

SFEDI[®]AWARDS

Quality Assurance Policy

Version 2.2

POLICIES AND PROCEDURES

This version of the policy replaces all previous versions. This policy is subject to regular reviews and is maintained electronically by its owners. Electronic copies are version controlled; printed copies are not subject to this control.

Version History

Version	Month/ Year	Section Updated	Description	Reviewed By	Signed off By
2.0	January 2023	All	Multiple changes due to annual review	N Preston	R Lowbridge
2.1	May 2025	All	Multiple changes due to annual review	Quality Team	R Lowbridge
2.2	September 2025	Centre Re- Approval Ongoing Quality Monitoring	Enhanced requirements for Registr8 access and quality assurance staff access Clarified unit sampling frequency requirements and enhanced quality assurance checks Centre Sampling Rates updated New format layout	Quality Team	R Lowbridge

About this policy

This policy has been created to support SFEDI Awards Centres with the processes for quality assurance to ensure compliance.

Centre Re-Approval

SFEDI Awards Centres are approved for a three (3) year period and two months prior to the anniversary, SFEDI Awards will notify them of the steps required to re-approve should they chose to. Where they chose not to re-approve, the Centre Withdrawal Policy will be implemented.

This re-approval involves a review of:

- Centre Policies and Processes
- Staff qualifications and competencies
- The Centre's operations against the Centre Approval Criteria
- Adequate Quality Assurance staff have access to Registr8 system
- Registration and certification activity
- Any appeals and/or complaints received
- Notifications from other agencies and bodies, for example Awarding Bodies, qualifications regulators, funding bodies, etc.

Where a Centre wishes to re-approve, a desk-based review of information held about the Centre will be completed by the Quality Assurance Team prior to the re-approval activity taking place. This ensures that all relevant information is available that could impact on the decision as to re-approve and/or relevant actions required.

Upon completion of the re-approval activities, the SFEDI Awards representative will consider the facts as discovered during the activity and formulate the report for submission to the Quality Team.

The Quality Team will judge:

- How the re-approval process has been conducted and if it is in line with relevant policies
- The findings of the re-approval process including consideration of final recommendations
- Recommended resulting actions.

On agreement and authorisation of the report, the Operations Director will arrange for the Centre to be notified and provide the following:

- Copy of the report
- Copy of the Centre Agreement.

The Quality Team will also request an invoice to be sent by the Finance Team to the Centre for payment.

On confirmed receipt of a signed copy of the Centre Agreement, any additional documents required, and payment of the re-approval invoice, the Operations Director will arrange for a new Centre certificate to be sent and internal systems to be updated,

and an email confirming the re-approval process has been completed will be sent to the Centre.

Ongoing Quality Monitoring

Sampling Frequency

SFEDI Awards completes two scheduled sampling activities per year in June and December with additional samples conducted where required to maintain the safety and integrity of the assessment and awarding process and/or to support where a Centre does not hold direct claims status or where a qualification is not eligible for direct claims status.

If a qualification is not eligible for direct claims, or if a Centre does not hold direct claims status for a qualification, 100% Internal Quality Assurance (IQA) should be carried out by the Centre.

The Quality Assurance Overview document provides clear breakdown of what will be reviewed in the June and December quality assurance checks, giving a breakdown for active and inactive Centres to make it easier to follow. SFEDI Awards reserves the right to carry out interim and summative sampling as specified within the Centre Agreement.

Sampling Rates

SFEDI Awards uses the following sampling rate:

Centre Risk Rating	Sampling Ratio (as a minimum)
Green	1 folder/assessment for every 20 completed
Amber	1 folder/assessment for every 10 completed
Red	5 folders/assessments for every 10 completed, however, 100% sampling may be introduced

Centres should adopt the following sampling rates when they are internally quality assuring qualifications:

Category	Sampling Ratio (as a minimum)
Newly qualified Assessors/Trainers or Assessors/Trainers new to the Centre or those Assessors/Trainers who are continually falling short of the standard required	100% sampling rate, Observation of practice every three (3) months

Category	Sampling Ratio (as a minimum)
Assessors/Trainers who are in need of development but often meet the standard required	25% sampling rate, Observation every six (6) months
Assessors/Trainers who are experienced with the qualification they have been assigned to and continually meet the standard required	10% sampling rate, Observation every 12-months

Any change of IQA must be notified to SFEDI Awards immediately and their first cohort should be sampled at 100%.

As with the rates used by SFEDI Awards, the rates for Centres should be considered as a minimum and an Internal Quality Assurer should select a higher proportion of folders/assessments where deemed necessary and appropriate to do so, this includes ensuring all units are sampled over a 12 month period

When sampling folders/assessments, SFEDI Awards tests that:

- The processes and procedures that have been approved within the Centre are being followed
- SFEDI Awards policies and procedures are being adhered to
- Learners are being supported
- Qualification standards and requirements are being consistently met.

