



Northern Ireland Social Care Council

Quality Assurance Framework for Education and Training Regulated by the Northern Ireland Social Care Council - DRAFT

**Approval, Monitoring, Review and
Inspection Arrangements for the Post
Qualifying Education and Training
Partnership**

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Introduction

This paper sets out the arrangements for the approval, annual monitoring, review and inspection of the Northern Ireland Post Qualifying Education and Training Partnership (PQ Partnership) and is part of a series of Northern Ireland Social Care Council (NISCC) quality assurance documents. This paper should be read in conjunction with the 'Quality Assurance Framework for Education and Training Regulated by the Northern Ireland Social Care Council' (NISCC June 2007).

Other papers in the series are:

- 'Approval, Monitoring, Review and Inspection Arrangements for Degree in Social Work Courses' (NISCC June 2007); and
- 'Approval, Monitoring, Review and Inspection Arrangements for Designated Practice Learning Providers' (NISCC June 2007)

In accordance with the 'Rules for the Approval of Post Qualifying Education and Training in Social Work in Northern Ireland 2006' the PQ Partnership must be approved by the NISCC and must meet the NISCC Standards for Approval. The 'Standards for Approval of the Post Qualifying Education and Training Partnership' (NISCC September 2006) can be downloaded from the NISCC website **www.niscc.info**

Interpretation

‘Independent verifier’ means a person appointed by the PQ Partnership to provide an independent assessment of the Partnership systems and recommendations regarding candidate assessment and accreditation of training provision.

‘Material change’ means a substantive change from the agreed approval documentation.

‘NISCC Officer’ means an employee of the NISCC or any person authorised to act on behalf of the Chief Executive of the NISCC.

‘Post Qualifying Education and Training Partnership’ means the body approved by the Council to determine and manage the PQ arrangements as set out in the PQ Framework. It has representation from education institutions and social work employers engaged in the provision of post qualifying education and training.

‘Provider’ means Degree in Social Work courses, the Post Qualifying Education and Training Partnership and Designated Practice Learning Providers.

‘PQ’ means post qualifying.

