

National Highway Sector Schemes



Internal Quality Assurer Approval and Maintenance Document

Version 1.0

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1.0 How do I become an Approved Internal Quality Assurer for Sector Schemes?



| Approval criteria | Evidence requirement |
|------------------------------------|---|
| Industry experience | Provide a competency-based Curriculum Vitae showing the applicant has the industry experience and knowledge relevant for the role they are |
| Mandatory | applying for. |
| | Must hold the Level 4 Internal Quality Assurance qualification or can demonstrate they hold an equivalent or higher qualification. |
| IQA Qualifications Mandatory | If the person is working towards the internal quality assurance qualification, they are permitted a 2-year period to achieve the qualification and work as an IQA, from the date of enrolment on the qualification. If the applicant doesn't achieve the qualification in this period, they will no longer be permitted until they have achieved the qualification. |
| Attend Assessor/IQA SSE | Attend and pass the e-portfolio Stand Setting Event run by Lantra. For applicants who wish to verify assessment logbooks on the e-portfolio system Internal Quality Assurers who have not attended or pass will not be permitted to complete logbook verification. |

| Internal Quality Assurers (IQA) Roles & Responsibilities | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Role | Responsibilities | | | | | | | |
| Lead Internal Quality Assurer | The Lead Internal Quality Assurer is responsible for the creation and delivery of the quality strategy. Is responsible for the delegation of activity to additional Internal Quality Assurers | | | | | | | |
| Internal Quality Assurer | Must deliver the Provider's quality strategy as set out by the Lead Internal Quality Assurer. | | | | | | | |

Please request IQA application form from nhss-highways@lantra.co.uk.

| Types of verification | | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|
| Activity | IQA Requirements | Documents | Purpose | | | | | | | |
| Instructor Assessor Observations ² | Must hold the skill they are observing. | Observations report form | Grades the Instructor/Assessor delivery against the NHSS & Lantra standard | | | | | | | |
| Standard Setting ¹ | Must understand the NHSS & Lantra | Agenda, Meeting minutes, actions, attendees | Meetings are delivered regularly and in line with the Quality Strategy. | | | | | | | |
| Risk Rating ¹ | standard | Document listing all instructors/assessors with a risk allocated | Has a scale of risk against all Instructors/Assessors which informs the sampling strategy | | | | | | | |
| Verifying Training Paperwork ¹ | | Verification report | Documents that the paperwork meets the Lantra & NHSS Standards | | | | | | | |
| Verifying exam papers ¹ | | | | | | | | | | |
| Verifying Assessment logbooks ³ | | | | | | | | | | |
| CPD Review ¹ | | CPD files | To ensure Instructors/Assessors are staying up to date with latest industry standards | | | | | | | |
| Documentation Review ¹ | | Quality Control / Version Control | Ensure Training Provider documents and policies are up to date and checked annually | | | | | | | |
| Audits ⁴ | | Audit report | Ensure Training Provider is compliment with regulatory requirements. | | | | | | | |
| Investigations ⁴ | | Reports | Detailing the accounts that have taken place, feedback and actions | | | | | | | |

| 1 | Hold or be working towards the IQA qualification |
|---|---|
| 2 | Hold or be working towards the IQA qualification Must hold current valid skills cards for the skill they are observing |
| 3 | Hold or be working towards the IQA qualification Must hold current valid skills cards for the skill they are observing Must have attended an e-portfolio standard setting event with Lantra for IQAs involved with the Internal Quality Assurance of the e-portfolio logbooks |
| 4 | Hold or be working towards the IQA qualification Must hold current valid skills cards for the skill they are observing Must have attended an e-portfolio standard setting event with Lantra for IQAs involved with the Internal Quality Assurance of the e-portfolio logbooks Must be a dedicated member of the Training Provider team |

1.1 Internal Verification Definition & Purpose

Internal verification is a method where a Provider can gain overall quality assurance through a process of internally evaluating the consistency of training and assessment evidence. The purpose being to ensure each Instructor and Assessor registered to the Provider is delivering to the Lantra and NHSS standards.

