

A user guide to T Level Technical Qualification approval

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Introduction

To gain and maintain approval to offer our T Level Technical Qualifications you must meet NCFE's approval criteria. We will review the evidence available in support of the approval criteria on the initial approval review and throughout our Annual Monitoring Reviews (AMR).

We want to ensure that our providers feel supported and confident when delivering our qualifications and this guide explains each section of the T Level Provider Approval Report.

There are other supporting documents available on www.ncfe.org.uk in the approval section and on our how to prepare for moderation page.

If you need further support please contact us via email tlevelsupport@ncfe.org.uk or call 0191 239 8000.

The approval process

Following application to become a T Level provider with us, we will review your application and then assign you an External Quality Assurer (EQA).

Our EQA will then be in touch with the provider contact to confirm which of the dates they put forward for the approval review we are able to accommodate. This can be face-to-face or remote. The provider should be able to agree a date for review within 10 working days of being allocated an EQA. The review should take place within 20 days of initial application.

The Provider Approval Report will be completed by an EQA, and you'll be graded as either yes or no for meeting each criterion.

Each criterion has been profiled as being high (red) / medium (amber) / low (green) risk, as identified in this guidance document. Each criteria will be graded as a 'yes' or 'no' within the report based on evidence being presented and whether it satisfies the requirements outlined.

If a 'no' is selected against any high or medium risk criteria this will result in approval being deferred and actions set. Providers will be asked to agree a suitable date for a second approval review to take place once actions have been completed.

If a 'no' is selected against a low-risk criteria, action(s) will be set to be reviewed during the first Annual Monitoring Review (AMR).

Once you have gained approval and registered students, you will be allocated a quality reviewer to carry out an AMR. This will take place between September and February each year.

The approval report

The T Level Approval Report is divided into sections as follows:

- Section 1: Provider details and contacts
- Section 2: Management systems and administrative arrangements
- Section 3: Resources
- Section 4: Delivery and assessment
- Section 5: Action plan for provider
- Section 6: Action for external quality assurer or head office
- Section 7: Additional Information Sheet

Within sections 2, 3 and 4, the main subject areas are divided into individual criteria such as 2.1, 2.2 and so on. Your EQA will assess each criteria and grade it as either meeting or not meeting requirements. Actions required to move from a no to a yes on each criteria will be outlined in section 5 – Action Plan for Provider.

Please note: throughout this document we refer to evidence, (possible and suggested sources). Not all are mandatory, and they aren't definitive lists, the evidence will be reviewed against the criteria and Qualification Specification requirements. We are aware different providers have different terminology/names for documentation.

The report sections in detail

Over the following pages we will take a look at each section of the report, explaining what each is for and what you need to do.

Section 1: Provider Details and Contacts

Section 1 of the report holds the provider details and contacts.

Section 2: Management Systems and Administrative Arrangements

Criteria	Possible sources of evidence
2.1 The provider's aims, policies and procedures in relation to T Level are supported by senior management and understood by the delivery and assessment teams, all accountabilities are clearly defined	<ul style="list-style-type: none"> • Curriculum development plans • Documented quality procedures. • Organisational chart
2.2 There are procedures in place to ensure effective communication systems between all levels of staff and in all directions (including placements and staff who work remotely) and appropriate time is allocated for team meetings and standardisation activities for all staff involved in the T Level	<ul style="list-style-type: none"> • Staff handbooks • Agendas and minutes of team meetings • Records of emails • Written agreement from NCFE for third party arrangements
2.3 Senior management will allocate appropriate time and resource to support T Level delivery/review	<ul style="list-style-type: none"> • Records/minutes of meetings, briefings and/or updates • Schedule of activity for staff involved in the delivery of the T Level