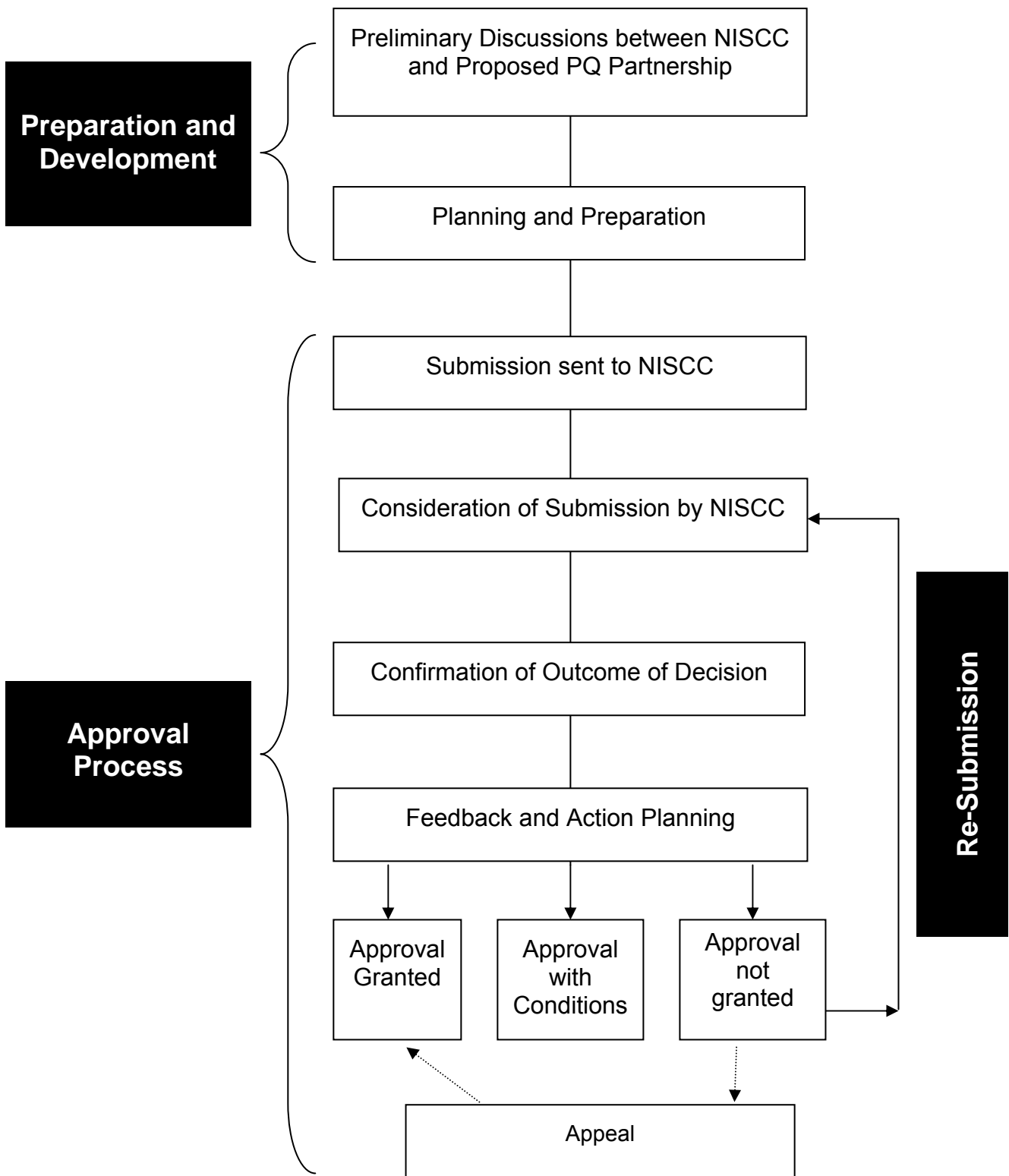
Part 1

Approval

1. Overview of the approval process

- 1.1. The NISCC will base its approval of an application on evidence that the NISCC Standards for Approval of the Post Qualifying Education and Training Partnership 2006 have been met.
- 1.2. The Council has two processes:
 - (i) Full approval for a new PQ Partnership;
 - (ii) Re-approval for an existing PQ Partnership that has been previously approved but there have been material changes and/or the NISCC has issued new Standards.
- 1.3. A NISCC Officer will be appointed to advise Providers on the approval process. The decision making process will be separate from the advisory process and will be carried out by a different NISCC Officer.
- 1.4. For an overview of the approval process see Figure 1

Figure 1 – Overview of the Approval Process



2. Standards for approval

2.1 The Standards for Approval of the Post Qualifying Education and Training Partnership cover the following key areas:

- Membership and collaborative arrangements;
- Management, governance and organisation;
- Policy and planning;
- Use of resources and staffing;
- Candidate enrolment;
- Support for the delivery of the PQ Framework;
- Assessment arrangements;
- Accredited programmes;
- Quality assurance;
- Equal opportunities;
- Data collection;
- Provision of information to the Council, and
- Public participation.

2.2 These Standards provide the framework for the management, governance and operation of the PQ Partnership. The Standards for Approval document is available on the NISCC website **www.niscc.info**

3. Approval process

Preparation and development

- 3.1 A NISCC Officer will be available to provide advice and consultation on a submission for approval.
- 3.2 The NISCC Officer will discuss and clarify the Standards for Approval, the process for approval and documentary evidence required.

Submission for approval

- 3.3 An application for approval should be submitted in the format required by the NISCC. Existing documentation prepared for other purposes, such as the PQ Partnership handbook, may be used in compiling the submission.
- 3.3 The submission document must show evidence of how the Standards for Approval are met or will be met.
- 3.4 A date for submission by the PQ Partnership or proposed PQ Partnership to the NISCC will be negotiated and agreed with the NISCC Officer at the planning stage. The submission date must be at least 4 weeks before the agreed date for consideration of the submission by the NISCC.

Outcomes of the approval process

- 3.5 There are three possible outcomes:
 - a) The submission meets NISCC Standards and the PQ Partnership is approved.
 - b) The submission requires clarification or further work and the PQ Partnership is approved with conditions.
 - c) The submission does not provide satisfactory evidence for approval.
- 3.5 In the event of b) above, the PQ Partnership will be required to draw up action plans which will include time-scales and strategies for working towards attainment of the Standards. A NISCC Officer will be available to offer advice and support to the PQ Partnership if required.
- 3.6 Details of the implementation of action plans should be contained within the annual reporting process to the NISCC.
- 3.7 Following approval a report of the outcome of the approval meeting will be given to the PQ Partnership and a copy retained by the NISCC.

