User Guide to the External Quality Assurance Report

External Quality Assurance team

Version 1.6 – July / 2026

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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 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 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 (EQA)/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 five-point scale 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. Actions or recommendations will be detailed in section seven 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

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 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 report and on the Portal. Once achieved centres can claim learner certificates without authorisation from their EQA.

Sanctions

Where centres have not completed actions by the agreed date, EQAs may apply sanctions to the centre until they are resolved. This may include removal of DCS and removal of approval to register new learners on the product.

- The first sanction would be (where applicable) to remove/withhold DCS
- If an action graded 3 is not met by the following review, it will be increased to a 4 or 5 (risk dependent) - then if not met at the following review a sanction will be issued
- If an action is graded a 4 or 5 and not met by the following review a sanction will applied at the review.
- If a recurring issue arises within a 12-month window a sanction would be reapplied with immediate effect.

Where any criteria are graded four or five the centre will lose Direct Claim Status (DCS) for all qualifications in the quality assurance (QA) group, not just qualifications sampled in the report.

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

This is the front sheet of the report and contains information on the centre, qualifications, review date, and the most recent annual monitoring review (AMR) risk rating. There are only three fields in this section that will be populated in Quality Zone by the EQA- the review date, type (remote/visit), and duration.

Changes to centre contact details should be made as they occur and in advance of a review where possible via our ‘Change of centre contact details’ form on the website, 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 eight of the report under ‘Actions for head office’ and changes will be made following submission of the 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 report or the approval report, if it is the first review.

The EQA will record:

- the last EQA review date
- the EQA who completed the previous report
- or confirm if this is the ‘First EQA review’, if so, include the approval date.

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

	Actions complete	Actions outstanding	No action taken	No action required
Assessment				
Internal quality assurance				
Feedback to the centre				

Actions complete
EQA will comment on actions taken by the centre since the last review which have been completed.

Actions outstanding or no action taken 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 feedback will reflect this. If there is more than one action, the feedback will be clear as to what is outstanding in each area.

Actions outstanding or no action taken impacting specific qualifications in the QA group
If actions have previously been set which are specific to qualifications which are not being reviewed, these will be marked as no action taken. They will then be set again in section seven, to be reviewed in a future report which includes those qualifications.

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 review and that the EQA has checked the approval report for any actions/recommendations that are outstanding.

Impact on 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.

New actions and recommendations
Any new actions identified from the current review will be captured in section seven, with progress checked at the next review. Recommendations will not be commented on within this section, refer to the relevant section for detail in relation to recommendations taken forward by the centre since the last review.

Section 3 – assessment

This reviews the assessment processes in place at the centre and ensures that the assessment is compliant with the Qualification Specifications and subject specific regulations and guidance. This section contains detail to support the reliability of assessment grades awarded in section five.

The observations and feedback will contain a rationale to confirm how the sample of assessment and internal quality assurance evidence was selected by the EQA.

Criteria

3.1	**The assessment is mostly:** **1 = at the main site** **2 = at a satellite centre** **3 = in the workplace** **4 = via distance learning** **5 = via blended learning**

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.

For centres offering assessment/delivery via distance learning, the EQA will need confirmation of where learners are based for example in the UK or internationally. If it is confirmed there are international learners, the EQA will ensure a mixture of international and UK based learners are sampled, in line with the EQA Sampling Strategy.

Evidence to meet this criteria could include:

- details of addresses, staffing and contact details
- reference to specific qualifications/units delivered at each site.
- locations of Satellite Centres

3.2	**Assessors have full and up to date information**

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 criteria could include:

- assessor induction information
- confirmation of access to NCFE Service Messages, course file documents and key updates
- awarding organisation general updates and key documents for the assessor to carry out their role, such as Qualification Specifications, assessment materials and delivery guides.

3.3	**There is a planned program of delivery in line with recommended total qualification time (TQT)/guided learning hours (GLH) and appropriate assessment methods are in place**

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 GLH are given in the Qualification Specifications 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.

Please note: total learning hours (TLH) 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.

Where qualifications require learners to be either in employment or undertaking an appropriate practical placement, the EQA will check that work placement arrangements are planned, and placements are suitable, to ensure these requirements are met in line with the Qualification Specification.

Evidence to meet this criteria 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.
- work placement records/logs

3.4	**Any achievement of recognition of prior learning (RPL) has been recorded, and checked for appropriateness (where applicable)**

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 assessor and internal quality assurer (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 evidence provided.

