



# DORSET & WILTSHIRE FIRE AND RESCUE SERVICE

## ED 10 – Quality Assurance Framework for Development Pathways

To be read in conjunction with the [People Policy Statement](#)

### Employee Development (ED)

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# ED 10 – Quality Assurance Framework for Development Pathways

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<b>Version No:</b>	V3.0	<b>Review Completed:</b>	1//4/2020

## 1. Purpose & Definition

- 1.1. Dorset & Wiltshire Fire and Rescue Service (DWFRS) recognise that people are our most valuable asset and is committed to make sure all members of staff are skilled and competent to meet the requirements of their role.
- 1.2. The DWFRS Service Delivery Plan<sup>1</sup> states that “We will set in place a robust Quality Assurance Framework to ensure learning and development interventions are aligned to the appropriate professional standards”. This is in line with Service Priority 5: Support and develop our people and the People Policy Statement.
- 1.3. The Quality Assurance Framework for Development Pathways (QAF) is designed to provide DWFRS with a system to assess competence in the working environment. This framework provides:
  - an explanation of how quality assurance is achieved for development pathways for all roles in the Service
  - a consistent Service-wide approach to assessment, verification and quality assurance for development pathways
  - a process of assessment and verification, for all activities, to the appropriate standards.
- 1.4. This Framework recognizes sector best practice, including guidance contained in CFOA Training Guidance documents, National Occupational Standards (NOS), the Fire Professional Framework, the JESIP Programme and National Operational Guidance Programme.
- 1.5. The scope of this procedure extends to staff development pathways and forms part of a wider picture for assurance which includes, but is not limited to, the following:
  - HMICFRS (her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services)
  - Corporate Governance
  - Organisational Performance, Risk and Business Continuity
  - BSI18001 certification
  - Operational Licence acquisition
  - Station Audits
  - [Operational Competence and Operational Licence, ED 7](#)
  - External quality assurance (EQA) through the delivery of recognised qualifications or the use of awarding bodies for audit.

<sup>1</sup> DWFRS Service Delivery Plan 2018/19 pg 117

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- 1.6. Departments are responsible for quality assurance of their own department or specialism specific activities which are outside the Development Pathway.
- 1.7. **Definitions**
- 1.7.1. **The Quality Assurance Framework (QAF)** is the framework which provides a flexible approach to deliver assessment of risk critical areas and to make sure assessment practices are regularly reviewed and evaluated.
- 1.7.2. **Internal quality assurance** is the process by which DWFRS regularly samples and evaluates its assessment practices and decisions, and acts on the findings to certify reliability, consistency and confidence.
- 1.7.3. **An Internal Quality Assurer (IQA)** is a suitably qualified individual within DWFRS who works with teams and individuals to confirm accurate and consistent standards of assessment, over time.
- 1.7.4. **Standardisation** is a process to make sure the assessment criteria for a qualification, unit or part of a unit are applied consistently by assessors and verifiers. Standardisation is carried out within DWFRS (internally), as well as, externally.
- 1.7.5. **External quality assurance (EQA)** is a key part of our quality assurance arrangements through an External Advisory Board.
- 1.7.6. **Competence** is defined as ‘The ability to consistently and accurately carry out a task.’ This requires the individual to consistently evidence their practical ability, where required, and their knowledge and understanding of the subject over a period of time.
- 1.7.7. **Operational Competence** A person is operationally competent only when they can consistently demonstrate their skills, knowledge and understanding at operational incidents or in an assessed realistic simulation. This is measured by attainment of the Operational Licence (see [ED 7 – Operational Competence and Operational Licence](#)).

