



User Guide to our Centre Approval Report

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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 centres feel supported and confident when delivering our qualifications and this guide offers an explanation for each section of the Centre 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 Centre Approval Report will be completed by an external quality assurer (EQA) and you'll be graded as either yes or no for meeting each criteria.

Each criteria has been profiled as being high/medium/low risk, as identified in this guidance document. Each criteria 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 (red) or medium (amber) risk criteria this will result in approval being deferred and actions set. Centres 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 (green) criteria, actions will be set to be reviewed during the first Annual Monitoring Review (AMR).

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

The approval report

The Centre Approval Report is divided into sections as follows:

- Section 1 – Centre details and our contact details
- Section 2 – Previous action plan
- Section 3 – Management Systems and administration
- Section 4 – Action plan for centre
- Section 5 – Action for EQA/quality reviewer or head office
- Section 6 – Additional information

Within section 3, the main subject areas are divided into elements such as 3.1, 3.2. Your EQA 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 4 – Action plan for centre.

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 centres 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: Centre details and contacts

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

Section 2: Previous action plan

If a follow-up approval review has been required, any actions set in the first review will be detailed here.

Section 3: Management systems and administration

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| 3.1 | 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 criteria is to demonstrate and confirm that the centre 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 learners.

The documented policies that will be reviewed are:

- Appeals
- Provide Contingency and Adverse Effects (to include withdrawal of centre approval status and protection of the learners' 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)
- Learner Recruitment, Registration, and Certification
- Learner support/protocol
- Malpractice and Plagiarism
- Safeguarding
- Special Considerations and Reasonable Adjustments
- Recognition of prior learning (RPL)
- Transfer of credits and recordings of exemptions and withdrawal of learner or qualifications 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 learner’s programme (General Dental Council (GDC) 5.4, 5.5, 6.1, 6.2)
- Patient Safety Procedure – the EQA will discuss the following areas with the centre and record any issues concerning patient safety and how centres are made aware that it is their responsibility to inform the learners of any such incidents (GDC: 5.1, 5.2, 5.3, 5.4, 5.5)
- Confirmation the centre has policies and procedures in place regarding the raising of concerns that are clearly communicated to all staff, learners, and patients (GDC 5.1, 5.2)
- Any concerns raised by learners or staff regarding risks to patient safety including any instances that are reportable to a regulatory organisation (GDC 5.3, 5.4)
- 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 for example Self-Assessment Review (SAR) data (GDC 3.2, 12.1, 12.2, 13.3, 17.3).

Evidence to meet this criteria 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 learners
- Confirmation of support from senior managers to run the product.

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| 3.2 | Sufficient work placements are available to learners 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 centre will need to demonstrate that they have sufficient and suitable work placement opportunities available for all learners to be able to achieve the work placement requirement of the qualifications. They will also ensure policies and procedures are in place to ensure the work placement environment is suitable and safe.

Evidence to meet this criteria could include:

- Copies of relevant policies and procedures
- Risk assessment documentation
- Copies of formal agreements between the learner, centre, 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.

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| 3.3 | Recruitment and induction processes are in place for all staff involved in the qualifications |
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Explanation

This criteria confirms that the centre 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 criteria could include:

- CVs and continuing professional development (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.

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| 3.4 | 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 CPD |
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Explanation

This criteria is to ensure the centre 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 centres delivering Technical Qualifications and V Certs.

Evidence to meet this criteria 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.

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| 3.5 | Procedures are in place to ensure effective communication and appropriate allocation of time for team meetings and standardisation |
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Explanation

This criteria 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 learners' evidence, which is consistent with the assessment criteria (AC) 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 criteria could include:

- Centre guidance on team meetings and standardisation activities – this could include a set template for each
- Copies of meeting agendas/minutes – team and cross centre (if applicable)
- Briefings and/or updates – for example all user emails, staff virtual learning environment (VLE)
- Schedule of activity for staff involved

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| 3.6 | Responsibilities, authorities, and accountabilities are clearly defined, allocated and understood by all staff involved in the qualifications |
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Explanation

This criteria 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 (AC) 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 qualifications 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 criteria could include:

- Confirmation that staff are familiar with the AC 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).

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| 3.7 | Marketing and advertising of all qualifications 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 centre to satisfy this criteria.

Evidence to meet this criteria could include:

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

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| 3.8 | Appropriate recruitment and registration processes are in place for learners |
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Explanation

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

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

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

Evidence to meet this criteria could include:

- Learner recruitment schedule for example open events, interviews, parent evening taster sessions
- Course prospectus
- Learner registration process/policy.

