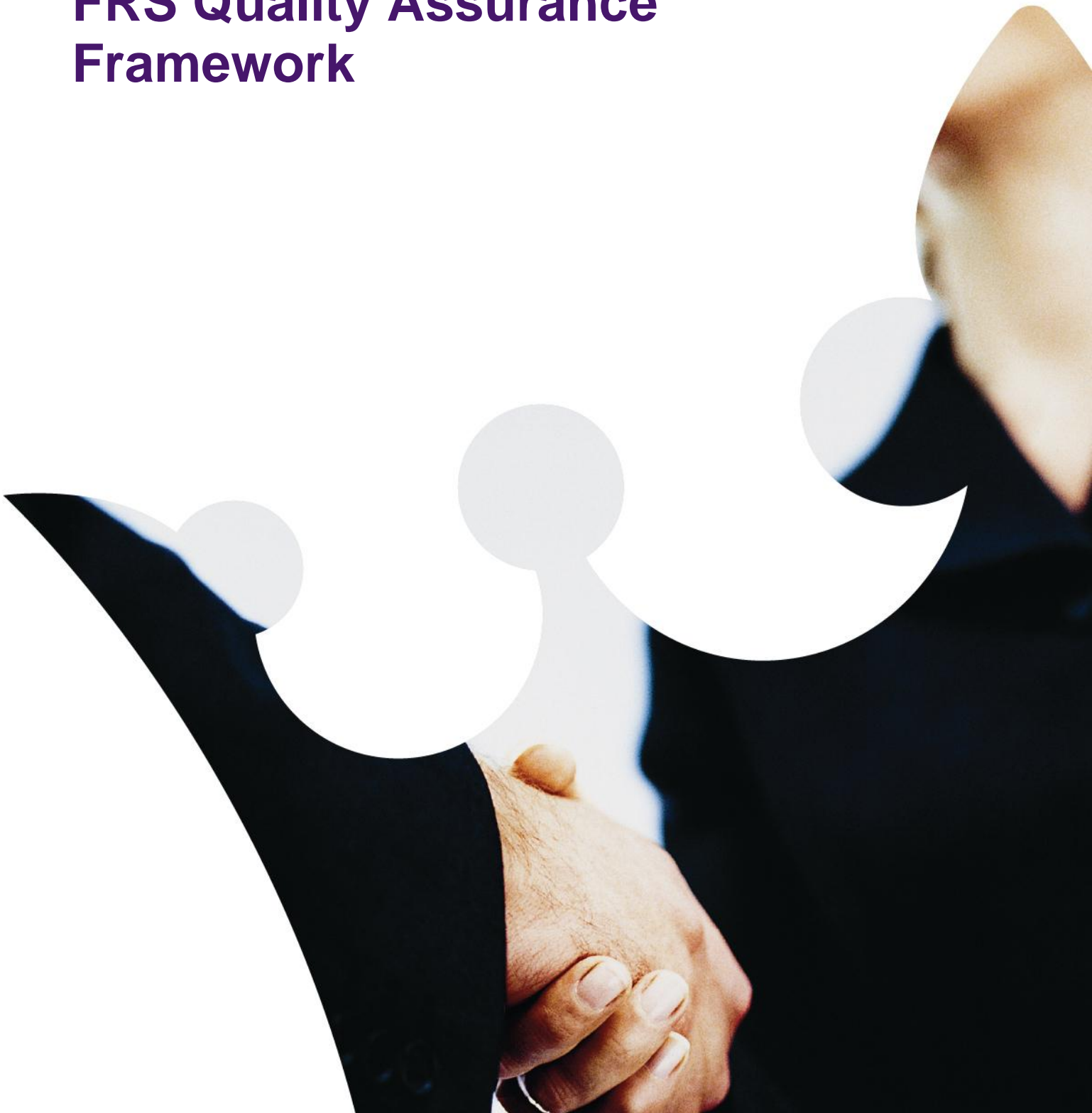


FRS Quality Assurance Framework



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1. Introduction

SFJ Awards is part of the Skills for Justice Group. For the last 10 years Skills for Justice has been working with employers, Governments of the UK and agencies within the skills system, to better equip workforces with the right skills now and for the future.

During this time Skills for Justice has earned an enviable reputation for its knowledge of the sector and its proactive approach to the development of skills and qualifications, along with an ability to deliver genuinely workable solutions for the employers it represents.