## 2. Quality Assurance Framework (QAF) Principles

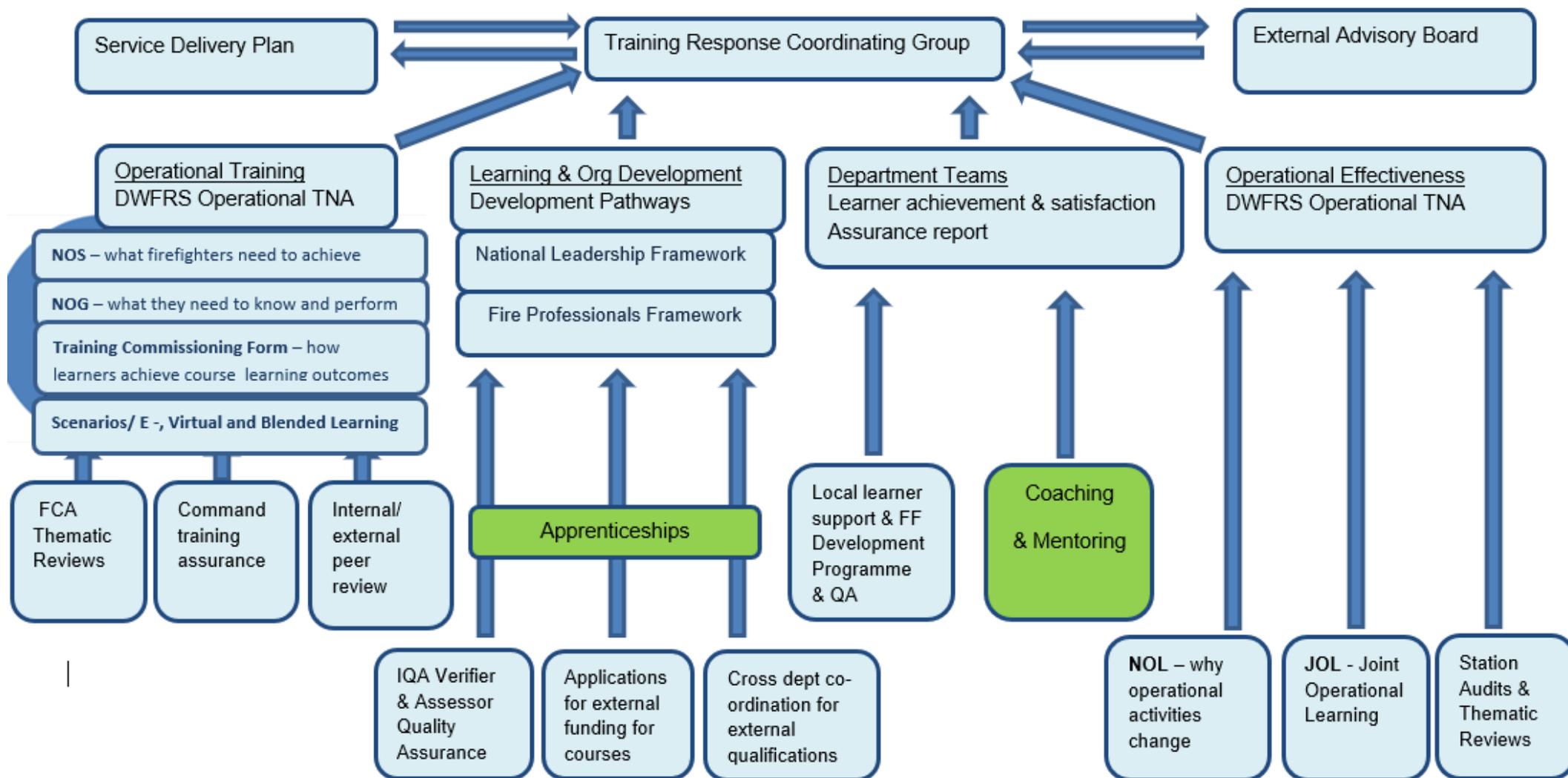
- 2.1. The QAF is intended for all DWFRS staff (Green and Grey Book) and makes sure:
- development pathway activities are mapped to essential National Occupational Standards (NOS) or industry standards. For operational members of staff this includes compliance with [Operational Competence and Operational Licence](#) and the [Development Pathway and CPD](#) procedure
  - there are sufficient staff resources and systems necessary to support the assessment of competence in all identified risk critical areas
  - the roles, responsibilities and authorities of the assessment and verification teams across DWFRS are allocated and understood and provide for sufficient competent and qualified Assessors and Verifiers to meet the demand for assessment and verification activity
  - appeals and conflicts of interest are recorded and investigated
  - individual needs are taken into consideration in line with the Equality Act 2010
  - Learner responsibilities and available support is set out

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- information is handled appropriately in line with legislative requirements including the General Data Protection Regulations (GDPR)
- due consideration is given to Health & Safety requirements in line with legislation. Quality assurance activities must always guarantee safe working environments and risk assessments must be completed before an activity takes place
- Assessor responsibilities and support that is available
- Internal Verifier responsibilities and standardisation practices are detail
- the mechanism for review and evolution of Development Pathways is establish
- our RESPECT values and define behavioural expectations are embed.