Internal Quality Assurance must check whether:

- Training Provider polices are in place polices must be reviewed at least annually to ensure they are relevant, and version controlled.
- Adequate systems and processes are in place that must be reviewed annually to ensure they
 are fit for purpose, complying with the relevant Lantra and NHSS standards.
- Valid, authentic, current and sufficient (VACS) internal verification of training and assessment applications.
- Instructors/Assessors observed delivering training courses/assessment at least once per membership year. Report filed and the Instructor/Assessor updates their CPD (to be made available for Lantra audits).
- All registered Instructors/Assessors attend Provider standardisation meetings to confirm they
 are using the latest version of training/assessment materials, industry information and
 understand the Training Providers systems, processes and policies.
- Action Points identified in standardisation meetings and/or through internal/external verification to be recorded, monitored and addressed.
- Effective preparation and presentation for verification.
- Full accountability for all training and assessment applications processed through the Training Provider.

1.2 Criteria for Internal Quality Assurer & Lead Quality Assurer

- Every Training Provider must nominate a Lead Internal Quality Assurer with Lantra, this is a
 mandatory requirement and without a Lead Internal Quality Assurer nominated the Training
 Provider will have their Lantra approval removed. The role of the Lead Internal Quality Assurer
 is essential to the Training Provider's quality assurance.
- The Lead Internal Quality Assurer must be sufficiently knowledgeable about the training and assessment requirements of both Lantra & the NHSS standards so that they can verify applications and counter sign supporting evidence e.g. Logbooks, test papers and skill specific documentation. In some cases, a Training Provider will nominate an Instructor/Assessor as the Lead Internal Quality Assurer. This is acceptable; however, they are not permitted to quality assure their own training/assessments and another Internal Quality Assurer must be nominated and registered with Lantra.

1.3 Internal Quality Assurer – Roles and Responsibilities4

An Internal Quality Assurer is responsible for:

- Verifying training and assessment applications, including assessment evidence prior to submission to Lantra as part of their risk rating and sampling strategy.
- The Internal Quality Assurer must sign off and document when they have sampled applications for accountability and traceability. Each verified application must meet the Lantra and NHSS standard. If the Instructor/Assessor has not achieved the standard they must be notified, and corrective actions are required.
- The purpose of internal verification is to identify gaps in standardisation and correct prior to submission. The Lead Internal Quality Assurer is responsible for the standardisation of all registered Instructor/Assessor to ensure the latest requirements are met.
- The Internal Quality Assurer must document all non-compliant issues, the action/s taken to address them and what preventative measures have been put in place.
- Observe Instructors/Assessor delivering training courses/assessment at least once per membership year. Report filed and the Instructor/Assessor updates their CPD (to be made available for Lantra audits). Internal Quality Assurers can only observe a skill they themselves hold. If the Internal Quality Assurer does not hold the appropriate skill/s, then they can organise with Lantra for an External Quality Assurer to carry out this activity on their behalf, refer to Lantra's service level fees for prices.
- Internal Quality Assurers cannot verify and countersign their own training or assessment paperwork, this must be independently verified.

It is important to note that the Internal Quality Assurer must have the authority to carry out their role effectively. For example, they will be responsible for recommending improvements or amendments to systems and for identifying standardisation gaps. The Internal Quality Assurer must have the full support of senior management as they will be fundamental to the success of the Training Provider's quality assurance.

1.4 Lead Internal Quality Assurer – additional Roles and Responsibilities

The Lead Internal Quality Assurer is responsible for the ensuring the Training Provider quality strategy is in place and being delivered to the required Lantra & NHSS standard.

The role of a Lead Internal Quality Assurer is to ensure that:

- All training and assessment are appropriate, consistent, fair, transparent and does not unintentionally discriminate against Learners or give advantage to other Learners.
- All courses and assessments are valid, authentic, current and sufficient (VACS) consistent.
- Instructors/Assessors receive on-going advice and support, informed of Lantra updates when received.
- To evidence that all Instructors/Assessors are up to date with the latest standards:
 - Administration
 - Rules of combination
 - Training & assessment materials, workbooks, logbooks, registration pads.
 - Informed of Instructor/Assessor updates and industry information that would affect training and assessment.

- Lead Internal Quality Assurers must make themselves available for Lantra audits as they will need to demonstrate how the Training Provider's Quality Strategy is being implemented.
- Internal quality checks on all training and assessment applications processed through the Training Provider.
- Identifying gaps in Instructors/Assessors CPD files which will need standardising or upskilling.
- To be fully aware of the latest content of the Lantra & NHSS documents and requirements.
- Produce and maintain the Training Provider's Quality Strategy.

4.3 The Quality Strategy

The nominated Lead Internal Quality Assurer must produce a Quality Strategy which relates to all the core activities listed below. The Lead Internal Quality Assurer must make sure the Quality Strategy is accurate and is maintained to continually reflect the quality assurance activity undertaken. There are 6 core activities the Provider's Quality Strategy must include and adhere to.

