

# Centre Activity Report

## Covid-19 guidance

External Quality Assurance Sampling Visit

External Quality Assurance Sampling Activity – Remote

### Section 1 Contact details

1.1 Transaction Number	8000071968
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1.2 Centre name	A Centre
1.3 Centre number	123456

1.4 Centre Contact	
Title	Mrs
First name	Gayle
Surname	Green
Telephone number *	01122322456
Email address*	ggreen@acentre.com

Consultant Name	Robert Bees
Type of activity	External QA sampling visit
Date of activity (dd.mm.yyyy)	12.06.2017
Start Time (24 hrs clock)	09.30hrs
Finish time (24 hrs clock)	16.00hrs

Location of activity	Centre
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## Section 2 Summary of activity & centre staff met

2.1 General comments regarding the day including good practice, for support visit outline advice, guidance & training provided

### GLH and TQT

This requirement applies to all qualifications on the Regulated Qualifications Framework (RQF) and the Scottish and Credit Qualifications Framework (SCQF) across England, Wales, Northern Ireland and Scotland.

Note: if you are externally quality assuring a credit rated qualification (old QCF or SCQF), the credit relates to how much time it takes the average learner to complete the qualification. Credit is equal to TQT/NLH and includes GLH.

**Covid-19** please add a statement in this section of the CAR 3 to confirm adaptation of assessment has taken place

Depending on the requirements for your occupational area the comments may include details of;

- Good practice identified
- Advice/guidance given to the centre
- CPD checks for occupational area
- Details of interviews with assessors and IQAs
- Feedback on IQA strategy
- RWE compliance if applicable
- Any changes to the centre approval
- Candidate induction process/records
- IQA sampling records
- Standardisation and meeting minutes
- Reasons for selecting no in section 3.2 (Except assessments completed in Welsh)
- Comment on the appropriateness of the **GLH** (taught learning) and the total qualification time (**TQT**) / notional learning hours (**NLH**) giving us an insight into what centres think of the hours allocated to our qualifications.

Actions are not to be raised for GLH – Guided learning, TQT - Total Qualification Time, NLH – Notional Learning Hours. This is purely an exercise to understand whether the hours allocated to our qualifications are appropriate or need reviewing.

2.2 Centre staff met	
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Delete?	Staff Name	Role	Met
<input type="checkbox"/>	Name in Full	Assessor	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/>	Name in Full	IQA	<input type="radio"/> Yes <input type="radio"/> No

Has the previous action plan been met by the centre?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<div>Comments</div> <div> <p>Select Yes, No or N/A from the drop down box</p> </div>	<p>The 80000* number of the previous report <b>MUST</b> be recorded even if there was no action plan in place</p> <ul style="list-style-type: none"> <li>• Yes - comment to say what has been completed</li> <li>• NO - Comment on what has not been met - Set a new action - Increase risk level</li> <li>• N/A - comment to say no previous action plan in place</li> </ul>

Section 3

## Qualification related information

### 3.1 Qualifications sampled/advised

Delete?	Qualification number	Qualification title	Number of active registered learners	Number of certificated learners from last 12 months	Prior qualification risk level	New qualification risk level

<input type="checkbox"/>	1234-01	ABC award	23	20	Low	<b>Select the new risk level</b> <ul style="list-style-type: none"> <li>Low – Full Approval</li> <li>Medium – registration only</li> <li>High – no certification or registration</li> </ul>
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### 3.2 Checklist

Please add comments to explain your response

Quality Assurance requirement	Finding	Comments
Is the Staff Matrix up-to-date?	<input type="radio"/> Yes <input type="radio"/> No	
Are all current staff approved, and hold the relevant recognised qualifications?	<input type="radio"/> Yes <input type="radio"/> No	
Is the centre registered for and receiving the monthly mailings?	<input type="radio"/> Yes <input type="radio"/> No	
Does the centre access centre section of website – to obtain latest guidance and updates?	<input type="radio"/> Yes <input type="radio"/> No	
Are learners' development needs matched against the requirements of the qualification(s) and an agreed individual assessment plan established?	<input type="radio"/> Yes <input type="radio"/> No	
Do learners have regular opportunities to review their progress and goals?	<input type="radio"/> Yes <input type="radio"/> No	
Do learners have regular opportunities to revise their assessment plan accordingly?	<input type="radio"/> Yes <input type="radio"/> No	
Are particular assessment requirements of learners identified and met where possible?	<input type="radio"/> Yes <input type="radio"/> No	
Were any assessments completed in Welsh? If so, please provide further details in section 2.1	<input type="radio"/> Yes <input type="radio"/> No	