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2.2. The following diagram illustrates responsibilities for Quality Assurance:



### 3. External Quality Assurance (EQA)

- 3.1. External Quality Assurance (EQA) is needed to make sure DWFRS develops organisational excellence in terms of training delivery, assessment, learner achievement and learner satisfaction.
- 3.2. The Training and Response Coordination Group (TRCG) is responsible for working with the Lead IQA and Heads of Department to develop a [Departmental Sampling Plan](#).
- 3.3. The TRCG will appoint an **External Advisory Board (EAB)** who carries out annual quality assurance activities and act as an external “critical friend” to validate the departmental sampling plan and internal assurance decisions.
- 3.4. The EAB meets on a 12-monthly basis to review and quality assure learning and development during a structured day/half day. After the initial orientation day meetings may be joined remotely.
- 3.5. EAB members are asked to review:
  - Departmental Sampling Plans
  - outcomes from the Firefighter Development Programme
  - key training documents and processes.
- 3.5.1. The Board also and makes recommendations and inform on current best practice according to their subject matter expertise. Structured governance documentation is provided.
- 3.5.2. The annual outputs from the Board are considered by the TRCG and People Delivery Group.
- 3.6. The EAB consists of the following members:
  - DWFRS Lead IQA
  - Head of Operational Training
  - A Skills for Justice Awards (SFJA) representative
  - A Royal National Lifeboat Institution Programme Manager
  - Any other key external partners.
- 3.7. Other external assurance is addressed through:
  - the delivery of qualifications on the Regulated Qualification Framework
  - using external training providers that comply with industry standards (such as, the Fire Service College and Youth Training Association)
  - employing awarding bodies to audit internal training (for example, Accredited Learning Professionally via SfJ Awards)
  - membership of professional bodies (such as, Chartered Institute of Personnel and Development (CIPD) and Institution of Fire Engineers (IFE)
  - and in some instances, peer assessment with other Fire & Rescue Services (FRS's) as dictated by the relevant Head of Department.

## 4. Internal Quality Assurance (IQA) Governance

- 4.1. Internal governance of Quality Assurance is provided by the Training and Response Coordination Group (TRCG). This group provides oversight and coordination of a quality audit plan (a comprehensive examination of the assessment and verification system for quality assurance). As part of this they will:
- develop a [Departmental Sampling Plan](#) in conjunction with the Lead IQA and department heads
  - appoint an EAB to validate the departmental sampling plan and internal assurance decisions
  - coordinate Thematic Reviews based on findings from Station Audits and Summative Assessments
  - make sure consistent learner satisfaction and the internal quality assurance system and procedures are adhered to
  - make sure learners have met the required standards and that assessment and verification of those standards is appropriate and consistent.
- 4.2. TRCG prepares a headline report to the People Delivery Group on a six-monthly basis.

## 5. Internal Quality Assurance (IQA)

- 5.1. Internal Quality Assurance (IQA), or verification, is a vital part of the assessment process. It:
- supports and develops Assessors and embeds Assessor competence
  - informs improvements to practice and procedures, thereby making sure standards are maintained and updated
  - provides quality control of assessment practice by confirming assessors are carrying out their role effectively and fairly and relevant occupational standards are being interpreted and applied correctly.
- 5.2. The DWFRS IQA process will:
- be accurately recorded to provide a clear audit trail
  - be carried out by suitably qualified and occupationally competent members of staff
  - be planned and cover a representative sample of assessments
  - be risk based and draw on themes raised at Standardisation meetings, results of operational audits, Operational Effectiveness recommendations or the Station Audit programme and so on
  - monitor assessments and provide a method to standardize assessment judgements
  - include 'formative' assessments, where feedback can be given to assessors on an ongoing basis (not just at the end of the process)
  - make sure complaints are dealt with as part of the existing grievance procedure and that learning is shared across the service.