1. Standardisation Meetings

The Training Provider must hold at least one standardisation meeting per membership year.

The Lead Internal Quality Assurer must ensure that every meeting has an agenda, the minutes of the meeting are documented, an accurate record of who attended and who was an absent, action points discussed and allocated, and that the information is circulated to all parties afterwards. The Standardisation meeting must include all Provider nominated roles, including registered Instructors/Assessors. If there are absentees, they must receive a copy of the minutes recorded including any action points discussed. Meetings can be held face to face or online. Instructors/Assessor's who do not attend standardisation meetings, will be required to attend a 1-2-1 meeting with the Lead Internal Quality Assurer and this is documented that they have been standard set within a month of the standard setting meeting.

2. Internal Observations

Every Instructor / Assessor must be observed by the Training Provider's Quality Assurer team each membership year. The Training Provider can not use another observation report from Lantra or another Training Provider.

The Lead Internal Quality Assurer must select which NHSS skill they want observed based on the Risk Rating and Sampling Strategy, influenced by the individuals CPD. It is important to note that Internal Quality Assurers can only observe a skill they themselves hold. If the Internal Quality Assurer does not hold the appropriate skill/s, then they can organise with Lantra for the External Quality Assurer to carry out this activity on their behalf.

Internal Quality Assurers who carry out Internal Observations must document this activity in a report, the report must review the Instructor/Assessors performance, whether the criteria have been met, feedback given to Learners and company policies adhered to. If the Provider and Lead Internal Quality Assurer do not have a report for this activity, they can request from Lantra.

3. Sampling Strategy

The Training Provider must ensure there is a robust sampling strategy in place which is informed by the Risk Rating, CPD and Standardisation activity. The Training Provider must ensure the Lead or additional Internal Quality Assurer completes appropriate risk rating, no less than 10% of all work completed by the Instructor/Assessor. When the Internal Quality Assurer completes verification, this must be recorded in a report template. Please see annex 1 & 2 for examples. Where any errors, mistakes or omissions are identified this must be fed back to the Instructor/Assessor to correct and resolve prior to submissions made to Lantra.

The sampling strategy must clearly show the percentage of submissions the Instructor/Assessor is graded against and a history of how this has been conducted. For an example of how to demonstrate this please see annex 3 & 4.

4. Risk Rating

Every Training Provider needs to have a risk rating system in place to effectively manage their Instructor/Assessor team. The Risk Rating will be influenced by the Lead Internal Quality Assurers review of Internal Observations, CPD and sampling of paperwork. It is important the Training Provider clearly documents the process of Risk Rating, so Instructors/Assessors understand where they stand within the process. The rating must not combine classroom and assessments together, these roles must be assessed separately. For an example of Risk Rating structures please see annex 3 and 4.

5. Continual Professional Development (CPD) Review

The Training Provider must maintain a CPD files for each registered Instructor and Assessor. The Lead Internal Quality Assurer must review the CPD to ensure the Instructors/Assessors are maintaining their Lantra approved skills and industry knowledge, e.g. First Aid is up to date, last time they delivered a course/assessment, have they reviewed industry documentation/legislation. It is the Instructors/Assessors responsibility to regularly maintain their CPD and submit to the Lead Internal Quality Assurer on request. Refer to chapter 4.5 for an example and more information.

6. Documentation Review

The Lead Internal Quality Assurer is responsible for reviewing the Training Provider's policies, procedures and processes, all documents must be version controlled. This chapter will also need to include who is responsible for reviewing industry, Lantra and training material documentation, and how this is fed back into the Training Provider team via standardisation meetings.

7. Malpractice and Maladministration

The Lead Internal Quality Assurer must review all cases of suspected Malpractice and Maladministration, completing a report of the activity with outcome documented. The Lead Internal Quality Assurer must notify Lantra's Quality Assurance team of any suspected cases which Lantra will review and if required take over the investigation.

In some instances, Lantra may contact the Training Provider directly to discuss a suspected case of Malpractice or Maladministration which has been brought to the awarding organisation attention. In which case the Training Provider and Lead Internal Quality Assurer is expected to fully cooperate with the request to resolve the outstanding quality investigation. If the Training Provider has been found to be involved with Malpractice and/or Maladministration this can result in temporary or full suspension of approval. If Lantra discover information which is suspected illegal, then Lantra will contact the appropriate authorities for further action.