Answer yes or no to the questions

Where no has been selected comments must be entered also add comments where yes has been selected and good practice identified

This refers to the unit sampled and not full qualification.  
Where more than one unit was sampled in 'comments of your sample' record the unit number interim/final and IQA date

This tab will hide the comments while you continue to populate the form

### 3.3 Sampling pages

Delete?	Learner Name and Reg. number	Reg. and cert date	Qual. and unit (s) sampled	Assessor name	Type of assessment and Date of Assessment (dd.mm.yyyy)	Do you agree with the Assessor finding?	Internal Quality Assurer (IQA) name	Internal Quality Assurance activity and date	Do you agree with the Internal Quality Assurer finding?	Hide
<input type="checkbox"/>	Name  ABC1234	01.01.2015  01.04.2016	1234-01  101	Name	Only one assessment type can be selected – add any additional to 'Comments of your sample'	If No explain reason in <i>Comments of your sample</i>	Name	Interim  01.04.2016	If No explain reason in <i>'Details of your sample'</i> column	

Comments of your sample

Additional assessment methods sampled – Additional units sampled – Reasons you may not agree with assessors or IQAs judgements- Good practice identified- reference numbers of evidence sampled

Summary of comments on sampling

There is a separate row to add comments under each learner sample

Enter any general themes across your learner samples such as reoccurring issues identified/ good practice

Please add comments to explain your response

Answer yes or no to the questions

Where no has been selected comments must be entered also add comments where yes has been selected and good practice identified

Quality Assurance Requirement	Finding	Comments
Have all programme operations have been complied with?	<input type="radio"/> Yes <input type="radio"/> No	
Is the assessment strategy complied with?	<input type="radio"/> Yes <input type="radio"/> No	
Have all assessments been sampled as planned?	<input type="radio"/> Yes <input type="radio"/> No	
Do IQA staff facilitate regular standardisation activities?	<input type="radio"/> Yes <input type="radio"/> No	
Does the centre work with any subcontractors, partners or third parties in the delivery and/or assessment of these qualifications? If so please describe the nature of that relationship with details of how roles are documented, understood and arrangements are quality assured.	<input type="radio"/> Yes <input type="radio"/> No	<ul style="list-style-type: none"> <li>• Subcontractor/ partnership/ 3<sup>rd</sup> party contracts and service level agreements</li> <li>• Documented agreements for roles and responsibilities</li> <li>• Details of the location of this provision</li> <li>• Where/ how quality assurance will take place</li> <li>• Details of the type of qualification provision that the subcontractors will offer (eg examinations, practical assessment)</li> <li>• Details of who is being assessed by the subcontractors</li> <li>• Records of monitoring activities undertaken</li> </ul>
Do IQA staff give appropriate feedback to assessors regarding their assessment decisions?	<input type="radio"/> Yes <input type="radio"/> No	
Do IQA staff maintain appropriate sampling plans in line with CAMERA?	<input type="radio"/> Yes <input type="radio"/> No	
Are records of IQA activity maintained and made available in line with City & Guilds ?ILM requirements?	<input type="radio"/> Yes <input type="radio"/> No	
Do all claims for certificates meet the necessary requirements?	<input type="radio"/> Yes <input type="radio"/> No	
Are there any other risks concerning IQA activity?	<input type="radio"/> Yes <input type="radio"/> No	

## Section 4 Action/Improvement Plan

All Action/ Improvement points must be referenced to Our Quality Assurance Requirements

'To be checked by' should only be populated with the name of the Quality Coordinator or the External Quality Assurer

Delete?	Date set (dd:mm:yyyy)	Action/Improvement Point Please enter A or I before text to specify type of point	Level of risk	By whom	By when (dd:mm:yyyy)	Date completed (dd:mm:yyyy)	To be checked by
<input type="checkbox"/>	12.06.2017	A – Complete a CU form and send into the local office (OQAR 1.3)		Gayle Green	12.07.2017		Quality Coordinator name
<input type="checkbox"/>	12.06.2017	A – Countersigning to be arranged and carried out for Tim Spring (OQAR 4.5)		Gayle Green	12.07.2017		External Quality Assurer
<input type="checkbox"/>	12.06.2017	I – Update terminology in document's IV – IQA, EV – EQA and APL - RPL		Gayle Green	12.07.2017		External Quality Assurer

Select the appropriate risk level for the action or improvement point

Any actions must align to the risk in  
**OQAR POST APPROVAL MONITORING CRITERIA**

You can now close any actions that have been completed once the CAR has been processed at a later date;

- Open the Walled Garden click on the 8000.... number
- Click 'Display'
- Enter date actions completed and click save
- Click 'Save'