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- 5.3. IQA, monitoring and sampling of the work of Assessors is a requirement of those of Group Manager or Corporate level equivalents (Grade H) and above, and for specialist Station Manager roles. Every manager in this position has an IQA role.
- 5.4. IQA's monitor work and provide feedback.
- 5.5. TRCG's confirm provisions are made for the training of IQAs and appoint a Lead IQA who manages activity and reports back to TRCG.
- 5.6. **The Lead IQA** (AM Learning and Organisational Development) will manage IQA arrangements which will include devising and implementing sampling plans.
- 5.7. Every IQA is required to maintain their own competence by carrying out a minimum of four quality assurance activities and must attend at least two **Internal Quality Assurance Standardisation** meetings annually. The Lead IQA organises these meetings.
- 5.8. IQAs are subject to quality assurance review of their own work on at least one occasion annually by the Lead IQA. However, more frequent reviews may be required for newly qualified IQAs as part of their own development.
- 5.9. IQAs will guarantee their Assessors attend at least two Assurance Standardisation Meetings per year. Records of attendances at such is managed by the lead IQA. Standardisation meetings may form part of the Area meeting or Station/Team meeting. Provision are made for individuals to record attendance at such meetings on Redkite/FireWatch/Gartan as this forms part of the requirement to remain competent as an IQA.

## 6. The Internal Assessor

- 6.1. Internal Assessors will:
  - receive appropriate training to allow them to carry out the function of Assessor
  - assess the knowledge and competence of learners to guarantee standards are met
  - make the final judgement. For example, Does the learner meet the evidence requirements for the unit/qualification/role?
  - make sure they remain competent as an assessor by engaging in standardisation and continuous professional development (CPD) activities.
- 6.2. The requirement for an employee to be an Assessor is set out within Service role maps, job descriptions or dictated by the references they hold that require assessments to be made of the performance of others.
- 6.3. Every Assessor is required to maintain their own competence to assess by carrying out assessments on an ongoing basis. They are subject to internal quality assurance of their work to make sure common standards of assessment are being applied throughout the Service.
- 6.4. Assessors must attend at least **two standardisation meetings per year** and this attendance forms part of the requirement to remain a competent in role.
- 6.5. IQA's are responsible for making sure their assessors attend at least two Standardisation meetings per year.