Definition

Malpractice may be defined as deliberate wrongdoing or misconduct. Maladministration may be defined as inefficient, poor or dishonest management or administration. This may or may not be deliberate. The two can overlap. The following list is not exhaustive but is intended to give examples of Malpractice / Maladministration within the context of training, assessment and certification.

- Failure to comply to specific regulations or restrictions in relation to an award, certificate or qualification.
- Contravention to Provider approval conditions.
- Failure in delivery of training or assessment to required specifications.

- Failure in complying with any internal quality assurance in accordance with the Awarding Organisation's requirements.
- Deliberate misuse of the Awarding Organisation's logos.
- Intentionally withholding information which is critical in maintaining quality assurance.
- Failing to maintain auditable records.
- Fraudulent claims for certificates and cards.
- Actions required by the Awarding Organisation and its EQAs not completed within agreed timescales.
- Not submitting Learner registrations in accordance with the Awarding Organisation's requirements.
- Restricting or denying access to required resources (premises, records, information, Learners, internal staff) by any authorised Awarding Organisation representative or any other regulator.
- Postponing EQA visits by more than six months.
- Failure to satisfactorily implement conditions of approval within stated timescales.
- Breaching the confidentially of training and assessment materials.
- Making unauthorised changes to training and assessment materials.
- Deliberately giving misleading information.
- Breaching the confidentiality of Learners and using information to discriminate.
- Failing to act in accordance with the conditions of approval as an Instructor, Assessor or Trainer.
- Forging of evidence sets.
- Plagiarism of any kind.
- Submitting false information to gain a proxy, qualification or an award regardless of whether certification or cards are issued.
- Failure in notifying the organisation of any medical condition(s) or special need(s) which might jeopardise the safety and health of themselves or other people.
- Selling, lending or misusing any issued training or qualification certificates and skills identity cards.
- Pretending to be someone else.
- Cheating during any assessment or test, controlled or otherwise.

Investigation

Investigation Process

The following process must be adhered to when investigating suspected cases of Malpractice and/or Maladministration.

- 1. Document all the information gathered; information gathered must be factual.
- 2. All parties involved must be notified, Learner, Instructor/Assessor, administrative personnel and Lantra.
- 3. Gather evidence which supports or refutes the suspicion.
- 4. Review the information gathered with a clear outcome, including action points if required.
- 5. Close the investigation file, reporting findings to the appropriate parties involved.

1.4 Annexes

| Annex 1: Sampling record for NHSS 12 Logbooks | | | | | | | | | | | | |
|---|---|---------------|--------------|------------------------|--------|-------|------|-------|-------|----|----|----|
| Ref | Areas of Verification | | | | | | | | | | | |
| 01 | Assessor observation records. (are they suitable and referenced back to the standards)? | | | | | | | | | | | |
| 02 | Photographic e | vidence. (is | s this suita | ble and referenced b | ack t | o the | star | ndard | ds)? | | | |
| 03 | Supporting evic | lence. (is th | nis suitable | e and sufficient)? | | | | | | | | |
| 04 | Knowledge evic | lence. (has | this been | fully explored)? | | | | | | | | |
| 05 | Is the evidence | supplied V | alid, Authe | entic, Current & Suffi | cient | ? | | | | | | |
| 06 | Is the evidence | supplied C | onsistent, | Accurate & Realistic | ? | | | | | | | |
| 07 | Is the evidence | presented | in a forma | t that is easy to unde | erstar | d, fo | llow | and | verif | y? | | |
| 08 | Is the evidence | provided re | eady for re | gistration? | | | | | | | | |
| Feedl | oack and Action I | Points for t | he assess | ment events sample | d | | | | | | | |
| Α | Learner Name | Number | 12ABCD | Assessor | - | ox) | | 1 | | | | |
| В | | | | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
| С | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |

| Annex 2: Sampling record for NHSS 12 Training Events | | | | | | |
|--|--|--|--|--|--|--|
| Ref | Areas of Verification | | | | | |
| 01 | Is the register of attendance present, up to date and completed correctly? | | | | | |
| 02 | Are evaluation sheets present, up to date and completed correctly? | | | | | |
| 03 | Are signing off sheets (Blue Copies) present, up to date and completed correctly? | | | | | |
| 04 | Has the maximum candidate/Instructor ratio been observed? | | | | | |
| 05 | Has the Instructor used the current end of course test papers? | | | | | |
| 06 | Have the test papers been marked correctly? | | | | | |
| 07 | Is the evidence presented in a format that is easy to follow, understand and verify? | | | | | |
| 08 | Is the evidence provided ready for registration? | | | | | |