SFJ Awards is an awarding organisation that builds upon this reputation, and understands the specific challenges facing the Fire and Rescue Services, enabling us to quality assure learning outcomes that are suited to the needs of the sector.

Customer satisfaction is the cornerstone of our organisation, and is delivered through an efficient, customer-led service, providing excellent value for money.

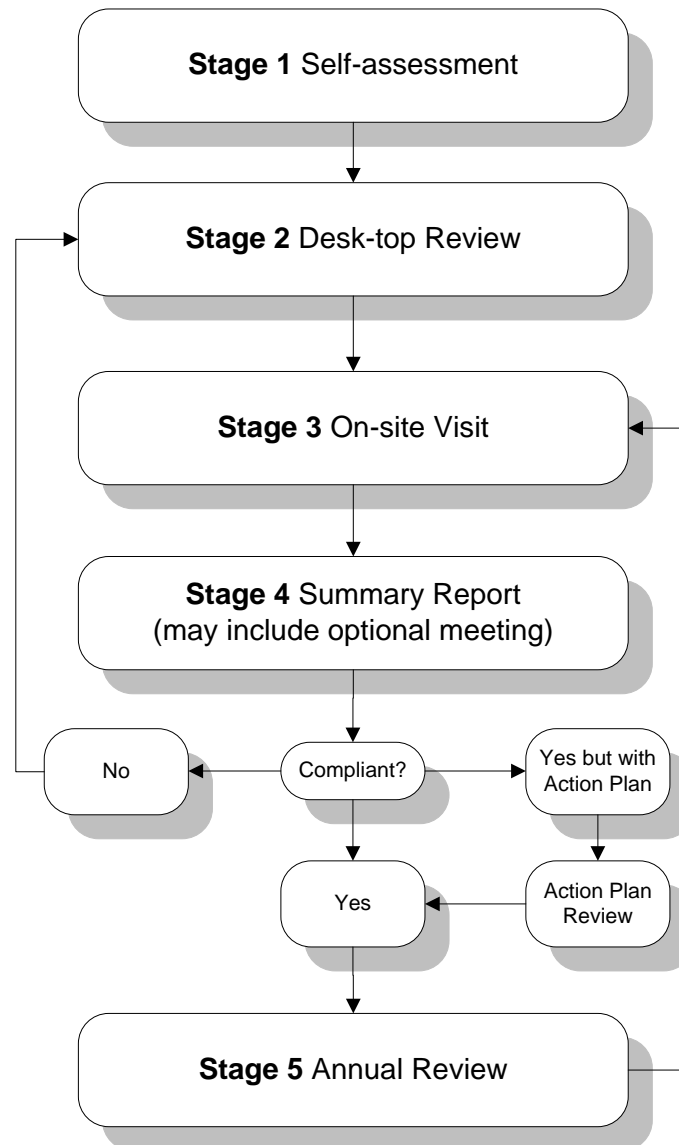
2. The FRS Quality Assurance Framework

As part of a national approach within the Fire & Rescue Service, when personnel are promoted to a role above, they are placed on a development programme that is written in accordance with the National Occupational Standards (NOS) and IPDS Development Modules for that role.

In order to link these development programmes to paying a development rate of pay (in accordance with NJC circular 09/05) the development programme and the assessment of competence has to be externally quality assured against the Code of Practice for Assessment of Competence in Relation to Pay by an awarding organisation recognised by Ofqual (this being the replacement for the organisation that complies with DFES specifications as noted in the NJC circular 09/05 and 09/11).

SFJ Awards is recognised by Ofqual as an awarding organisation. It has experience of working with the Fire & Rescue sector and SFJ Awards has developed a quality assurance framework for the Fire & Rescue sector in accordance with the Code of Practice for Assessment of Competence in Relation to Pay.

The Quality Assurance Framework has been developed in consultation with the Fire and Rescue Services and the Fire Brigades Union (FBU) and comprises the following stages:



3 Stages

3.1 Stage 1 Self-assessment

The Service carries out a self-assessment to identify any gaps between current practices and the SFJ Awards FRS Quality Assurance Framework Criteria. Once the organisation is confident they can meet the criteria they submit a written application to SFJ Awards, along with supporting evidence. The supporting evidence should include a staff list of those connected to the delivery of the development programmes including: Senior Managers, Assessors, Verifiers, L&D Practitioners. The Auditor will also want to interview Union Representatives and Learners (past and present).