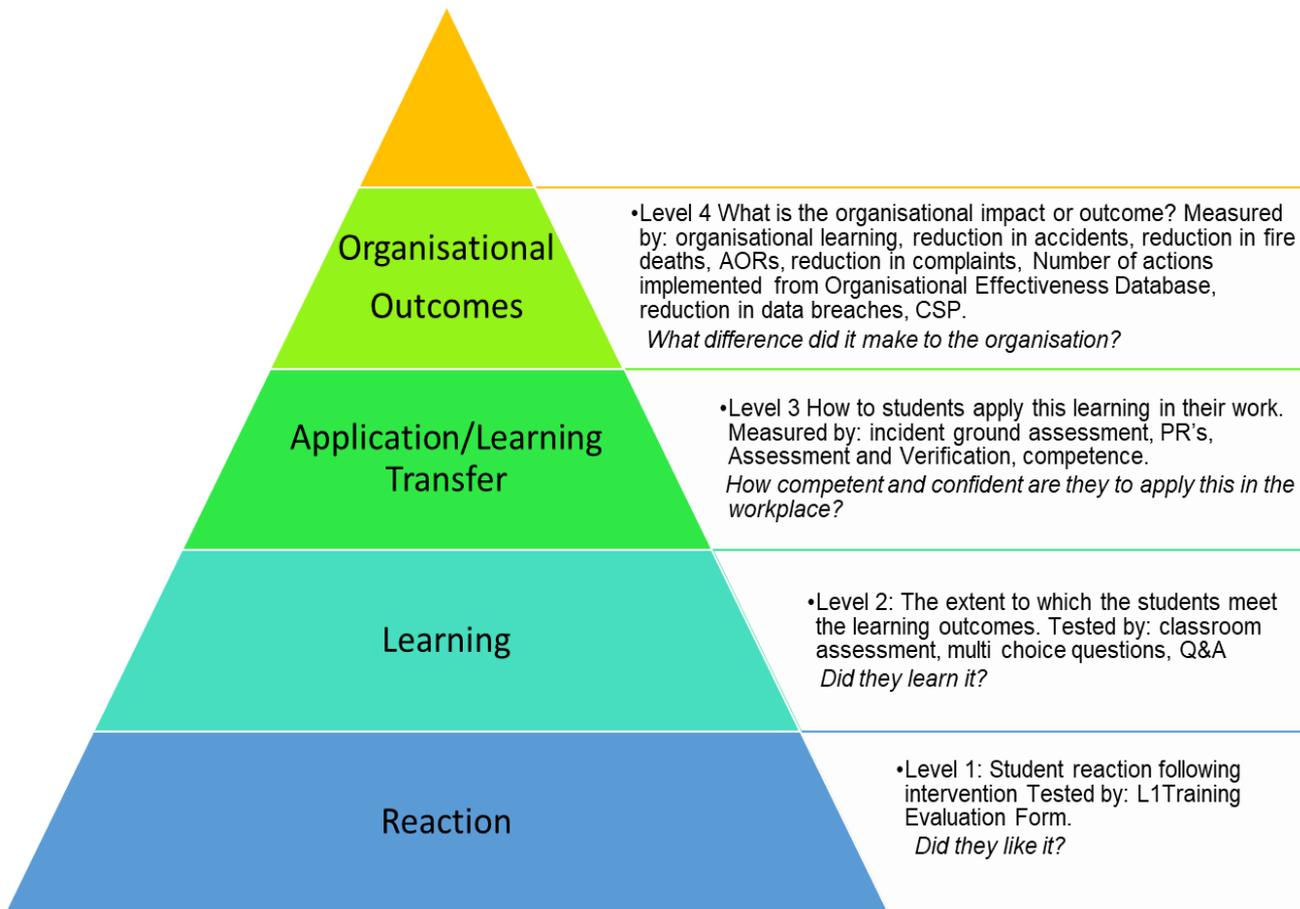
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- 6.6. Assessors are trained and mentored. A proportion of their assessment decisions are subject to scrutiny by an IQA to ensure the necessary standards of assessment are maintained.
- 6.7. Assessments must be carried out by considering a range of evidence from various sources. The information supplied by the learner must be valid, authentic, consistent, sufficient and must be their own work.

### 7. Framework Criteria

- 7.1. See the Skills for Justice Awards ([SFJA Framework Criteria](#)) for assessment and quality assurance detail.
- 7.2. Firefighter Development
- 7.2.1. As part of a national approach within the Service, when firefighters are in development, they are placed on the Firefighter Development Programme (FDP) which has been written to comply with the National Occupational Standards (NOS) and development modules for that role.
- 7.3. Training Courses and activities
- 7.3.1. It is important that training and development activities are also developed appropriately, with “conformance to requirements” designed in, so that the activity meets professional standards and the needs of the organisation and the learner. Before a new intervention can be developed the following Governance, documents must be completed and entered onto **the L&D Governance Folder** on the W Drive.
- 7.4. A Training Commissioning Form is produced for each intervention detailing:
- the Sponsor
  - the aim of the activity setting out organisational outcomes
  - what are the Learning Outcomes (what the student is able to know and do?)
  - how these maps to specific NOS/recognized qualifications
  - delivery timescale, resources and cost requirements
  - what type of learning, such as; blended learning/e-learning/face to face
  - how the student learning is assessed: assessment criteria and guidelines
  - how organizational learning is evaluated using the Evaluation levels model below:

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Adapted from Kirkpatrick Model 1996/2018

7.5. An E-learning Specification needs to be completed for development of any E-Learning to support and reinforce learning (see [E-Learning Framework ED 11](#) and [E-Learning proposal and Scoping Document T033](#)).

7.6. E-learning can be used:

- prior to a taught course - as an entry 'gateway'
- to support or reinforce on the job learning
- as a learning tool
- following a taught course to embed or remind learners of key knowledge and skills
- as an assessment tool.

7.7. Training Specifications are considered and approved by the Training and Response Coordination Group (TRCG) and reviewed by the External Quality Assurance (EQA).