Evidence recorded could include reviewing the centre 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 criteria could include:

- central tracking document which records RPL
- RPL evidence being clearly referenced in the learner portfolio, on assessment and IQA documentation.

3.5	**Assessment methods, equipment and resources used, are appropriate and are consistent with the Qualification Specification (where applicable)**

Explanation

The EQA will confirm that the centres assessment process has been reviewed. Details will include:

- a review of any centre devised tasks
- 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 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 Specifications.

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 (EDSQ) – the EQA will comment on the centre's computer resources for teaching and delivery of assessment.

Evidence to meet this criteria could include:

- assessment plans
- centre devised tasks
- learner assessment records
- provision for learners with particular assessment requirements
- a tour of the centre's facilities/resources could also be included during a face-to-face review or video/photo evidence if remote.

3.6	**Assessment including any grading decisions has been applied as outlined in the Qualification Specification**

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 five.

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 seven.

If assessment and/or grading decisions are not agreed by the EQA, a deep dive may be required to take place. CV and continuing professional development (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 criteria could include:

- assessment records
- standardisation meeting minutes, supported by conversations with the assessment team
- IQA feedback to assessors.

Where a deep dive is required, evidence to meet this criteria must include:

- Copies of staff CVs, certificates and CPD records

3.7	**Learners receive regular feedback after assessment**

Explanation

The EQA will need to see that assessment has taken place, they will record what method of feedback has been used 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 criteria could include:

- copies of feedback sheets and assessment records.

3.8	**Each unit of assessed evidence is named, authenticated, and dated by the assessor and the learner**

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 criteria could include:

- copies of feedback forms and assessment records
- learner declaration forms

3.9	**Assessment records show accurate tracking, progress, and achievement**

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).

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

Functional Skills qualifications – the EQA will comment on the recording of speaking, listening and communicating (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 SLC assessments have been recorded and recordings supplied for EQA are in line with the Regulations for the Conduct of Controlled Assessments.

Translation requirements – **(International only not devolved nations)**
Centres are approved to deliver and assess qualifications in English only, unless they apply to become approved to deliver and assess qualifications in a language other than English. If a Centre is approved to deliver a qualification in a language other than English, Centres will be responsible for the additional operational and quality assurance costs incurred when delivering and processing assessments in another language.

All translated documents must be submitted to NCFE with evidence of who has carried out the translation for EQAs to carry out external quality assurance, as part of the EQA Review process.

Deep Dive – should any breach of the Regulations for the Conduct of Controlled Assessment be identified, the EQA may request the centre's Controlled Assessment Policy for review. This should be noted as an additional evidence request within the narrative. If there are inaccuracies, omissions or errors in the policy, this should be flagged for action/recommendation.

Evidence to meet this criteria could include:

- demonstration of assessment tracking system/spreadsheet
- learner evidence tracking logs
- assessment completion records.
- Work placement tracking logs
- Translation evidence – international centres only.

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

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.

Evidence to meet this criteria could include:

- relevant 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.

The EQA will include feedback to confirm that any certificate claims made since the last review are accurate, for example, the mandatory and optional units claimed for each learner are correct and valid.

Criteria

4.1	**The internal quality assurers (IQAs) are mostly:** **1 = based at the main site** **2 = based at a satellite centre** **3 = freelance/home based**

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 criteria could include:

- confirm locations and staffing

4.2	**An appropriate internal quality assurance strategy and sampling plan is in place which is reviewed regularly**

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.

Evidence to meet this criteria could include:

- internal quality assurance plans and reports
- sampling strategy and schedule of activity
- records/minutes of assessment team meetings
- internal reviews of sampling strategies
- evidence of corrective actions taken.

4.3	**Suitable arrangements are in place to ensure effective meetings and standardisation takes place across qualifications and all sites**

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 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 criteria could include:

- meeting agendas, minutes, and records of attendance.

4.4	**Allocation of assessor responsibilities are clear and meet the needs of learners and assessors. Continuous development is available to support responsibilities**

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.

Evidence to meet this criteria could include:

- organisational chart
- records of all assessment sites and personnel
- detail of CPD completed *
- copies of job descriptions
- 1:1 performance review process
- records of standardisation meetings and IQA feedback to assessors.

*EQA will only request CPD records if they are completing doing a deep dive

4.5	**Assessors have been assisted with arrangements for learners with special assessment requirements (where applicable)**

Explanation

Discussions around any special assessment requirements or reasonable adjustments 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 these, will be commented on to confirm these have been upheld by the centre so there is no impact on assessments.