3.2 Stage 2 Desk-top review

The Auditor will review the evidence provided by the Fire & Rescue Service against the quality assurance framework under the following headings:

- **Resources** - evidence of CPD, staff resource plans, physical resources etc.
- **Policies and Procedures** - Appeals Policy, Malpractice Policy, Conflict of Interest Policy, fair assessment policies etc.
- **Learner Support** - Learner progress regularly monitored and reviewed etc.
- **Assessment** - robust assessment processes in place which, include the use of appropriate assessment methods etc.
- **Internal Verification** - assessment decisions regularly sampled, internal quality assurance procedures and activities clearly documented etc.
- **Review** – obtaining Learner feedback, making improvements etc.

If there is a significant shortfall between the key written documentation and the criteria, the Auditor will stop the Audit until this has been addressed.

3.3 Stage 3 On-site visit

During the site visit the Auditor will view the processes in practice, talk to a range of staff and view any supplementary written evidence. Whilst carrying out the site visit the Auditor will be flexible in their approach and whilst conducting a robust review, they will work with the organisation in a way that creates the minimum amount of disruption to the normal working day.

The Auditor will interview a random sample of personnel in a variety of roles and stakeholder groups including interviews with Senior Managers, Assessors, Verifiers, L&D Practitioners, Learners and Staff Association Representatives. The interviews are confidential and the purpose of the interviews is to confirm that policies and procedures are embedded within the Service and it is compliant with the criteria.

SFJ Awards recognises that exigencies of service may necessitate some people not being available on the day, and in these situations substitutes will be acceptable, but the Auditor will reserve the right to follow up the original interviewee by phone or e-mail if they feel this is necessary.

During the visit the Auditor will also identify areas of good practice and areas for further development.

3.4 Stage 4 Summary report

Upon completion of the site visit the Auditor will complete a report of their findings against the criteria.

The report will then go through SFJ Awards' own quality assurance processes before it is issued to the organisation.

The summary report will provide the following information:

- The review process e.g. the number of people interviewed and their job roles
- Where the organisation meets/does not meet the requirements of the SFJ Awards FRS Quality Assurance Framework Criteria
- Areas of strength and good practice
- Areas for development
- The final decision regarding compliance

The report will provide the Service with one of three assessment results:

1. the Service fully meets the FRS Quality Assurance Framework/Code of Practice for Assessment in Relation to Pay
2. the Service meets the FRS Quality Assurance Framework/Code of Practice for Assessment in Relation to Pay but with areas for improvement
3. the Service does not meet the FRS Quality Assurance Framework/Code of Practice for Assessment in Relation to Pay and there are areas for improvement

If the Service fails to meet the criteria but the shortfall does not cause a threat to Learners or compromise the integrity of the assessment process, the Service will be subject to an Action Plan as in 2 above. If the shortfall does cause a threat to the Learner or compromise the integrity of the assessment process, the decision will be that the Service does not to comply with the criteria and subject to an Action Plan as in 3 above.

If a Service is subject to an Action Plan a further site visit will be conducted in accordance with the timescales identified in the Action Plan. Failure to complete the Action Plan to the satisfaction of SFJ Awards will result in the Service failing to achieve the standard and having to resubmit all evidence.

Once a Service is deemed to comply with the Code of Practice they will receive a certificate from SFJ Awards confirming this status.

Some Services may wish to have a separate feedback meeting with the Auditor and their senior management team and/or training staff. The feedback meeting is not a standard requirement of the quality assurance process; it is offered as an option and therefore will incur an additional charge.

3.5 Stage 5 Annual Review

In order to ensure that a Service continues to comply with the FRS Quality Assurance Framework the Auditor will conduct a minimum of one annual visit to ensure that the Service has maintained its compliance with the assessment of competence criteria and review any improvements that have been implemented since the previous visit.

Should a Service lose its accreditation by significantly falling short of the criteria or if the time between reviews exceeds 18 months, they will be required to undergo a complete reaccreditation to ensure that they are once again compliant with the FRS Quality Assurance Framework.

