assessment teams
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#### Explanation

This criterion is to demonstrate and confirm that the provider has the required policies and procedures in place, that they are supported by senior management, are understood by delivery and assessment teams and that they are shared with students.

#### The documented policies that will be reviewed are:

- Appeals
- Provide Contingency and Adverse Effects (to include withdrawal of provider approval status and protection of the students' interest in the case of such a withdrawal)
- Complaints
- Conflicts of Interest (COI)
- Equality, Diversity, and Inclusion (EDI)
- Data Protection including GDPR
- Risk Assessment and Health and Safety (including Public Liability)
- Student Recruitment, Registration, and Certification
- Student support/protocol
- Malpractice and Plagiarism
- Safeguarding
- Special Considerations and Reasonable Adjustments
- RPL
- Transfer of credits and recordings of exemptions and withdrawal of student or qualification(s) from NCFE admissions and/or enrolment
- Controlled Assessment
- Assessment and Internal Quality Assurance (to include the use of an internal quality assurance strategy)

#### Additional policies that the EQA will need to review for **Registered Profession qualifications** are:

- Fitness to Practise - the EQA will need to ensure this is embedded in the student's programme
- Patient Safety Procedure - the EQA will discuss the following areas with the provider and record any issues concerning patient safety and how providers are made aware that it is their responsibility to inform the students of any such incidents:
  - Confirmation the provider has policies and procedures in place regarding the raising of concerns that are clearly communicated to all staff, students, and patients
  - Any concerns raised by students or staff regarding risks to patient safety including any instances that are reportable to a regulatory organisation
  - The EQA will check evidence of how equality and diversity data is being used in course design and must also check how equality and diversity is embedded in course delivery e.g.: Self-Assessment Review (SAR) data.

**Evidence to meet this criterion could include:**

- Copies of policies and procedures including who is responsible for updating them and when
- Details of how and when these are provided to students
- Confirmation of support from senior managers to run the product

2.2	Sufficient work placements are available to students and supporting policies and procedures are in place
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*Please note:* This is only applicable when running qualifications with a mandatory work placement.

**Explanation**

The provider will need to demonstrate that they have sufficient and suitable work placement opportunities available for all students to be able to achieve the work placement requirement of the qualification(s). They will also ensure policies and procedures are in place to ensure the work placement environment is suitable and safe.

**Evidence to meet this criterion could include:**

- Copies of relevant policies and procedures
- Risk assessment documentation
- Copies of formal agreements between the student, provider, and industry placement
- A process for recording the placement hours to show the number of hours is in line with the required hours outlined within the qualification specification
- Communication channels between employers/work placements.

2.3	Recruitment and induction processes are in place for all staff involved in the qualification(s)
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**Explanation**

This criterion confirms that the provider is recruiting sufficiently competent, suitable, and knowledgeable Assessors and Internal Quality Assurers (IQA) who are able to meet the demand of qualifications being delivered. Where applicable the EQA will also need to confirm that staff are registered with regulators in accordance with Qualification Specifications.

The induction processes for Assessors and IQAs will be reviewed to ensure an appropriate induction is in place for their role and that they are provided with appropriate information, training and support they need to deliver, assess and internally quality assure NCFE qualifications in line with NCFE requirements.

**Evidence to meet this criterion could include:**

- CVs and CPD records for all staff who will be assessing and/or internally quality assuring on the qualifications being sought for approval
- Example job descriptions
- Recruitment and interview process/policy
- Induction manual, schedule or checklist indicating policies and procedures shared with staff
- Staff induction handbook
- Mentoring process

2.4	Processes are in place to ensure all staff are provided with accurate advice and support to enable them to identify and meet their training and development needs, via ongoing continuous professional development (CPD)
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## Explanation

This criterion is to ensure the provider continues to provide all staff access to training and support, to enable them to maintain and update their skills as required in the Qualification Specification. We don't specify the amount of time to be spent on staff development, but any updates affecting the qualifications being delivered should be accommodated as they take place.

Attendance at administration and standardisation training will be reviewed in this section for providers delivering Technical Qualifications and V Certs.