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| 3.9 | An enrolment and induction process which provides sufficient information, advice and guidance is in place for all learners |
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Explanation

The EQA will review the centre enrolment and induction process for learners to ensure it is robust and that it provides learners with sufficient information, advice, and guidance about the qualifications they have chosen to study. This should include advising learners 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 criteria could include:

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

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| 3.10 | 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 criteria is to ensure processes are in place to support the accumulation and transfer of credits, the recording of exemptions and RPL (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 criteria could include:

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

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| 3.11 | Learners' 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 criteria will explore how learner development needs established during enrolment are matched against the requirements of the qualification learners are registered to. The EQA will review the centres processes and systems used to record, review, and monitor progress.

Evidence to meet this criteria could include:

- Use of initial assessments
- Individual learning plans/individual assessment plans
- System used to track learner progress for example tutorial or VLE system

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| 3.12 | A planned programme of delivery is in place for all active qualifications |
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Explanation

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

Evidence to meet this criteria could include:

- Planned programme of delivery for example schemes of work or lesson plans
- Assessment plans
- IQA sampling plans
- A verbal overview of centre facilities including resources required for the qualification as detailed in the Qualification Specification.

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| 3.13 | Learner records and details of achievements are accurate, kept up to date and securely stored |
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Explanation

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

Evidence to meet this criteria could include:

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

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| 3.14 | Adequate procedures exist to ensure secure and safe storage of live and completed learner assessment records and examination materials |
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Explanation

If the centre is delivering qualifications that involve external assessment and/or controlled assessments or non-examined assessment (NEA), the centre 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 learner 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.

International centres cannot deliver qualifications where there is external or controlled paper assessment. External assessments are only permitted if they are online for Functional Skills. If the centre wants to use translation, then they must have a translation agreement in place which has been agreed by the International team, prior to the EQA approval.

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. Centres delivering online only still need to maintain secure storage facilities, for example in the event a learner may require a paper-based examination as a reasonable adjustment.

Evidence to meet this criteria could include:

- Discussions with the examinations department
- Relevant centre policies
- Evidence to show Joint Council for Qualifications (JCQ) compliance for example annual inspection report/outcome

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| 3.15 | Adequate and compliant processes are in place for external and controlled assessments which meet NCFE and JCQ requirements |
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Explanation

If the centre 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 criteria could include:

- Discussions with the examinations department
- Relevant centre policies
- Evidence to show JCQ compliance for example annual inspection report/outcome.

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| 3.16 | Processes are in place for withdrawing qualifications and learners |
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Explanation

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

Evidence to meet this criteria could include:

- Withdrawal process

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| 3.17 | Appropriate certification processes are in place for learners |
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Explanation

This criteria will review the centre's process for claiming and issuing learner certificates. The centre 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.

- Certification claiming process/examinations policy
- Assessment/IQA records
- Examinations officer records

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| 3.18 | Feedback is used to evaluate the quality and effectiveness of qualifications which leads to continuous improvement |
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Explanation

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

Evidence to meet this criteria could include:

- Evaluation forms/surveys
- Centre's SAR
- Quality Improvement Plan (QIP) or equivalent

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| 3.19 | Processes are in place to notify us of any changes that would affect the ability to maintain delivery or assessment of qualifications |
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Explanation

This criteria is to ensure that centres have a process in place to inform NCFE of any changes that would affect the centre'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.

Centres must complete the 'Change of centre contact details' form via the website on the external quality assurance page to notify us of any change in head of centre, programme contact, finance contact and examinations officer. The EQA will need to confirm that designated personnel are in place and know how to contact NCFE.

Evidence to meet this criteria could include:

- Policy/process
- Roles and responsibilities of staff

Customised Qualifications only

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| 3.20 | A robust process in place to ensure that content is fit for purpose where Customised Qualifications are developed |
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Explanation

This criteria is to ensure that where Customised Qualifications have been developed by the centre 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 criteria could include:

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

Registered Profession qualifications (dental qualifications only)

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| 3.21 | A Fitness to Practise Policy and Procedure is in place |
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Explanation

This criteria is to ensure that centres delivering registered professional qualifications have a fitness to practise policy in place. We require centres to demonstrate how they are ensuring learners are fit to practice when they enter the qualification and how they deal with any fitness to practise issues among learners 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 'Learner Professionalism and Fitness to Practise').