4 Framework Criteria

| 4.1 Resources | | |
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| | Criteria | Guidance |
| 4.1.1 | <p>The core content of development programmes must be mapped to the National Occupational Standards (NOS) and the Role Maps for the following roles</p> <ul style="list-style-type: none"> (a) Firefighter (b) Crew Manager (c) Watch Manager (d) Firefighter (Control) (e) Crew Manager (Control) (f) Watch Manager (Control) (g) Station Manager/Station Manager (Control) (h) Group Manager/Group Manager (Control) (i) Area Manager | <p>Sector Skills Councils have developed National Occupational Standards (NOS) for their sectors through a rigorous consultation process to ensure they meet sectoral requirements and they are fit for purpose. It is good practice to use NOS when developing any development programme and the NJC Code of Practice for Assessment of Competence in Relation to Pay is based on the understanding that NOS are key to the successful assessment of competence.</p> <p>Whilst development programmes may include additional elements where NOS are not available, the Auditor will be looking for evidence that the core content of the development programme is mapped to the NOS within the Rolemaps in the IPDS system.</p> |
| 4.1.2 | <p>The organisation must have the staff, resources and systems necessary to support the assessment of competence</p> | <p>Sufficient resources will be dependent upon several factors including the number of Learners on current and future development programmes, the location where the assessment will take place and the assessment methods to be used.</p> |
| 4.1.3 | <p>The roles, responsibilities, authorities and accountabilities of the assessment and verification teams across the organisation are clearly defined, allocated and understood</p> | <p>For assessment and verification activities to take place effectively time and time again, all staff involved in the assessment process must be clear on what is expected from them. They should clearly understand what authority they have to carry out their role and what they are accountable</p> |

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| 4.1.4 | A staff development programme is established for the assessment and verification teams in line with identified needs | <p>All staff involved with assessment and verification (line managers, Assessors, Verifiers etc.) should be given access to training and CPD to enable them to maintain and update their skills and knowledge.</p> <p>The amount of time be spent on staff development will vary depending on the individual and any changes within the sector, Government legislation, NOS or the development programme.</p> <p>Large/Regional assessment centres must also ensure that training and the sharing of good practice is consistent across departments/sites.</p> |
| 4.1.5 | There are sufficient competent and qualified Assessors and Verifiers to meet the demand for assessment and verification activity | <p>You must ensure that you have sufficient numbers of staff to meet the needs of your Learners and the demands of the assessments.</p> <p>How many Assessors or Internal Verifiers you need will depend upon a number of factors including number of Learners on current and future development programmes, the location where the assessment will take place and the assessment methods to be used.</p> <p>The same person should not both assess and verify any given candidate. For example; it is possible to have just one Assessor and one Internal Verifier, if they cross over and swap roles as needed.</p> |

4.2 Policies and Procedures

| | Criteria | Guidance |
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| 4.2.1 | The Service's aims and policies in relation to development and assessment are supported by senior management and understood by the verification and assessment team, including policies for dealing with malpractice, appeals and conflicts of interest | For the programmes to be successful, senior managers within your Service should have given their approval and support to the Service's policies and procedures. In addition, all delivery staff should be familiar with the assessment requirements of each unit of assessment and the assessment requirements. |
| 4.2.2 | The Service's access and fair assessment policies and practices are understood and complied with by Learners and Assessors | <p>A copy of your current Appeals and Equality policies should be readily available to all staff and Learners involved in the delivery of your development programmes.</p> <p>Appeals and Equality policies should be regularly reviewed to ensure that they are current and up to date with current legislation (for example, the Equality Act 2010)</p> <p>Records should be kept of any issues relating to Appeals or Equality to ensure they are being applied properly and that fair judgements are being consistently made.</p> |
| 4.2.3 | The organisation must have an Appeals procedure in place to effectively resolve any disagreement about assessment decisions or the way in which an assessment has been conducted. The procedure must include the timescales for responding to an appeal. | <p>In addition to an Appeals Policy, Services must have a written procedure to deal with any appeals regarding assessment decisions.</p> <p>Learners should be made aware of the procedure to appeal against decisions made by the Assessors in relation to their evidence.</p> <p>The procedure should include the timescales for an initial response to the Learner and the timescales for resolving the appeal.</p> <p>It is good practice to involve an independent and impartial person or body in the final appeal decision.</p> |