## 8. Directorate Quality Assurance Activities

8.1. Each Directorate is responsible for the quality assurance of its own operations and training delivery.

## 9. Responsibilities

9.1. The Training and Response Coordination Group (TRCG) will:

- work with the Heads of Department's to deliver an External Quality Assurance (EQA) Departmental Sampling Plan
- provide oversight and coordination of a quality audit plan (a comprehensive examination of the assessment and verification system for quality assurance)
- appoint an External Advisory Board (EAB) annually and provide a report of the outputs of the Board to the People Delivery Group
- appoint a Lead Internal Qualified Assessor (IQA) who manages activities and reports back to TRCG
- coordinate Thematic Reviews based on findings from Station Audits and Summative Assessments
- make sure consistent learner satisfaction and the internal quality assurance system and procedures are adhered to
- make sure learners have met the required standards and that assessment and verification of those standards is appropriate and consistent
- prepare a headline report to the People Delivery Group on a six-monthly basis.

9.2. The Lead Internal Qualified Assessor (IQA) will:

- manage IQA arrangements including devising and implementing a risk-based sampling plan
- make sure provision is made for the training of IQAs
- organise two Internal Quality Assurance Standardisation meetings annually
- manage records of attendance by IQAs at standardisation meetings
- make sure complaints appeals or issues addressing malpractice are effectively dealt with.

9.3. Internal Quality Assurers (verifiers) will:

- monitor and sample the work of Assessors according to the risk-based sampling plan developed by the lead IQA.
- make sure their Assessors attend at least two Assessment Standardisation Meetings per year
- maintain their own competence by carrying out a minimum of four quality assurance activities annually
- attend at least two Internal Quality Assurance Standardisation meetings annually.

9.4. As Department Heads IQA's will:

- monitor and manage completion of development pathway activities for their members of staff and performance manage learners in development within reasonable timescales
- manage any required standardisation within their Area of responsibility – via Station Management Team Meetings, District Team Meetings and Area Management Team Meetings

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- allocate assessors and mentors to those in development as appropriate
- be responsible for the delivery of any specialist development activities commensurate with industry standards for their field of service delivery. For example, the Head of Fire Safety re responsible for the identification and delivery of Fire Safety training and qualification for their team.

9.5. Learning & Organisational Development will:

- be responsible for identification and delivery of generic development pathways for both uniformed and corporate roles in accordance with the [ED 12 – Development Pathway and CPD procedure](#) and review Development Pathway activities on an annual basis following the outcomes from the Board
- monitor assessment and verification to provide corporate quality assurance
- manage information on staff completion of development pathway activities in conjunction with HR, Area teams and Operational Competence reports.

9.6. The Head of Operational Training will:

- make sure training governance documents are in place for all training delivery in line with this procedure
- attend External Advisory Board Meetings.

9.7. Human Resources will:

- make sure payment of Continued Professional Development (CPD) to eligible operational members of staff
- be responsible for managing appointments to temporary and substantive vacancies across the Service.

## 10. Monitoring & Assurance

10.1. Quality Assurance

10.1.1. Quality assurance arrangements include:

- confirming the conformance of assessment and verification activities to the required standard
- guidance, support and continuous development for line managers, assessors and verifiers who are supporting people through the Development Pathways
- arrangements for effective monitoring, to include fairness and equality
- arrangements for the effective maintenance and monitoring of records relating to appointments, development and performance monitoring of Development Pathways.

10.2. Process Monitoring

10.2.1. the Service will make sure a system of Quality Assurance and review is in place to certify each pathway is managed to a level which is fit for purpose and is accountable through annual reporting systems. This includes:

- guaranteeing equality of access
- mechanisms to monitor equality

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- a standardised approach to the collection, assessment and recording of evidence
- complaints, appeals or addressing malpractice will be dealt with through the existing grievance procedure
- internal verification to confirm programme completion.