All units within a qualification must be sampled across learners within a 12 month period to ensure that quality and consistency has been checked. Where not all units within a qualification are delivered within a 12 month period then sampling should be across all units that have been delivered within the 12 month period

Evidence may be holistically assessed across multiple units but should only be considered against the unit(s) that are part of the sample unless the findings of the sample leads to concerns that could impact on additional units or where it is considered that an increase in the number of units sampled would be appropriate and beneficial to maintaining of standards

SFEDI Awards will check that:

- Adequate Quality Assurance staff have access to Registr8
- Registrations and certification claims have been made in a timely manner
- Where there have been changes to staff involved in the delivery of a qualification, the Cv's, qualifications or appropriate competency statement (if the qualifications allows) has been submitted and approved by SFEDI Awards, and the Centres staffing list is correct on Registr8

- The requirements for the qualification have been met with relation to the number and combination of units required, if the qualification is unit based
- Clear evidence is present of the initial assessment and planning for evidence gathering involving the learner and the employer, if applicable
- Clear evidence of mandatory assessment methodologies and guidance having been followed and that indicative content as listed within the specification has been included. Where mandatory assessment methodologies have not been specified, has the Centre followed the pre-approved assessment methodologies from the time of approval and has the indicative content as listed within the specification been included
- Clear evidence of the accurate judgement and recording of evidence against the requirements of the qualification, meaningful feedback being provided to the learner and updated planning reflecting progress through the completion of the qualification
- Evidence is of sufficient depth and breadth as required by the qualification
- IQA sampling strategies and plans are in place and carried out timely or replanning has taken place for good reason where original plans are no longer appropriate or possible
- IQA sampling has highlighted and fed back any actions to the Assessor in a meaningful way with plans put in place and signed off once completed ready for resubmission
- Final sign off by the Assessor and IQA has taken place.

It is expected that Centres should adopt a similar principle in conducting their sampling of folders/assessments to ensure that they align with those of SFEDI Awards.

Where possible, folders/assessments will be selected from each of the Assessors/Trainers and IQAs and each of the delivery locations of the Centre where multiple exist.

To aid this, Centres will be required to submit a tracker listing the following information:

- All learner names
- Centre location, if more than one exists
- Assessor name
- The learners which have been sampled, and if so which unit was sampled.
- Sampling ratios
- IQA name
- Sampling completed to date – for example, interim/summative, observation, learner interview, date completed.

The sample of folders/assessments required will be taken from the list provided. Where it is found that learners are missing from the information submitted, SFEDI Awards may choose to increase the sample or, as a minimum, will discuss any administrative errors with the Centre as part of the monitoring process.

The Operations Director will organise with the Centre for the submission of the following:

- Learner portfolios/assessments
- Initial assessments
- Mapping for the units/qualification
- Associated assessment and quality assurance paperwork
- Copies of any appeals or complaints relating to the learner portfolios selected
- Any other relevant information or documentation relating to the delivery, assessment and quality assurance of the qualification(s) and learner portfolios.

On receipt of the required documentation, whether hardcopy or electronically, the Operations Director will forward the relevant information to the SFEDI Awards EQA who will conduct the quality assurance activity.

If during the sampling activity, evidence of suspected or actual maladministration and/or malpractice is discovered, this will be notified to the Operations Director for consideration in line with the Maladministration and Malpractice Policy.

At the end of the sampling activity, feedback will be provided to the Centre as to sanctions given, actions that are required, or any recommendations.

On the culmination of the sampling activity, the EQA will consider the facts as discovered during the sample and formulate the report for submission to the Operations Director.

If the Operations Director requires additional information or clarification, the Quality Team will work with the Centre to gain the additional information prior to finalising the report.

The Operations Director will judge:

- How the sampling process has been conducted and if it is in line with SFEDI Awards policies
- The findings of the sampling activity including consideration of final sanctions, recommendations and actions.

On finalisation of the report the Operations Director will notify the Centre of the outcome and forward a copy of the report and update the SFEDI Awards system with any actions that have resulted from the activity.

Direct Claims Status (DCS)

Not all qualifications are eligible for DCS. Decisions as to whether DCS will be awarded, when applicable to the qualification, are made in line with the Direct Claims Status Policy.

Extraordinary Quality Monitoring

On occasions, SFEDI Awards will receive information from other Awarding Bodies, regulators, press sources, or other sources which may give rise to the need to conduct extraordinary quality monitoring activities.

Due to the nature of these notifications, they will be considered as part of the Maladministration and Malpractice Policy as they would normally give rise to the need to investigate a potential impact to the delivery of qualifications.

Centre Risk Ratings

All SFEDI Awards quality monitoring activities will form part of the judgements as to the risk ratings that are allocated to a Centre. This ensures that we can concentrate our support and resources where most appropriate to ensure the continued rigour in the delivery of our qualifications.

We operate the following risk ratings:

Risk Rating	Meaning
Green	Where there are no issues in the delivery of qualifications or where there is a recommendation but where there is no threat to the integrity of qualification delivery and/or the safety and/or disadvantage of learners
Amber	Where there are issues identified or likely to occur that gives rise to concern regarding the integrity of the delivery of qualifications and/or the safety and/or disadvantage of learners
Red	Where there is an identifiable breakdown in the management, delivery, quality assurance and/or certification of qualifications and/or the safety and/or disadvantage of learners is apparent. Consistent failure to address action points raised in monitoring reports may also lead to allocation of red risk rating, at the discretion of the Quality Team.

Where required, sanctions will be assigned to a Centre in line with the findings of quality assurance activities and allocated risk ratings.

Review Arrangements

We will review this policy as part of our annual self-evaluation arrangements and revise it as and when necessary in response to customer and learner feedback, changes in our practices, actions from the regulatory authorities or external agencies, changes in legislation, or trends identified from previous allegations.

In addition, this policy may be updated considering operational feedback to ensure our arrangements for dealing with sanctions remain effective.

If you would like to feedback any views, please contact us via the details provided at the end of this policy.

Other relate Polices and Documents

- Centre Agreement
- Centre Withdrawal Policy
- Quality Assurance Overview
- Guide to Internal Quality Assurance
- Direct Claims Policy

Contact Us:

If you have any questions about the content of this policy, please contact our customer service department.

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