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| | | <p>The Appeals Policy and procedure should be periodically reviewed.</p> <p>A record of any previous and outstanding appeals should be made available to the Auditor when they come to visit.</p> |
| 4.2.4 | <p>The organisation must have a written policy and procedure for dealing with potential or alleged malpractice or maladministration.</p> <p>The process should include:</p> <ul style="list-style-type: none"> (a) Written procedures for dealing with allegations of actual or potential malpractice or maladministration by Assessors, employees or Verifiers (b) Arrangements for conducting an investigation into alleged malpractices or maladministration (c) Procedures for recording: <ul style="list-style-type: none"> • Investigations into alleged malpractice or maladministration • The origin of the complaint or mode of discovery of the alleged irregularity • The investigation process • The evidence adduced • The conclusions drawn • The recommendations for action and resolution of the matter • Actions to prevent further occurrence of the matter | <p>The Service must take all reasonable steps to prevent any occurrences of malpractice or maladministration.</p> <p>The Service must also have in place a policy and procedure to deal with any potential or alleged malpractice or maladministration.</p> <p>Maladministration can be defined as lack of care, judgment or honesty in the management of something.</p> <p>Malpractice is essentially negligence or misconduct in carrying out an activity or a practice.</p> <p>Examples of malpractice or maladministration by the delivery team may include:</p> <ul style="list-style-type: none"> • failure of Assessors or Internal Verifiers to carry out quality assurance activities in accordance with organisational procedures • failure to maintain auditable records • intentional withholding of information which is critical to maintaining the rigour of assessment and quality assurance <p>Examples of malpractice or maladministration by Learners may include:</p> <ul style="list-style-type: none"> • forgery of evidence • plagiarism of any nature <p>submission of false information</p> |
| 4.1.5 | <p>The organisation must have a process to manage conflicts of interest in assessment that will:</p> <ul style="list-style-type: none"> (a) Identify any conflict of interest | <p>A conflict of interest exists where an informed and reasonable observer would conclude that:</p> <ul style="list-style-type: none"> • a person who is connected to an assessment relating to a development |

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| | (b) monitor and manage any conflicts of interest in assessment outcomes | <p>programme, has interests in any other activity which has the potential to lead that person to act contrary to his or her interests in the assessment related to the development programme</p> <p>If a conflict of interest has been identified the Service should endeavour to eliminate the conflict of interest. If this is not possible, the conflict of interest should be mitigated by making the assessment process subject to scrutiny by those without any personal interest.</p> |
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4.3 Learner Support

| | Criteria | Guidance |
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| 4.3.1 | Learners' development needs are matched against the requirements of the development programme and an agreed individual assessment plan is established | Whilst Learners will go through standard development programmes they should be provided with assessment opportunities. Individual assessment plans can be used to accommodate Learners. This also helps to identify a timeline for completion of individual units and the programme as a whole. |
| 4.3.2 | Learners have regular opportunities to review their progress and goals and to revise their assessment plan accordingly | Each Learner should have their own individual assessment plan and throughout the programme Learners should have regular individual review sessions. These sessions will measure progress against the assessment plan and identify opportunities to aid progression or make any changes to the assessment plan. |
| 4.2.3 | Learner records and details of achievements are accurate, kept up to date, securely stored and are available for external quality assurance and auditing | <p>The Service will need to keep Learner records for future reference therefore they should be kept up to date and stored securely.</p> <p>The records should be made available to the External Verifiers when requested.</p> |

4.4 Assessment

| | Criteria | Guidance |
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| 4.4.1 | <p>Assessment procedures and activities must be clearly documented, to ensure the following:</p> <ul style="list-style-type: none"> (a) the quality and consistency of assessment in terms of validity, authenticity and sufficiency of evidence produced by Learners (b) wherever possible assessment forms part of everyday workplace activities (c) open and honest feedback is given to Learners so that they are clear on future development needs and what is expected from them | <p>Assessors need to be clear on assessment and verification procedures to ensure there is consistency in the approach across all Assessors and Verifiers.</p> <p>Records should be kept of assessment and verification activity and regular standardisation meetings should be held to achieve consistency.</p> |
| 4.4.2 | <p>Assessment materials must be clear and unambiguous and differentiate only on the basis of a Learner's skills, knowledge or understanding</p> | <p>Learning materials must not be discriminatory in any way. When developing assessment materials and assessment practices, Services should carry out an Equality Impact Assessment with reference to the Equality Act 2010.</p> |
| 4.4.3 | <p>Where relevant, the Service should ensure that adequate mechanisms are in place to ensure the consistency of assessment decision across different languages</p> | <p>Where the Learners request assessment in Welsh or Irish and there is sufficient demand, the Service will must provide assessments in Welsh or Irish. Internal verification may involve the services of an interpreter to ensure consistency of assessment across languages.</p> |
| 4.4.4 | <p>Assessment should be conducted by appropriately qualified and occupationally expert staff</p> | <p>Assessments should be conducted in accordance with the Sector Assessment Strategy which defines the occupational competence of Assessors and Verifiers and qualifications they should hold.</p> |
| 4.4.5 | <p>Assessors must have sufficient time, resources and authority to fulfil their roles and responsibilities effectively</p> | <p>In order for the assessment process not be compromised assessors must be given sufficient time to carry out their duties and be given the appropriate authority to carry out their role.</p> |