2.4	Systems are in place to monitor and evaluate the effectiveness of all T Level delivery and assessment staff and to make changes when required	<ul style="list-style-type: none"> • Internal audit/self-assessment arrangements (SAR) • Evidence of corrective actions taken • Evaluation forms/surveys • Users charter/customer service statements
2.5	<p>There are documented policies or procedures for the following:</p> <ul style="list-style-type: none"> • Appeals • Provider Contingency and Adverse Effects (to include withdrawal of provider approval status and protection of the learner interest in the case of such a withdrawal) • Complaints • Conflicts of interest • Equal Opportunities • Data Protection • Risk Assessment and Health and Safety (incl. Public Liability) • Student recruitment, registration and certification • Student support • Malpractice and plagiarism • Safeguarding • Special considerations and reasonable adjustments 	<ul style="list-style-type: none"> • Copies of listed policies and procedures
2.6	The provider is aware of entry restrictions and will ensure students are recruited and registered appropriately in accordance with T Level qualification specification	<ul style="list-style-type: none"> • All advertising, promotional activity and materials reflects the T Level being offered. • Initial assessments
2.7	All work placement policies and procedures are in place which includes the quality assurance of placements, initial safety check and monitoring of the student's workplace and additional placement procedures	<ul style="list-style-type: none"> • The placement procedure must contain details of study, assessment and support required. • Checking and recording of workplace liability and indemnity insurance • Safety checks and workplace monitoring • Risk assessments • Work-place induction • Agreements between employers and providers • Employer support letters
2.8	There is a process in place to notify us of any changes in relation to the delivery or assessment of the T Level which may affect the provider's ability to meet our approval criteria such as changes to delivery staff	<ul style="list-style-type: none"> • Documented processes • Record of communication with us

2.9	The provider will securely store accurate, up-to-date student details and assessment records in compliance with data protection rules	<ul style="list-style-type: none"> • Student registration details • Student assessment records • Evidence files or portfolios • Security and access arrangements • Assessment outcomes
2.10	The provider will securely retain assessment records for each student for a minimum period of three years following results release	<ul style="list-style-type: none"> • Documented processes

Additional criteria applicable to providers seeking approval for the Dental Nursing occupational specialism, which sits within the T Level Technical Qualification in Health

Criteria	Possible sources of evidence	
2.11	There is a fitness to practise policy and procedure	<ul style="list-style-type: none"> • Fitness to Practise Policy and Procedure. It must be applicable to both staff and students, written with reference to the relevant regulator, which includes how you'll ensure students are fit to practise and how you'll deal with any fitness to practise issues at the point of selection. • Provider's Professional Misconduct Panel membership in place and a General Dental Council registrant, not involved with the delivery/assessment/internal quality assurance of the student's qualification on the panel • Procedure for checking and retaining copies of student vaccination records • Admissions/enrolment procedure • Student support policy/protocol.
2.12	The industry placement has a work-based supervising registrant in place for each student	<ul style="list-style-type: none"> • Statement as to how this is to be completed • Guidance on the role of the supervising professional registrant and evidence of how this person has been supported with training • Evidence that the supervisor/mentor has a current DBS certificate • Annual updating of these records • Work-based supervising registrant (workplace mentor or supervisor) documented for each student/workplace.
2.13	There is a work-based placement procedure in place, which includes a formal agreement between the student, provider, and employer/workplace	<ul style="list-style-type: none"> • Work-based placement procedure which includes the quality assurance/health and safety of placements • Three-way agreement • Risk assessments/evidence of review

		<ul style="list-style-type: none"> • Consideration of patient safety • Insurance - public liability, employer • A process in place to check the workplace/placement is registered with the appropriate regulators Details of study, workplace-based assessments and support required for the student in the workplace • Induction policy/procedure/employer declaration of work-place induction
2.14	The provider has a procedure for checking good character and good health including vaccinations (where required)	<ul style="list-style-type: none"> • Procedure for checking and retaining copies of student vaccination records • Provider organogram – setting out the staffing structure for the delivery of the qualification • Proof of General Dental Council (GDC) registration number for those listed in provider organogram • Current CVs, continuing professional development (CPD) records, copies of vocational qualification certificates, education/training qualifications • Details of current Disclosure and Barring Service (DBS) checks, job descriptions: ie department supervisor/tutor/assessor/IQA(s).

Section 3: Resources

This section is about resources relating to the delivery of the T Level eg staff and physical. The provider will need to demonstrate their ability to meet the occupational competence and knowledge criteria and resource requirements relating to the qualification.