Special considerations or reasonable adjustments that have been declared either prior to or during the review will be discussed. If there is confirmation from the centre that there were no special consideration/reasonable adjustments, 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.

Where reasonable adjustments have been used to support a learner, the centre must record these on the NCFE reasonable adjustment tracking document or similar and provide this for EQA review.

Evidence to meet this criteria could include:

- details of the curriculum and support programme offered
- records of initial assessments.
- reasonable adjustments/ special considerations tracker/log

4.6	**Assessors have been assisted in resolving disputes, appeals or fitness to practise concerns (where applicable)**

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.

Evidence to meet this criteria could include:

- internal records of any disputes
- fitness to practise procedure and evidence this been followed correctly by the centre.

4.7	**Internal quality assurance of assessment decisions has been applied accurately**

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.

Evidence to meet this criteria could include:

- assessment records and standardisation meeting minutes
- demonstrated during conversations with the assessment team
- copies of staff CVs, certificates and CPD records
- IQA feedback to assessors.

4.8	**Assessors are provided with clear and constructive feedback on assessment practice and assessment decisions**

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 criteria could include:

- IQA feedback to assessors.

4.9	**Assessment is internally quality assured, and each unit of internally quality assured evidence is named, authenticated and dated by the IQAs**

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 criteria 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 templates/documents are available within the course file documents on our website.

4.10	**Sampling dates are consistent with dates in the IQAs sampling plans**

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 criteria could include:

- a spreadsheet which is held in the course file.

Section 5 – learners sampled

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 over time (wherever possible)
- all/range of batches (wherever possible)
- all satellite centres
- UK and international based learners
- 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.

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 EQA	**DCS lost for the qualification sampled**

The reliability of assessment grade will reflect the feedback provided in section three and four 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 two reviews, there will be commentary in section nine as to why, to provide an audit trail and as a reminder that this section is very important but may not be completed at every review.

Section 7 – action plan for centre

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

- any statements in sections three or four that are graded as two will be referenced in section seven as a recommendation.
- any statements in sections three or four that are graded as three or higher will 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 three and four 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 for EQA/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, maladministration, fitness to practise concerns
- assessment material errors
- confirmation of a COI, reasonable adjustment and/or special consideration being in place that has been declared either prior to or during the review
- new products.

If a centre requests further information on an additional product during the review, for example an end point assessment (EPA) product, The EQA will 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
- any supportive comments such as 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

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

Commentary could relate to:

- support received during the planning of the review including communication with staff, for example 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 review date
- certificate claims that should now be made by the centre to be approved by the EQA.

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 two benefits:

- allows NCFE to be compliant with the regulatory requirements set the Ofqual General Conditions of Recognition
- 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 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 five working days. If the centre would like additional staff at the centre to receive the report, then the EQA will ask at the end of the review (during feedback), for their email and submit this when uploading the report to the Portal.

Appendix A – registered professions qualifications

This refers to the following qualifications:

- NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing QN: 601/2251/1*
- NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing (Integrated Apprenticeship) QN: 603/6671/0*
- NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing (Integrated Apprenticeship) QN: 610/1340/7
- NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing QN: 610/3114/8

*withdrawn and not available for new registrations

All information here must be provided in addition to the information in the previous sections.

General Dental Council (GDC) Standards for Education

The Standards for Education are the requirements that underpin dental qualifications, and these apply to all UK programmes leading to registration with the GDC. They cover programmes in dentistry, dental hygiene, dental nursing, dental technology, dental therapy, clinical dental technology and orthodontic therapy. These have been revised by the GDC and apply from 01 September 2025.

The new standards cover three areas the GDC expects providers to meet in order for training programmes to be accepted for registration. These areas are:

- patient protection and safety
- student development and support
- quality assurance of programmes

The new GDC 'Safe Practitioner Framework' (which in September 2025 replaced the GDC 'Preparing to Practice' standards), has now been included in the latest dental qualification:

NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing QN: 610/3114/8 which is approved by the GDC.

Centres must evidence at each review that they continue to meet these standards.

Centres should be familiar with the standards and must ensure that they are using and adhering to the mandatory documents outlined in the Qualification Specification and associated qualification appendices, which are available on the NCFE website.

Appendix B – additional assessment criteria mapped to GDC standards

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

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.

TLH 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.

Feedback of how the planned programme of delivery and assessment is managed by employers in the workplace will be included.

Evidence to meet this criteria could include:

- learner attendance records
- curriculum delivery and assessment plans
- schemes of work and lesson plans
- details of any specialist materials used.