### Evidence to meet this criterion could include:

- Confirmation of support available to ensure reliable delivery, assessment, and internal quality assurance of NCFE qualifications
- Copies of staff development programmes and department development plans
- Records of training undertaken, such as CPD records
- CPD policy

2.5	Procedures are in place to ensure effective communication and appropriate allocation of time for team meetings and standardisation
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## Explanation

This criterion is to confirm that effective communication methods and channels are in place and are allocated appropriate time throughout the session. The EQA will consider if adequate time is provided for communication to take place for all staff involved in the teaching, assessment and internal quality assurance of qualifications.

The main aim of team meetings alongside identifying any concerns, is to promote good practice within a team and to ensure there is a standardised approach to assessment and internal quality assurance of students' evidence, which is consistent with the assessment criteria set for each qualification.

The EQA will be looking for evidence that demonstrates that as a minimum, standardisation activities are taking place and relevant information is being shared with all staff involved with the qualification in this forum.

### Evidence to meet this criterion could include:

- Provider guidance on team meetings and standardisation activities – this could include a set template for each
- Copies of meeting agendas/minutes – team and cross provider (if applicable)
- Briefings and/or updates – e.g. – all user emails, staff VLE
- Schedule of activity for staff involved

2.6	Responsibilities, authorities, and accountabilities are clearly defined, allocated and understood by all staff involved in the qualification(s)
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## Explanation

This criterion confirms that all staff understand their role, what they are responsible for and who they are accountable for and to. The EQA will ensure that staff involved in assessment and internal quality assurance are familiar with the assessment criteria stated in the Qualification Specification.

Management has the responsibility to make sure that appropriate time and resources (staffing and physical) are allocated, to support the qualification(s) delivery and review. It is expected that systems will be in place to monitor and evaluate the effectiveness of all delivery and assessment staff, and that changes will be made when required.

**Evidence to meet this criterion could include:**

- Confirmation that staff are familiar with the assessment criteria and have full access to the required resources, stated within the Qualification Specification, for the products they are responsible for
- Explanation to determine how products are adequately staffed by Assessors/IQAs who are sufficiently competent
- Organisational charts, explaining the various departmental roles
- Staff management processes, including the use of Performance Improvement Plans (PIPs) or developments plans (PDPs).

2.7	Marketing and advertising of all qualification(s) is clear, accurate, not misleading and complies with our guidelines
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**Explanation**

The advertising, marketing, and promotion of all NCFE qualifications must adhere to NCFE's brand guidelines. The correct advertising must be implemented through all websites and other materials. Any marketing or advertising materials used to promote qualifications, including pages on your website, must accurately reflect the details of the qualification being offered.

When advertising Customised Qualifications the guide to advertising Customised Qualifications must be adhered to. The EQA will review various advertising materials used by the provider to satisfy this criterion.

**Evidence to meet this criterion could include:**

- Copies of relevant promotional materials such as course prospectuses
- Webpages used to advertise qualifications
- Course handbooks

2.8	Appropriate recruitment and registration processes are in place for students
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**Explanation**

This criterion is to ensure the provider has appropriate recruitment and registration processes in place for each qualification being delivered. The EQA will need to confirm that the provider is aware of and is implementing appropriate entry requirements onto qualifications, ensuring only appropriate students are recruited and registered with NCFE.

The timeliness of registrations and the process of registration will be reviewed to confirm it is appropriate.

This criterion will also confirm that appropriate information, advice, and guidance is provided to potential students prior to enrolment, so they can make an informed decision to determine if the qualification is suitable for them.

**Evidence to meet this criterion could include:**

- Student recruitment schedule e.g., open events, interviews, parent evening taster sessions
- Course prospectus
- Student registration process/policy

2.9	An enrolment and induction process which provides sufficient information, advice and guidance is in place for all students
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## Explanation

The EQA will review the providers enrolment and induction process for students to ensure it is robust and that it provides students with sufficient information, advice, and guidance about the qualification(s) they have chosen to study. This should include advising students of any technical needs required for the qualification they have chosen to study for and also what support will be available to them.

### Evidence to meet this criterion could include:

- Enrolment process/schedule/forms
- Information on any initial assessments carried out e.g., English and maths
- Induction schedule/timetable
- Course handbook
- Student agreements/contracts
- Open events
- Exit interviews for early leavers

2.10	Processes are in place for the transfer of credits, the recording of exemptions and recognition of prior learning as required
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## Explanation

This criterion is to ensure processes are in place to support the accumulation and transfer of credits, the recording of exemptions and recognition of prior learning (if applicable). This will include the EQA checking there are appropriate staff, resources and tracking systems in place.