4.5 Internal Verification

| | Criteria | Guidance |
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| 4.5.1 | Internal verification procedures and activities must be clearly documented and ensure the quality and consistency of assessment | <p>Internal verifiers need to be clear on assessment and verification procedures to ensure there is consistency in their approach.</p> <p>Records should be kept of assessment and verification activity and regular standardisation meetings should be held to achieve consistency.</p> |
| 4.5.2 | Internal verification should be conducted by appropriately qualified and experienced staff | Verification should be conducted in accordance with the Sector Assessment Strategy which defines the occupational competence of Verifiers and qualifications they should hold. |
| 4.5.3 | Assessment decisions and practices must be regularly sampled and the findings are acted upon to ensure consistency and fairness | <p>Internal Verifiers will be required to regularly sample the assessment decisions made by the Assessors, as well as the feedback they provide to Learners. Written records should be kept of discussions and standardisation meetings between Assessors and Internal Verifiers.</p> <p>Internal Verifiers should employ tracking documents to plan and record internal verification.</p> <p>Where areas for improvement are identified, there should be clear evidence that these are acted upon and improved for future cohorts. The Internal Verifier also needs to help to ensure that access to assessment requirements are identified and fulfilled.</p> |
| 4.5.4 | Records of internal verification activity must be maintained and are made available for the purposes of auditing | The Auditor will need to see records of internal verification activity during the audit as evidence that verification procedures are being implemented in accordance with the procedures. |
| 4.4.5 | Internal Verifiers must have sufficient time, resources and authority to fulfil their roles and responsibilities effectively | In order for the assessment process not be compromised Internal Verifiers must be given sufficient time to carry out their duties and be given the appropriate authority to carry out their role. |

4.6 Review

| | Criteria | Guidance |
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| 4.6.1 | Learner feedback should be obtained from all development programmes and used to evaluate the quality and effectiveness of learning and assessment provision | You should encourage feedback from your Learners and from any other party involved with the delivery of the development programmes. This feedback should be used to make improvements and to ensure that you are achieving the stated aims of your Service. |
| 4.6.2 | Improvements should be made to learning programmes and assessment policies and practices as a result of learner feedback | At least annually, the Service should analyse the feedback obtained from Learners and make any improvements necessary. |
| 4.6.3 | Achievements should be evaluated and reviewed, and used to inform future development activity | <p>You can measure achievement through things like Learner success rates, total achievement times etc. This is also an opportunity to devise and implement a system of self-evaluation and continuous improvement, drawing on feedback from staff and Learners.</p> <p>If any issues are identified then these should be raised as action points with a view to improve and develop your programmes and the provision you offer.</p> |
| 4.6.4 | The effectiveness of the internal verification and assessment strategy must be reviewed and corrective measures are implemented | <p>The Service will have in place a strategy for carrying out assessment and internal verification activities. It is important that a review of the strategy is carried out periodically to ensure the strategy is effective.</p> <p>If any areas for improvement are identified these should be discussed and implemented for future cohorts.</p> |
| 4.6.5 | SFJ Awards must be notified of any changes which may affect the organisation's ability to meet the criteria within SFJ Awards FRS Quality Assurance Framework and the NJC Code of Practice for Assessment of Competence in Relation to Pay. In addition, an action plan must be submitted giving the corrective actions to be taken and the associated timescales | SFJ Awards needs to be informed of any changes which may affect ability of the Service to meet this criteria. This may not necessarily mean that the Service will lose its accreditation, provided that the changes are managed through an action plan which is submitted to SFJ Awards. SFJ Awards will then monitor the activity to ensure that the Service is making progress as required. |

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| 4.6.6 | Actions identified by external audit visits should be disseminated to appropriate staff and corrective measures are implemented | <p>After each audit a report is sent to the Service which will include feedback and action points.</p> <p>Feedback from the audit should be disseminated to the assessment team (for example, the Service may wish to hold a team meeting). It is up to the Service who the whole report is circulated to or if the Service wants to draw up a separate action plan. The Service must ensure that everybody is kept informed and is clear on what they need to do.</p> <p>It is important that any actions are completed before the next audit.</p> |
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