3.5	**Assessment methods, equipment and resources used, are appropriate and are consistent with the Qualification Specification (where applicable)**

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 **(GDC 7.1, 7.2)**.

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.

The EQA will comment on the legality of the qualifications operating for example vicarious liability or professional indemnity insurance.

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/health and safety 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 Care Quality Commission (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
- Evidence of how patient safety is embedded throughout the qualification **(GDC 3.1)**
- 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 4.1, 13.1)**
- Evidence of CPD activities centre staff have undertaken since the last EQA review and how is this documented **(GDC 4.3, 13.1, 16.2)**
- Details of changes to staffing since the last review **(GDC 4.2, 4.3)**
- 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 show how first aid equipment is maintained. **(GDC 4.3)**
  Assessment plans and learner evidence with assessor feedback **(GDC 8.1, 8.3, 9.1)**.

Evidence to meet this criteria could include:

- assessment plans
- learner assessment records
- 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.

3.6	**Assessment including any grading decisions has been applied as outlined in the Qualification Specification**

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. **(GDC 7.1, 7.2, 9.1, 9.2, 13.2)**

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 criteria could include:

- assessment records and standardisation meeting minutes supported by conversations with the assessment team
- copies of staff CVs, certificates and CPD records
- IQA feedback to assessors.

3.7	**Learners receive regular feedback after assessment**

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. **(GDC 8.3, 9.1, 9.2)**

The consistency of tracking progress and achievement and signing assessment documentation will also be commented on. **(GDC 7.1, 7.2, 8.1, 9.1)**

Evidence to meet this criteria could include:

- copies of feedback sheets and assessment records.

3.10	**Learners receive regular feedback after assessment**

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.

Evidence to meet this criteria could include:

- a process, plan or policy.

If there is a placement as part of the professional qualification (for example dental nursing), the centre needs to check the registration date has been shared with the employer so there is evidence that this was conducted three months before starting their programme.

Appendix C – additional IQA criteria mapped to GDC standards

4.4	**Allocation of assessor responsibilities are clear and meet the needs of learners and assessors. Continuous development is available to support responsibilities**

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.

Details of how CPD allows annual achievement linked to their regulatory body (GDC/GPhC) 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 criteria could include:

- organisational chart
- records of all assessment sites and personnel
- detail of CPD
- copies of job descriptions
- 1:1 performance review process
- records of standardisation meetings and IQA feedback to assessors.

4.6	**Assessors have been assisted in resolving disputes, appeals or fitness to practise concerns (where applicable)**

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 assessor's 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 **(GDC 5.1, 5.2, 5.3, 5.4, 5.5, 6.2)**.

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.

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 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 (LOs), patients and procedures and confirmation this is evident in the learner assessment sampling.

Evidence to meet this criteria could include:

- internal records of any disputes

- centre Appeals Policy
- fitness to practise procedure and evidence of whether this has been followed correctly by the centre.

4.9	**Assessment is internally quality assured, and each unit of internally quality assured evidence is named, authenticated and dated by the IQAs**

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 **(GDC 11.0, 17.1, 17.2)**.

Evidence to meet this criteria 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 our website.

4.10	**Sampling dates are consistent with dates in the IQAs' sampling plans**

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 criteria could include:

- a spreadsheet which is held in the course file.

The EQA will check the following:

- are the IQAs' judgement of the assessment process and assessor's decisions valid? **(GDC 1.1, 1.2, 7.1, 7.2, 7.3, 7.4, 8.1, 3.13, 14.1)**
- is internal quality assurance feedback to assessors valid including any actions set and met
- does the centre need to review the assessment and/or quality assurance judgements already made? **(GDC 7.2, 8.1, 8.2, 8.3)**
- does the centre have a documented IQA strategy? **(GDC 14.1)**
- does the centre have an internal quality assurance plan which includes the internal quality assurance of the records of assessment cycle **(GDC 14.1, 15.1)**

- does the centre have documented evidence of appropriate standardisation activities relating to the qualifications being delivered? **(GDC 8.1, 8.2, 14.1)**
- is the centre implementing their documented internal quality assurance strategy for the qualifications they are delivering? **(GDC 15.1)**
- has the centre got in place arrangements to ensure that assessment outcomes can be held and transmitted securely? **(GDC 13.2, 13.3, 15.1)**

Appendix D – additional sampling information for registered professions

EQAs will sample 5% (or a minimum of three learners) of the learners registered and units will be sampled across each cohort of learners, or across the sample chosen if roll on, roll off, prior to certification.
Throughout the session, the sampling of learners must include new, mid and final checks. This does not mean that every learner has to have three checks, as this relates to all learners within that cohort. All final portfolios, as stated below, must be checked and confirmed that they are 100% complete, including the 2 MCQs. (This will be recorded in Section 5 of the EQA report).