Details of how the transfer of credits, the recording of exemptions and recognition of RPL is verified and recorded, to ensure it is valid and current will be discussed and documented in the report.

### Evidence to meet this criterion could include:

- Policy/process to validate claims for exemptions and RPL
- Records of student exemptions
- Records of student credit transfers
- Records of RPL claims

2.11	Students' development needs are matched against the requirements of the qualification, and are regularly reviewed in agreed individual assessment plans
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## Explanation

This criterion will explore how student development needs established during enrolment are matched against the requirements of the qualification students are registered to. The EQA will review the providers processes and systems used to record, review, and monitor progress.

### Evidence to meet this criterion could include:

- Use of initial assessments
- Individual learning plans/individual assessment plans
- System used to track student progress e.g., tutorial or VLE system

2.12	A planned programme of delivery is in place for all active qualification(s)
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## Explanation

The delivery and assessment of every course must be in line with the requirements of the qualification specification. This criterion will be satisfied by a review of how well the delivery and assessment of qualifications are being conducted within the provider, including what assessment methods/facilities and resources are being used.

### Evidence to meet this criterion could include:

- Planned programme of delivery e.g., schemes of work or lesson plans
- Assessment plans
- IQA sampling plans
- A verbal overview of provider facilities including resources required for the qualification as detailed in the qualification specification

2.13	Student records and details of achievements are accurate, kept up to date and securely stored
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## Explanation

This criterion confirms that student records of achievement are accurate and kept up to date, procedures are in place to retain records of student achievement and that these records are stored securely for a minimum of 3 years. There should be evidence that student personal data is collected and held in accordance with data protection legislation.

### Evidence to meet this criterion could include:

- Student registration details
- Assessment/IQA records
- Portfolio evidence
- Security and access arrangements
- Data Protection policy – how this is applied.

2.14	Adequate procedures exist to ensure secure and safe storage of live and completed student assessment records and examination materials
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## Explanation

If the provider is delivering qualifications that involve external assessment and/or controlled assessments or NEA, the provider must ensure:

- They are maintaining the security of live assessments, including where they are stored. There is a designated person who manages the process and has access to the material, the distribution and security of the material.
- There are processes in place for the secure storage of passwords, live assessments, and recorded assessments.
- Any student assessment records/materials complete as part of a synoptic project are stored and administration in line with NCFE guidelines. For Functional Skills and Essential Digital Skills Qualifications (EDSQ) – the EQA will comment on the secure storage of assessment materials and whether this is in line with the relevant Regulations for the Conduct of Controlled Assessments.

### Evidence to meet this criterion could include:

- Discussions with the examinations department
- Relevant provider policies
- Evidence to show JCQ compliance – e.g., annual inspection report/outcome

2.15

Adequate and compliant processes are in place for external and controlled assessment(s) which meet NCFE and JCQ requirements

### Explanation

If the provider is delivering qualifications that involve external assessment and/or controlled assessments, the EQA will outline how these are being implemented to comply with NCFE 'Regulations for the Conduct of External Assessment' and 'Regulations for the Conduct of Controlled Assessment', as well as complying with JCQ requirements.

For Functional Skills and EDSQ – the EQA will comment on the booking and distribution of assessment materials and whether this is in line with the relevant Regulations for the Conduct of Controlled Assessments.

The arrangements for the delivery of the controlled and external assessments, including invigilation will be commented on in line with the Regulations for the Conduct of Controlled Assessments – EDSQ.

### Evidence to meet this criterion could include:

- Discussions with the examinations department
- Relevant provider policies
- Evidence to show JCQ compliance – e.g., annual inspection report/outcome.

2.16

Processes are in place for withdrawing qualification(s) and student(s)

### Explanation

This criterion is to confirm that the provider has a robust process in place for the withdrawal of qualifications and students both internally within the provider and also with NCFE via the Portal.

### Evidence to meet this criterion could include:

- Withdrawal process

2.17

Appropriate certification processes are in place for students

### Explanation

This criterion will review the provider's process for claiming and issuing student certificates. The provider will need evidence of how the process works, which departments/individuals are involved, and how policies and systems are used to ensure the process is robust.