| Ref | Training Course Title | Training Course Date | Instructor | Areas of Verification (complete with Y/N/NA in each box) | | | | | | | |
|-----|--------------------------|-----------------------|------------|--|----|----|----|----|----|----|----|
| | | | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 80 |
| Α | | | | | | | | | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| D | | | | | | | | | | | |
| E | | | | | | | | | | | |
| F | | | | | | | | | | | |

| Feedk | Feedback and Action Points for the training events sampled | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|
| Α | | | | | | | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| D | | | | | | | | | |
| E | | | | | | | | | |
| F | | | | | | | | | |

| Annex 3: Instructor Risk Rating & Sampling form | | | | | | | | | | | |
|---|-----|--|-------------------|-------------------|---------------------------------------|--------------------------------------|-------------------------------|-----------------------|--------------------|------------|--|
| Instructor Grade Rationale and Grading Descriptions | | | | | | | Vei | Verification Strategy | | | |
| Grade 1 | Ex | Experienced Instructor with continuous practice in this award who is not experiencing problems | | | | | | | | inimum 10% | |
| Grade 2 | ex | perienced Instr periencing diffications periencing development | Ve | Verify minimum 25 | | | | | | | |
| Grade 3 | Ins | tructor experie | ncing difficultie | | ard or former G | Centre or former rade 4 Instructo | er Grade 2 or who has show | n Ve | Verify minimum 50% | | |
| Grade 4 | | | | | structor experience Awarding Organ | | es with this award | I. | Verify 100% | | |
| Instructor | | | | | Date of Grad | ing and Grade | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | Annex 4: Assessor Risk Rating & Sampling form | | | | | | | | | | |
|----------------|---|-------------------|--|--|--|--|---|-----------------------|-------------|--|--|
| Assessor Grade | Assessor Grade Rationale and Grading Descriptions | | | | | | | Verification Strategy | | | |
| Grade 1 | Grade 1 Experienced Assessor with continuous practice in this award who is not experiencing problems | | | | | | | | ninimum 10% | | |
| Grade 2 | Grade 2 Experienced Assessor with either a break in this award or former Grade 1 Assessor experiencing difficulties with this award or former Grade 3 Assessor who has shown continuous development and consistency in this award | | | | | | | Verify minimum 25% | | | |
| Grade 3 | Experienced Assessor who is either new to this award or the Centre or former Grade 2 | | | | | | | | ninimum 50% | | |
| Grade 4 | Newly qualified As or former Grade 5 award | | | | | | | Verify minimum 75% | | | |
| Grade 5 | Trainee Assessor Assessor experien Awarding Organisa | cing difficulties | | | | | 1 | Verify 100% | | | |
| Assessor Name | | | | | | | | | | | |
| ASSESSOI Nume | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

Acronym Summary Acronym Means

AO Awarding Organisation

AQP Academically Qualified Person

CPD Continuous Professional Development
CPM Continuous Professional Maintenance
CSCS Construction Skills Certification Scheme

DCS Direct Claim Status

EFAW Emergency First Aid at Work
EQA External Quality Assurer
FAIB First Aid Industry Body
FAW First Aid at Work

FISS Fencing Industry Skills Scheme
IPV Impact Protection Vehicle
IQA Internal Quality Assurer

LTMO Lead Traffic Management Operative

M Module (Assessed)
MLC Mobile Lane Closure
MWO Moving Works Operative

NHSS National Highway Sector Schemes
NPSBS Non-Proprietary Safety Barrier System

OFQUAL The Office of Qualifications and Examinations

Regulation

PPE Personal Protection Equipment
PPP Processes, Procedures and Policies

RLTMO Registered Lead Traffic Management Operative RTMO Registered Traffic Management Operative

ROC Rules of Combination

RPL Recognition of Prior Learning SQA Scottish Qualification Authority

SSE Standard Setting Event

T Training

TMF Traffic Management Foreman
TMO Traffic Management Operative
TSCO Traffic Safety Control Officer
TTM Traffic Management

TTMBC Temporary Traffic Management Basic Course

TTT Train the Trainer

UKAS United Kingdom Accreditation Services VACS Valid, Authentic, Current, Sufficient

VRS Vehicle Restraint Systems

AFI Association of Fencing Industries

TO Technical Officer

CITB Construction Industry Training Board



Lantra

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