### 11. Document Reference

#### 11.1. Forms to complete

[T003 – L&OD Training/Commissioning Form](#)

[T033 – e-Learning Proposal & Scoping Document](#)

[T036 – EQA Department Sampling Plan](#)

[T037 – Internal Quality Assurance Record](#)

#### 11.2. Supporting Information

[SFJA Framework Criteria](#)

#### 11.3. Document References

[ED 2 – Uniformed Promotion](#)

[ED 7 – Operational Competence and Operational Licence](#)

[ED 11 – e-Learning Framework](#)

[ED 12 – Development Pathways and CPD Procedure](#)

### 12. Document Management

Policy Statement Reference: <a href="#">People</a>			
Owner	Review Date	Author	Status
Kathy Collis	01/12/2020	Jill Warburton, John Lewis, Jack Nicholson	Published

#### 12.1. Version Control

Version	Page & Par Ref	Date	Changes Made	Authorised By
V3.0	Entire Document	1/4/2020	Updated links within Relevant Document section to point from BrigadeHQ3 to <a href="http://pandp.dwfire.org.uk">http://pandp.dwfire.org.uk</a> . No other changes made.	Lea Morris
V2.0	Page 11, Section 9.3	19/09/2019	Updated the title of 'Internal Quality Assessors' to 'Internal Quality Assurers'	Jack Nicholson
V1.0	Entire document	14/12/2018	Final review prior to publication	Jill Warburton

## ED 10 – Quality Assurance Framework for Development Pathways

TCV	Entire document	14/12/18	Formatting and Plain English at end of consultation	Jill Warburton
TCV	Entire document	16/11/2018	Plain English and formatting suggestions	Tonya Saben
V0.7	Entire document	12/11/2018	Final check prior to consultation	Tonya Saben
V0.6	Section 9.3 and 9.2	07/11/2018	Added risk-based sampling plan to be developed by the lead IQA and responsibilities for IQAs to follow the risk based plan.	Jill Warburton
V0.6	Numbering of section 9	07/11/2018	Numbering alignment of responsibilities with index sheet	Jill Warburton
V0.6	Section 1.3	07/11/2018	Added Departments will responsible for quality assurance of their own department or specialism specific activities which are outside the Development Pathway.	Jill Warburton
V0.6	Section 5.2	07/11/2018	Added bullet point 4	Jill Warburton
V0.5	Whole document	23/10/2018	Changed name of EQA Panel to External Advisory Board to align with Leadership work	Jill Warburton
V0.5	Whole document	23/10/2018	Document references changed to reflect this is the assurance document for Development Pathways only. Removed references and appendices linked to wider department-specific assurance arrangements	Jill Warburton authorised Ian Jeary
V0.4	Appendices and Procedure references	11/07/2018	Developed appendices <ol style="list-style-type: none"> <li>1. EQA Departmental Sampling Plan</li> <li>2. SFJA Framework Criteria</li> <li>3. Directorate QA Plan.</li> <li>4. QA Record</li> </ol> and added to document. Procedure references	Jill Warburton

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			added to document.	
V0.3	Section 3.3-3.7	05/07/2018	Added role of EQA Panel meeting frequency and responsibilities	Jill Warburton
V0.3	Whole document	05/07/2018	<p>Added 2018/19 Service Delivery Plan priority and reference to Service Priority 5.</p> <p>Section 1.3 bullet 2 added for development pathways</p> <p>Section 1.5 added operational licence acquisition</p> <p>Section 4.1 added that the EQA will provide oversight of a Quality Audit Plan that is a comprehensive examination of the assessment and verification system for quality assurance.</p> <p>Section 5.4 added that the lead IQA will manage IQA arrangements which include devising and implementing sampling plans</p> <p>Section 6.1 added bullet receive appropriate training to allow them to carry out the function of assessor.</p> <p>6.2 added that a proportion of assessment decisions will be subject to scrutiny by an IQA to ensure the necessary standards of assessment are maintained.</p> <p>7.1 added the importance that training and development activities are developed appropriately with conformance requirements designed in so that the activity meets the needs of organisation</p>	Jack Nicholson and Jill Warburton

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			and the learner.	
V0.3	Section 9	05/07/2018	Formatting, Kirkpartrick model added Revised layout of Quality Assurance Responsibilities diagram. Responsibilities updated	Jill Warburton
V0.2	Whole document	17/05/2018	Updated with outcome of discussions with Head of Operational Training	Jill Warburton
V0.1	Whole document	02/05/2018	Updates to document following outcomes of the Quality Assurance task and Finish Group	Jill Warburton John Lewis

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