- 3.8 In the event that approval is not granted, the NISCC will seek in the first instance to work with the proposed PQ Partnership to develop and improve the initial submission. However, should the amount of development work needed effectively involve a new submission, the proposed PQ Partnership will be informed by the NISCC.

Post approval

- 3.9 Once the NISCC is satisfied that the submission meets all the NISCC requirements, a certificate of approval will be issued.

Public record:

- 3.10 Once approval has been granted, the submission document will become accessible as a public record. The NISCC will produce a publicly available annual report on the outcome of its approval activities.

Appeals

- 3.11 The PQ Partnership, or proposed PQ Partnership, may appeal against an approval decision by the NISCC. Details of the appeal procedure for the PQ Partnership can be found in Appendix 1.

Re-approval

- 3.12 Re-approval is required when the PQ Partnership proposes to make material changes and/or the NISCC has issued new Standards.
- 3.13 Re-approval will be a more streamlined process than a full approval. A NISCC Officer will establish with the Provider the information required for re-approval and a date will be agreed for the re-approval visit. A different Council Officer will be involved in the decision making process. The possible outcomes are the same as for a full approval. The PQ Partnership will be informed in writing of the outcome of the re-approval within two working weeks of the re-approval visit.

Part 2

Regulation through Annual Monitoring and Review

4. Annual monitoring and review

4.1 The NISCC's process of reviewing the PQ Partnership will comprise the following elements:

- Annual Monitoring;
- Thematic Reviews, and
- Periodic Reviews.

Annual monitoring

4.2 NISCC Annual Report

The annual quality assurance report is the mechanism for the PQ Partnership to make use of information already collected by their own quality assurance system. The annual quality assurance report process is shown below. The Annual Report should be submitted by the 30th April each year.

4.3 Annual Report process:

- Confirmation by NISCC of date for receipt of Annual Report.
- Reminder from NISCC when report is due.
- NISCC responds to the report within four weeks of receipt and may, if there are concerns, decide to undertake further investigation.
- PQ Partnership circulates copy of Annual Report and NISCC response to Partnership members.
- Annual Report and NISCC response become accessible as a public record.

4.4 Annual Report content

The NISCC will require the PQ Partnership to report annually on the information detailed in Appendices 2 and 3.

Independent verification

4.5 The PQ Partnership is responsible for assuring the quality of assessment decisions and of accredited programmes. The Standards require that:

- standards of assessment of individual candidates are subject to independent verification,
- accreditation recommendations are subject to independent verification, and
- the PQ Partnership ensures consistency of assessment across the range of assessment arrangements.

- 4.6 Information from independent verifiers is an important aspect of the NISCC's quality assurance system. The NISCC relies on this information to confirm that candidates are achieving agreed professional standards.
- 4.7 The NISCC has not specified criteria for independent verifiers but expects the PQ Partnership to ensure appointees are suitably experienced, qualified and independent. To achieve independence it may be necessary to appoint verifiers who work outside Northern Ireland.
- 4.8 The PQ Partnership must inform the NISCC of Independent Verifier appointments, their specific responsibilities and advise the NISCC of any subsequent changes.

Criteria on which annual monitoring will be assessed

- 4.9 In its annual monitoring the NISCC will measure the performance of the PQ Partnership against a set of indicators in order to assess levels of risk, their impact on the provision and the need for the NISCC to intervene e.g. conduct a review visit or initiate a preliminary investigation. These indicators are specified below:
- (a) Delivery against standards.
 - (b) Continuous improvement.
 - (c) External scrutiny.
 - (d) Internal scrutiny.
 - (e) Candidate/employer/public confidence.
- 4.10 More specifically this means:
- Submission of Annual Report by agreed date.
 - The PQ Partnership continues to meet NISCC Standards for Approval.
 - Targets for enrolments, progress and awards have been met or reasons for not doing so are acceptable.
 - Future targets are agreed.
 - Action plans are in place and time-scales are being met.
 - There is satisfactory independent verification of the assessment and accreditation processes and decisions and appropriate action has been taken on internal verifier recommendations.
 - Any proposed material changes are considered to meet NISCC Standards.
 - Internal quality assurance systems are in place and operating satisfactorily.
 - There are satisfactory plans to address any governance issues.
 - Stakeholders have been consulted about the ongoing effectiveness of post qualifying provision.
 - Any complaints are dealt with appropriately.