Evidence to meet this criteria would include:

- Fitness to Practise Policy and Procedure. It must be applicable to both staff and learners, written with reference to the relevant regulator, which includes how you'll ensure learners are fit to practise and how you'll deal with any fitness to practise issues at the point of selection GDC (5.4, 5.5, 6.1, 6.2)
- Centre's Professional Misconduct Panel membership in place and a General Dental Council registrant, not involved with the delivery/assessment/internal quality assurance of the learner's qualification on the panel (GDC 4.2, 5.1, 5.5)
- Centre's Appeal policy (GDC 17.4)
- Procedure for checking and retaining copies of learner vaccination (GDC 10.2, 12.2)
- Admissions/enrolment procedure
- Equal opportunities and diversity policy and procedure (GDC 12.1, 12.2)
- Learner support policy/protocol (GDC 9.3, 9.4).

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| 3.22 | There is a work-based supervising registrant in place for each learner |
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Explanation

This criteria 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 GDC registrant involved in the supervision, teaching and assessing of a learner's work must be named. Centres must complete a supervising registrant list for each learner. Centres 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 learner (where appropriate) and their practice manager to read, and also that the content was discussed and clarified with the learner and their manager.

Evidence to meet this criteria could include:

- Statement as to how this is to be completed (GDC 4.1, 4.2, 4.3)
- Guidance on the role of the supervising professional registrant and evidence of how this person has been supported with training (GDC 4.3)
- Evidence that the supervisor/mentor has a current Disclosure and Barring Service (DBS) certificate
- Annual updating of these records
- Work-based supervising registrant (workplace mentor or supervisor) documented for each learner/workplace (GDC 4.2, 4.3, 15.2, 16.1).

3.23

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

Explanation

This criteria is in place to ensure that learners sign and comply with a learner contract. This contract details the expected behaviours that learners must comply with in line with NCFE and GDC requirements.

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

Centres 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.

Centres 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 (for example by learners 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.

Centres 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 centre. An incident reporting form that can be used by both the centre and the work placement/employer is provided to support this process.

Evidence to meet this criteria could include:

- Work-based placement procedure which includes the quality assurance/health and safety of placements (GDC 2.1, 2.2, 2.3, 15.2)
- Three-way agreement
- Learner handbook
- Risk assessments/evidence of review (GDC 3.1, 3.3)
- 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 learner in the workplace
- Induction policy/procedure/ employer declaration of workplace induction
- Employer declaration of workplace induction (appendix B of Approval Guidance document)
- Signed copy for each learner required for subsequent EQA reviews
- Contracts setting out specific roles and responsibilities that centres/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 learners' 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 (GDC 2.1, 2.2)
- Process in place to check the workplace mentor/supervisor is keeping records of mentorship
- Patient feedback surveys (GDC 8.3).

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| 3.24 | Procedures for checking good character and good health including vaccinations (where required) are in place |
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Explanation

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

Evidence to meet this criteria could include:

- Procedure for checking and retaining copies of learner vaccination records (GDC 6.2)
- Centre organogram – setting out the staffing structure for the delivery of the qualification
- Proof of GDC registration number for those listed in centre organogram
- Current CVs, continuing professional development (CPD) records, copies of vocational qualification certificates, education/training qualifications
- Details of current DBS checks, job descriptions such as supervisors/tutors/assessors/IQAs.

Section 4: Action plan for centre

This section will address any actions or recommendations that the EQA 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.

Section 5: Action for EQA 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 EQA will complete this section and any actions mentioned for head office will be passed to the relevant department.

Section 6: Additional information sheet

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

Version control

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| Date approved | September 2025 |
| Approved by | Kay Barrass, Quality Assurance Manager (EQA) |
| Review date | September 2026 |

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

| Version | Date | Revision authors | Summary of changes |
|---------|----------------|------------------|--|
| v7.0 | January 2021 | EQA team | Branding update Document history and change history record added |
| v7.1 | August 2021 | EQA team | Reference to Form VQ/IA added to 3.1 |
| v8.0 | October 2022 | EQA team | Alignment with AMR |
| v8.1 | January 2023 | EQA team | Risk rating criteria applied, and additional information added to strengthen existing requirements around resources |
| v8.2 | May 2023 | EQA team | Additional roles added to 2.19 for change of centre contacts |
| v8.3 | August 2023 | EQA team | Registered profession information added to appendices. Amended detail linked to criteria 3.1 to make it clear which policies are required |
| v8.4 | October 2024 | EQA team | International information added to 2.14 and 2.15 Registered professions appendices now include reference to the GDC Safe Practitioner Framework |
| v8.5 | September 2025 | Craig Coates | Review for 25/26 session. Updated section and criteria numbers |