### Evidence to meet this criterion could include:

- Certification claiming process/exams policy
- Assessment/IQA records
- Exams officer records

2.18	Feedback is used to evaluate the quality and effectiveness of qualification(s) which leads to continuous improvement
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### Explanation

To meet this criterion the EQA will explore how the provider gathers feedback from both students and staff on the quality and effectiveness of qualifications being delivered and how this leads to continuous improvement.

### Evidence to meet this criterion could include:

- Evaluation forms/surveys
- Provider's Self-Assessment Report (SAR)
- Quality Improvement Plan (QIP) or equivalent

2.19	Processes are in place to notify us of any changes that would affect the ability to maintain delivery or assessment of qualification(s)
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### Explanation

This criterion is to ensure that providers have a process in place to inform NCFE of any changes that would affect the provider's ability to maintain the delivery and assessment of qualification. The EQA will need to confirm that designated personnel are in place and know who and how to contact NCFE.

Providers must complete the 'Change of provider contact details' form via the website on the external quality assurance page to notify us of any change in Head of Provider, Programme Contact, Finance Contact and Exams Officer. The External Quality Assurer will need to confirm that designated personnel are in place and know how to contact NCFE.

### Evidence to meet this criterion could include:

- Policy/process
- Roles and responsibilities of staff

### Customised Qualifications only

2.20	A robust process in place to ensure that content is fit for purpose where Customised Qualifications are developed
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### Explanation

This criterion is to ensure that where customised qualifications have been developed by the provider there is a robust process in place to ensure the content is fit for purpose. The EQA will require confirmation and evidence that assignment briefs meet the qualification specification and delivery is in line with the approval application.

### Evidence to meet this criterion could include:

- Evaluation forms/surveys
- Product review process
- Meeting minutes
- Development plans
- Occupationally competent staff/person to carry out the qualification review

## Registered Professional qualifications (dental and pharmacy qualifications)

2.21	A Fitness to Practise Policy and Procedure is in place
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### Explanation

This criterion is to ensure that providers delivering registered professional qualifications have a fitness to practise policy in place. We require providers to demonstrate how they are ensuring students are fit to practice when they enter the qualification and how they deal with any fitness to practise issues among students or trainees throughout the delivery of the programme.

Fitness to practise covers three areas: clinical/technical practice, professional conduct and health. Some examples of fitness to practise concerns include bullying, drug or alcohol use, dishonesty or misuse of social media. (You can find further information on the GDC's website and in their document 'Student Professionalism and Fitness to Practise').

### Evidence to meet this criterion would include:

- Fitness to Practise Policy and Procedure. It must be applicable to both staff and students, written with reference to the relevant regulator, which includes how you'll ensure students are fit to practise and how you'll deal with any fitness to practise issues at the point of selection.
- Provider's Professional Misconduct Panel membership in place and a General Dental Council registrant, not involved with the delivery/assessment/internal quality assurance of the student's qualification on the panel
- Provider's Appeal policy
- Procedure for checking and retaining copies of student vaccination records
- Admissions/enrolment procedure
- Equal opportunities and diversity policy and procedure
- Student support policy/protocol.

2.22	There is a work-based supervising registrant in place for each student
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### Explanation

This criterion is to ensure that evidence is in place and must show that professional registration of work-based supervisors is checked before the qualification starts and that ongoing checks for any changes are in place.

Any General Dental Council (GDC) registrant involved in the supervision, teaching and assessing of a student's work must be named. Providers must complete a supervising registrant list for each student. Providers will be expected to update this list annually to ensure registration has been maintained.

A declaration confirming that the named workplace mentor/supervisor has read policies and procedures listed and provided copies for the student (where appropriate) and their practice manager to read, and also that the content was discussed and clarified with the student and their manager.

### Evidence to meet this criterion could include:

- Statement as to how this is to be completed
- Guidance on the role of the supervising professional registrant and evidence of how this person has been supported with training
- Evidence that the supervisor/mentor has a current DBS certificate
- Annual updating of these records
- Work-based supervising registrant (workplace mentor or supervisor) documented for each

student/workplace.

2.23

There is a work-based placement procedure in place, which includes a formal agreement between the student, provider, and employer/workplace

### Explanation

This criterion is in place to ensure that students sign and comply with a student contract. This contract details the expected behaviours that students must comply with in line with NCFE and GDC requirements.