Outcomes of annual monitoring

- 4.11 There are four possible outcomes of the annual quality assurance process. These are outlined below;
- The PQ Partnership meets NISCC standards.
 - Further information/clarification is required.
 - A visit will be necessary.
 - An inspection is required.
- 4.12 The outcome of the annual monitoring process and the NISCC response will become accessible as a public record.

Appeals

- 4.13 The PQ Partnership may appeal against an annual monitoring decision by the NISCC. Details of the appeal procedure can be found in Appendix 1.

Thematic reviews

- 4.13 The NISCC will have an annual programme of thematic reviews that will apply across all provision. The thematic reviews may be dictated by, for example, issues raised by employers or issues that have been identified through RQIA inspections. The NISCC may also undertake spot reviews if there are concerns about any area of provision. An independent visitor and a representative of service user or carer interests will be appointed to contribute to thematic reviews.
- 4.14 When the PQ Partnership is subject to a periodic review, the thematic review will be incorporated within this process.
- 4.15 Thematic review process:
- Confirmation of theme and date of review visit/s.
 - Review team established.
 - Request for information from Providers on the area to be reviewed.
 - Review format agreed with Provider.
 - Review undertaken.
 - Draft report forwarded to Provider for comment.
 - Provider returns report with comments.
 - Final report sent to Provider.
 - Report made public.

Periodic reviews

- 4.16 Following approval/re-approval, the NISCC will undertake regular reviews of the PQ Partnership. The frequency of reviews will depend on the risk assessment of the operation of the PQ Partnership. Where annual monitoring continues to be satisfactory the review period will be five years. The review will be conducted by a NISCC Officer and a Council member.
- 4.17 Periodic reviews will involve collating information from annual monitoring systems and thematic reviews to verify that the PQ Partnership continues to meet the NISCC's Standards. A periodic review will also include a visit to the PQ Partnership.
- 4.18 The first formal review will be within 5 years of approval/re-approval at a time negotiated between the NISCC and the PQ Partnership and thereafter at least every five years. The NISCC will confirm with the PQ Partnership clear timescales for all stages of the review process.

Periodic review process

- 4.19 The periodic review process is as follows:
- Date for first review negotiated within 5 years of approval/re-approval.
 - Review date confirmed with PQ Partnership.
 - PQ Partnership will submit a report.
 - PQ Partnership informed of time-table and areas of interest.
 - Visit format confirmed with the NISCC.
 - Visit takes place.
 - Draft report of review sent to PQ Partnership for comment.
 - PQ Partnership returns report with comments.
 - Final report sent to PQ Partnership.
 - Report made public.

- 4.20 Material required before the Review:

Prior to each review, the NISCC will require a concise report which identifies:

- The main outcomes from the PQ Partnership's own quality assurance system over a mutually agreed period. This should include monitoring equal opportunities policy.
- Any areas for improvement highlighted in the previous year's report and how these have been addressed.
- Any changes in targets.
- A summary of the PQ Partnership's attainment of or challenges in meeting the NISCC Standards for Approval.
- A concluding summary of the main strengths and weaknesses of the PQ Partnership and priorities for action.

4.21 Responsibility for the review

The review will be conducted by a NISCC Officer and a Council member and any other participant whom the NISCC deems appropriate. No person will be involved who is directly connected with the PQ Partnership.

4.22 The review visit

Key participants in the review will normally include:-

- Candidates
- Relevant staff including practice assessors
- Employers
- Line Managers
- Service users where appropriate and practicable

The NISCC will provide both an oral and a written summary of the visit highlighting key issues; action required to meet NISCC Standards; any further action by the NISCC (including whether an inspection is recommended); the time-scale for action and the appeals procedure.

4.23 Outcomes of review

There are 3 possible outcomes of the review as follows:

- The PQ Partnership meets NISCC Standards.
- The PQ Partnership does not meet NISCC Standards and an action plan is drawn up with the Partnership to meet the shortcomings.
- An inspection is recommended.