Criteria	Possible sources of evidence
3.1 The provider has full access to the required resources as identified within the qualification specification for delivery of T Level (such as IT equipment/materials/library), and is fully committed to review regularly, maintain agreements/contracts and to replace them as required, and to ensure that students have full access	<ul style="list-style-type: none"> • Observation on QA monitoring/approval review • Photographic evidence • Overview of provider facilities including resources required for the qualification
3.2 There are sufficient competent and knowledgeable staff involved in the delivery of the T Level to meet the demand	<ul style="list-style-type: none"> • Staff organogram • Staff CVs and CPD records togetherwith copies of relevant certificates • A record of Assessor/student ratios and time allocation • List of qualified staff • Outline of roles and responsibilities

3.3	Systems are in place to ensure there is ongoing and appropriate continued professional development (CPD) provision for staff involved in the delivery of the T Level	<ul style="list-style-type: none"> • Copy of staff development plans • Records of training undertaken such as CPD records • Records of meetings, briefings and/or updates
3.4	Resources for assessment in the workplace or in a realistic working environment as specified by the standards setting body/specification are robust and made available	<ul style="list-style-type: none"> • Evidence of placements

Section 4: Delivery and Assessment

This section is all about assessment. The provider will need to demonstrate their ability to meet the assessment requirements of the qualification.

Criteria		Possible sources of evidence
4.1	There is a planned programme of delivery available for the T Level which meets our guidelines	<ul style="list-style-type: none"> • Schedule for T Level delivery, teaching plan • Scheme of work • Assessment plans and student assessment records • Records of delivery team meetings
4.2	Students' development needs will be matched against the requirements of the T Level and an agreed individual assessment plan established	<ul style="list-style-type: none"> • Provision for students with particular assessment requirements • Initial assessments • Individual learning plans (ILPs) • Access and fair assessment policy • Reasonable Adjustment arrangements • Special Consideration policy
4.3	Students are advised of any technical needs for the mode of study and the support they can expect to receive from the provider	<ul style="list-style-type: none"> • Student enrolment documentation • Learning handbook • Student review process/guidance • Provider strategy

Secure live assessment and administration

4.4	The provider will comply fully with our requirements for external assessment asset out for each T Level	<ul style="list-style-type: none"> • Provider declaration
4.5	There is a clearly identified and specific examinations and invigilation policy that meets NCFE and JCQ requirements	<ul style="list-style-type: none"> • Invigilation policy
4.6	Rooms used for external assessments are appropriate and meet NCFE and JCQ requirements	<ul style="list-style-type: none"> • Review rooms • Discussions with staff

4.7	Procedures and facilities that meet NCFE and JCQ requirements are in place to ensure the safe storage and distribution/collection of assessment/test papers before and after assessment has taken place	<ul style="list-style-type: none"> • Provider policy/process • Copy of JCQ inspection
4.8	There are systems and procedures in place to confirm student identification and to record student attendance during tests	<ul style="list-style-type: none"> • Records of attendance • Provider process
4.9	Systems are in place to ensure only authorised members of staff have access to the secure online assessment platform and on-screen test environment	<ul style="list-style-type: none"> • Provider system/process

Section 5: Action Plan for Provider

This section will address any action points or recommendations that the EQA has identified from each section of the report. The EQA will explain what will be detailed in this section during the feedback session (face-to-face or remotely). Please ask about any areas you are unsure of during the approval review or when you receive your report. Remember that the EQA is there to offer help and guidance throughout the whole process.

Section 6: Action for External Quality Assurer or Head Office

This section of the report is designed to pass information on to our Head Office such as support required by another team such as Account Executives or Customer Support. It also records whether the provider can be approved to offer T Levels.

Section 7: Additional Information Sheet

This section will be used by the EQA to record any other information, which does not fall under the previous sections of the report.

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Change History Record

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v8.0	Amends to wording and criteria		June 2023
v9.0	Add dental possible sources of evidence. Minor amends throughout the document Updated IfATE logo and copyright notice		February 2024