Employers/workplaces/placements must ensure that students have been formally inducted into the workplace. Topics must be covered to evidence that the student is fully prepared to work safely and ethically in a dental practice.

Providers must gather evidence that demonstrates that the clinical environment/workplace is safe and appropriate. Through the workplace Assessor, they must request evidence from the employer.

There should be feedback mechanisms available to promote a two-way communication process that aims to improve the outcomes of the programme for all key stakeholders.

Providers must ensure that workplaces comply with the requirement that all trainee Dental Nurses should be easily identifiable from registered Dental Nurses in the work setting (eg by students wearing name badges).

Patients must also be made aware if a trainee Dental Nurse is assisting in their treatment, the possible implications and give consent. Consent must also be recorded prior to commencing treatment. If patients wish to decline, this will not affect the treatment they receive at the practice. Workplaces may wish to use this poster which informs patients of the above requirements.

Providers must ensure that they have a formal process in place to monitor and record patient safety incidents, and to communicate these with work placements/employers. Work placements/employers have a responsibility to report such incidents back to the provider. An incident reporting form that can be used by both the provider and the work placement/employer is provided to support this process.

### Evidence to meet this criterion could include:

- Work-based placement procedure which includes the quality assurance/health and safety of placements
- Three-way agreement
- Student handbook
- Risk assessments/evidence of review
- Consideration of patient safety
- Insurance - public liability, employer
- A process in place to check the workplace/placement is registered with the appropriate regulators  
Details of study, workplace-based assessments and support required for the student in the workplace
- Induction policy/procedure/ employer declaration of work-place induction
- Employer declaration of workplace induction (Appendix B of Approval Guidance document)
- Signed copy for each student required for subsequent EQA reviews
- Contracts setting out specific roles and responsibilities that providers/employers must agree, sign and comply with throughout the course of the qualification (Appendix F and Appendix G)
- A process in place to check the workplace is registered with the Care Quality Commission (CQC) (England). Evidence of this being carried out will be required for subsequent EQA reviews
- Initial safety check and monitoring of students' workplace (Appendix C: Initial safety check and workplace monitoring). Completed checklist required for subsequent EQA review

- Raising Concerns in the Workplace policy and procedure for the placement/employer
- Process in place to check the workplace is informing patients and gaining their consent regarding a trainee Dental Nurse being involved in their dental treatment
- Process in place to check the workplace mentor/supervisor is keeping records of mentorship
- Patient feedback surveys

<b>2.24</b>	Procedures for checking good character and good health including vaccinations (where required) are in place
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### **Explanation**

This criterion is in place to ensure all GDC registrants are vaccinated, and providers must confirm that students comply with this and keep the appropriate records. Checks must be made to ensure all staff and students are of good character.

### **Evidence to meet this criterion could include:**

- Procedure for checking and retaining copies of student vaccination records
- Provider organogram – setting out the staffing structure for the delivery of the qualification
- Proof of General Dental Council (GDC) registration number for those listed in provider organogram
- Current CVs, continuing professional development (CPD) records, copies of vocational qualification certificates, education/training qualifications
- Details of current Disclosure and Barring Service (DBS) checks, job descriptions: ie department supervisor(s)/tutor(s)/assessor(s)/IQA(s).

## **2.2 Action Plan for Provider**

This section will address any actions or recommendations that the External Quality Assurer has identified from each section of the report. Your EQA should explain what will appear in this section with their feedback. Please ask about any areas you're unsure of during the review or when you receive your report. Remember that the EQA is there to offer help and guidance throughout the process.

## **2.3 Action for External Quality Assurer or Head Office**

This section of the report is used to enter any action that NCFE may need to take following the approval review. For example, updating qualification contact details or advising that further information regarding some of our qualifications is required. The External Quality Assurer will complete this section and any actions mentioned for head office will be passed to the relevant department.

## **2.4 Additional Information Sheet**

This section will be used by your External Quality Assurer to record any other information which doesn't fall under the previous sections of the report.

## Change History Record

Version	Description of change	Approval	Date of Issue
v7.0	Branding updated. Document information and Change History Record added		January 2021
v7.1	Rebranding Updated		August 2021
v8.0	Alignment with annual monitoring review (AMR)		October 2022
v8.1	Risk rating criteria applied, and additional information added to strengthen existing requirements around resources		January 2023
v8.2	Additional roles added to 2.19 for change in provider contacts		May 2023