Part 3

Inspection

5. Definition of inspection

An inspection is a visit by the NISCC to the PQ Partnership outside the normal review procedures where there is evidence of an unacceptable level of risk through:

- Failing to comply with the NISCC's Standards and/or requirements; and/or
- Being unable to complete remedial action within the timescale specified by the NISCC; and/or
- Being the subject of a serious complaint or allegation of failure to comply with the standards and/or requirements. This is so serious as to throw into immediate doubt the continued suitability of the provision.

5.1 NISCC approval can only be withdrawn from the PQ Partnership after an inspection visit has taken place.

5.2 Once the need for an inspection visit has been identified, a clear timescale for the full process will be agreed between the NISCC and the PQ Partnership.

Inspection process

5.3 There are seven stages in the inspection process comprising two elements:

- Preliminary Investigation - Stages 1-3
- Inspection - Stages 4-7

5.4 Preliminary Investigation stages:

Stage 1 - There is evidence that the PQ Partnership is not complying with the requirements.

Stage 2 - A Preliminary investigation takes place.

Stage 3 - A remedial action plan with timescales is agreed between the NISCC and the PQ Partnership. If the PQ Partnership successfully implements remedial action, the investigation process will cease.

5.5 The NISCC reserves the right to instigate an immediate inspection without this preliminary stage.

5.6 Inspection stages

Stage 4 - Where a preliminary investigation identifies the need for an inspection, the PQ Partnership will receive written notification outlining:

- The reason and evidence for the decision.
- Information about the process.
- The date for commencement of the inspection.

Stage 5 - The NISCC will establish an inspection team to carry out a formal investigation. It will have a minimum of two people, one of whom will be a NISCC Officer and who will chair the team. The other will be a member of the Council. The NISCC may also include in the inspection team a person deemed to have specialist knowledge of the issues involved, but no person will be involved who is directly connected with the PQ Partnership.

A time-table and process will be established by the NISCC, which will take into account any reasonable requests by the PQ Partnership. The NISCC will reserve the right to extend the process if it becomes clear in the course of the formal inspection that further information is required.

Stage 6 - Inspection visit takes place. This may include meeting with relevant personnel and observation of related activities.

The visit will conclude with a meeting between the NISCC and the PQ Partnership led by the Chair of the NISCC inspection team. The purpose of this meeting is to discuss issues emerging from the inspection.

Stage 7- Outcomes of Inspection

- A report will be issued confirming the NISCC's decision following the inspection.
- The Provider will be given the opportunity to comment on accuracy.
- The report will be returned to the NISCC with comments and/or additional information.
- Final report is sent to the Provider.
- PQ Partnership circulates report to relevant personnel.

Appeals

5.7 The PQ Partnership may appeal against an inspection decision by the NISCC. Details of the appeal procedure can be found in Appendix 1.

Part 4

Appendices

Appendix 1

Appeal procedure for the Post Qualifying Education and Training Partnership

1. Introduction

- 1.1 The Northern Ireland Social Care Council (the Council) is a statutory body established under the Health and Personal Social Services (Northern Ireland) Act 2001.
- 1.2 The Post Qualifying Education and Training Partnership (PQ Partnership) is required to comply with the Council's Rules for the Approval of Post Qualifying Education and Training in Social Work in Northern Ireland.
- 1.3 This appeal procedure has been drawn up in accordance with these Rules, Part 11 Section 10.
- 1.4 The Rules state that the PQ Partnership may appeal to the Council against a decision made in respect of: approval, monitoring, review or formal investigation, or withdrawal of approval.

2. Grounds for appeal

- 2.1 The PQ Partnership may appeal against a decision of the Council on the following grounds:
 - 2.1.1 The Council did not take into account material information which was made known to it at the time of the decision.
 - 2.1.2 New information which could not have been made available at the time of the decision and which materially affects the outcome has since become available; or
 - 2.1.3 The Council did not observe its own procedures and this failure materially affected the decision.

3. Principles

3.1 The key principles which underpin the Council's appeal procedure are that it should be:

3.1.1 Open and transparent - an appeal decision will be based on open and relevant evidence.

3.1.2 Speedy - an appeal will be resolved as quickly as is reasonably possible, and, unless there are exceptional circumstances, within the timescales specified in the appeals procedure.

3.1.3 Facilitative - the Council will seek to be responsive to and work with the PQ Partnership to resolve an appeal at the earliest stage possible.