Appendix E – additional sampling information for registered professions

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.

If no feedback is completed over two reviews, there will be commentary in section nine 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 reviews.

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 appendices document on our website, 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:

Purpose
- has the learner been able to confirm the title of the qualification they are completing?
- has the qualification covered everything that they thought it would?

Content:
- has the centre provided the learner with access to complaints and appeals procedures and policies, and do they have an acceptable awareness of these policies? **(GDC 3.1, 5.1, 5.2)**
- did they receive an induction appropriate for their qualifications**? (GDC 1.1, 1.2)**
- can they discuss what part of the qualification they enjoyed the most and why?
- did they find anything challenging?

Support:

- has the learner received feedback from their tutor/assessor/mentor/supervisor/patient? **(GDC 8.3, 9.1, 9.2, 9.3, 9.4, 10.1, 10.2)**
- have they been given both written and verbal feedback from their assessor? **(GDC 8.1, 8.2, 8.3, 9.1, 9.2, 10.1, 10.2)**
- did they feel adequately informed and supported throughout the undertaking of their qualification? **(GDC 9.4)**
- did they have access to the appropriate materials to undertake the course/qualification/unit? **(GDC 7.1, 7.2, 7.3, 7.4)**

Validity of assessment:

- is the learner aware of Fitness to Practise and Patient Safety? **(GDC 6.1, 6.2)**
- can they explain how patients know that there are trainees in the practice. **(GDC 2.1, 2.2, 2.3)**
- can they explain how the qualification will help them in the future? **(GDC 6.1)**
- can they explain how they gain patient consent for the assessor to be present to observe you in practice?
- how many observations they have had completed by their assessor? **(GDC 2.2, 2.3, 13.2)**

If findings are identified which may indicate suspected malpractice/maladministration or fitness to practise concerns, the EQA will discuss these with the centre and record in section eight **(GDC 14.1, 17.4)**.

Appendix F – additional section eight information for registered professions

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, maladministration, fitness to practise concerns, assessment material errors
- confirmation of a COI, reasonable adjustment and/or special consideration being in place that has been declared either prior to or during the review
- new products.

If a centre requests further information on an additional product during the 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
- any supportive comments such as 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.

Appendix G – additional centre feedback information for registered professions

This section is in the report so that centres can provide NCFE feedback from their experience of their qualifications. Benefits of completion include:

- allows NCFE to be compliant with the regulatory requirements set by the Ofqual General Conditions of Recognition
- allows centres to focus on any qualification they feel needs reviewing so that NCFE Product Development team can make necessary improvements if required **(GDC 14.3)**.

The completed report will be uploaded to the Portal within five working days.

Additional administrative EQA checks (GDC 7.2, 15.1, 17.1)

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 Sampling Strategy, additional administrative checks are carried out by the EQA, backed up by analysis and intelligence from lead EQAs, quality assurance officers, Provider Assurance and Provider Development teams.
- 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 confirmation is received from the centre that a learner is ready to be certificated and the EQA is cross-referencing completed learner names (confirmed by the centre) with previous reports. Sampling may have taken place at a new or mid-point, or just at this final certification stage, where the 100% administration checks will be applied.
- Should a centre claim for learners where additional checks have not been completed, the EQA will request further evidence that the learners have completed 100% of the qualification. An additional EQA review will be required to sample learners that require certificating between reviews.

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

The EQA will record the units sampled and assessment methods from each centre review on their ‘tracker’ located on their Teams and ensure planning documents are updated to reflect next review dates.

The next EQA review will be planned with the centre and the centre will be notified of this date.

Version control

Date approved	July 26
Approved by	Rachael Lacey
Review date	July 27

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

Version	Date	Revision authors	Summary of changes
v1.1	June 2022	EQA team	First edition of guidance in line with updated external quality assurance report
v1.2	November 2022	EQA team	Reference to 'change of provider contact details form' added to section 1
v1.3	April 2023	EQA team	International learners information added to section three and five. Examples of actions for head office added to section eight Additional questions added to learner feedback
v1.4	October 2023	EQA team	Registered professions reviewed and updated in appendices
v1.5	September 2025	EQA team	Review for 2025/26 session. Registered professions updated to meet new GDC guidelines
v1.6	July 2026	Rachael Lacey	Review for 2026/27 session