4. Procedure for appeal

Stage 1- Request for reconsideration

4.1 An application for reconsideration of a Council decision and/ or procedure, in respect of approval, monitoring, review or formal investigation, or withdrawal of approval, should be made by the Chair of the PQ Partnership in writing, with supporting evidence, to the Council's Director of Training within four weeks of the PQ Partnership's receipt of the Council's decision.

4.2 The relevant Professional Adviser will meet with the PQ Partnership within ten working days of receipt of the application for reconsideration. This meeting will explore the issues leading to dissatisfaction and attempt to achieve resolution. The outcome will be communicated, by the Director of Training, to all involved within five working days of the meeting.

4.3 If the PQ Partnership is not satisfied with the outcome of Stage 1 they can proceed to Stage 2.

Stage 2 – Appeal panel

4.4 Where reconsideration fails to resolve the causes of dissatisfaction the Chair of the PQ Partnership should write to the Chief Executive of the Council within ten working days of receiving the Council's Stage 1 decision. The letter should set out grounds for appeal (see paragraph 2 above, Grounds for Appeal) and request formal consideration by the Council. The letter will be accepted as a Notice of Appeal.

4.5 On receipt of the letter the Chief Executive will consult with the Chair of the Council who will appoint an appeal panel.

- 4.6 The panel will comprise three members: a Chair who will normally be the Council Chair, and two other members, one of whom will be a Council member. The third panel member will be either a Council member or an independent person with relevant experience. No panel members will be connected with the PQ Partnership. The Director of Training will act as Secretary to the panel.
- 4.7 Within ten working days of receipt of the Notice of Appeal the panel will consider the relevant paperwork and decide whether there is a prima facie case for further consideration. The panel will inform the PQ Partnership of its decision, in writing.

Stage 3 – Appeal process

- 4.8 Where a review of the Council's decision is to take place the PQ Partnership will be informed of the date of the appeal panel meeting and will be invited to make oral submissions to the panel and/or send further written statements. No legal representatives will be permitted to appear on behalf of any party.
- 4.9 The panel will consider all relevant evidence, and may, on behalf of the Council, take either of the following decisions:
- 4.9.1 Uphold the appeal; or
 - 4.9.2 Confirm the original decision
- 4.10 The decision of the appeal panel will be final. The PQ Partnership will be notified in writing. Stage 3 of the process should be completed within four weeks.

Appendix 2

Information required in Annual Report

1. Information on candidates

- 1.1 Statistical data as outlined in Appendix 3.
- 1.2 Comments on enrolments, progression, and achievement for each award against targets for the year under report.
- 1.3 Targets for enrolments, progression and awards for the following year.
- 1.4 Copy of assessment board report to the Management Board including report from independent verifier.
- 1.5 Comments on any equality issues.
- 1.6 Action plans with timescales on any recommendations from the assessment board and independent verifier.

2. Information on programmes

- 2.1 Information on any new programmes accredited during the year
- 2.2 Reports on quality assurance of accredited programmes, including any feedback from employers, candidates and independent verification.
- 2.3 Action plans with timescales on any recommendations from the quality assurance board and the independent verifier.
- 2.4 Information on identified shortfall in provision.

3. Other information

- 3.1 Progress in respect of any conditions of approval/ re-approval and progression on action plans.
- 3.2 Any changes or modifications since approval/re-approval including changes in staffing.
- 3.3 Changes in membership of Partnership.
- 3.4 Changes in membership of assessment board.
- 3.5 Names of External Assessors/Independent Verifiers and any changes to processes or personnel.
- 3.6 Annual, costed, business plan.
- 3.7 Copies of relevant documents, for example, guidance documents for candidates/practice assessors etc., issued during the year under review.
- 3.8 Information on any complaints/appeals.
- 3.9 Information on training events, including outcomes.
- 3.10 Information on new initiatives, innovative practice, conferences etc.
- 3.11 Details, including outcomes, of any consultation with key interests.

Appendix 3

Statistical data

Statistical information required annually will include the following:

1. Enrolment information 1 April to 31 March

1.1 Total number of enrolments.

1.2 Number of enrolments by:

- Award
- Route
- Pathway
- Programme
- Employer

2. Award information 1 April to 31 March

2.1 Number of awards by:

- Award title
- Route
- Pathway
- Employer

3. Progression

3.1 Progression information on each accredited programme

3.2 Progression information by route

4. Equal opportunities information

4.1 % of forms returned

4.2 Summary of information received