

Northern Ireland Post Qualifying Education
& Training Partnership



**ACCREDITATION
BOARD
HANDBOOK**

September 2008

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Introduction

The Northern Ireland Post Qualifying and Education Partnership (PQ Partnership) is approved by the Northern Ireland Social Care Council (NISCC) to determine and manage the arrangements within the Northern Ireland (NI PQ) Framework for the provision of post qualifying education and training in Northern Ireland.

The PQ Partnership is the Accrediting Body for the NI PQ Framework and as such receives and makes decisions on all submissions for accreditation and quality assures all accredited provision. These activities are coordinated and managed by the Accreditation Board which is appointed by the PQ Management Board.

This handbook has been developed to inform the work of the Accreditation Board and its members. It should be read in conjunction with the following documents:

- i. Requirements and Guidance for Accreditation in the NI PQ Framework, NIPQETP, April 2007
- ii. Accredited Programme Providers Handbook, NIPQETP, September 2008

SECTION ONE

PQ Partnership Accreditation Board

Membership

The Accreditation Board is appointed by the Management Board of the PQ Partnership. The Chair of the Accreditation Board is a member of the Management Board and holds a post at senior level within an academic institution represented on the Management Board. The Deputy Chair is at senior level within an employer organisation represented on the Management Board.

The core membership of the Accreditation Board consists of at least 4 members from within the Partnership who have a broad range of experience of social work education needs and provision across sectors.

The Board also comprises an External Assessor with knowledge and experience of accreditation of post qualifying social work education and training elsewhere in the UK.

The Professional Officer for the PQ Partnership provides professional support to the Accreditation Board.

In considering submissions for accreditation, provision is made to enlist the input of an Associate Member in relation to their particular field of expertise, drawn from a list approved by the Management Board. The approved list of Associate Members reflects a wide range of knowledge and understanding of the delivery of social work services in Northern Ireland and post qualifying education and training requirements across sectors and settings.

Accreditation Board members are normally appointed for a minimum period of three years.

The interest of any Board member in any programme coming forward for accreditation should be declared.

Terms of Reference

The terms of reference of the Accreditation Board are as outlined below:

1. To implement the PQ Partnership's arrangements for accreditation
2. To provide guidance to course providers which will assist in preparing an application for accreditation
3. To assess and make decisions on submissions from providers against standards for accreditation set by the NISCC and the PQ Partnership
4. To have in place arrangements for independent verification of all accreditation related recommendations
5. To have in place procedures for review of decision and complaints
6. To have in place arrangements for review and re-accreditation of accredited programmes
7. To have in place arrangements to respond to and address concerns raised in respect of accredited programmes
8. To establish collaborative arrangements for joint accreditation with all relevant academic and professional bodies and to pursue the use of such arrangements as appropriate.
9. To comply with the quality assurance arrangements of the PQ Partnership
10. To be accountable to and report decisions and outcomes in relation to accreditation to the PQ Management Board

SECTION TWO

Functions of Accreditation Board

The key function of the Accreditation Board is to receive and make decisions on all submissions for accreditation within the NI PQ Framework against the NISCC'S Accreditation Requirements (see Appendix One) and to quality assure all accredited provision in line with the quality assurance arrangements of the PQ Partnership. Other activities relate to the provision of information and guidance to programmes seeking to make a submission for accreditation and to providers of accredited provision. The Accreditation Board also takes lead responsibility in ensuring that details of accredited provision are made available to stakeholders, e.g. candidates, employers.

Submissions for Accreditation

The submission process and related activities and processes are outlined in the Requirements and Guidance for Accreditation in NI PQ Framework, April 2007.

The Accreditation Board will take responsibility for the provision of preparatory workshops for programmes wishing to make a submission for accreditation. These will normally take place on a twice yearly basis.

Accreditation Board members are required to read all submissions for accreditation prior to the Board meeting and to contribute to the discussion/decision-making process. Where the accreditation is joint with an academic institution/other professional body, representatives from the Accreditation Board will be required to attend and participate in the Joint Validation event. Their role will be to ensure that the proposed provision meets all of the PQ Partnership's Accreditation Requirements. Members of the Accreditation Board will be required to declare an interest in or association with the programme seeking accreditation. Where a conflict of interest occurs, the Member may be required to withdraw from involvement in the particular submission.

Terms of Accreditation

Programme Providers are required to meet the PQ Partnership's Terms of Accreditation (see Appendix Two) which outline key responsibilities in relation to:

- Candidate enrolment, progression and awards
- Annual monitoring and five year review processes
- Co-operation with any extraordinary review process
- Attendance at programme provider workshops and standardisation events
- Provision of any other related information as required, e.g. as part of a NISCC Thematic Review

It is the responsibility of the Accreditation Board to monitor and ensure compliance with the Terms of Accreditation requirements.

Programme Provider Workshops

The Accreditation Board is responsible for facilitating workshops for accredited providers on at least an annual basis. The purpose of such workshops will be to update providers on the nature and range of existing post qualifying education and training provision, to disseminate and share best practice and to provide updates on required administrative procedures including use of the NI PQ Database. The workshops will also provide the opportunity for ongoing dialogue between the Accreditation Board and Programme Providers and allow for early identification and resolution of any issues that may arise.

Other training/standardisation events will be facilitated as necessary.

Annual Monitoring/Review of Accredited Provision

As part of NISCC Standards of Approval, the PQ Partnership is responsible for monitoring the standard and validity of accredited programmes at regular intervals and for ensuring action where targets of programme provision fall below a satisfactory level. These responsibilities will be undertaken by the Accreditation Board and reported on to the Quality Assurance Board and Management Board.

All accredited programmes will be subject to annual monitoring and five year review processes by the Accreditation Board. Where appropriate, five year review processes will be aligned to academic revalidation processes.

Annual monitoring will normally take place in October/November of each year.

Procedures for Monitoring the Standards of Accredited Programmes, NIPQETP 2008, can be found in Appendix Three . This procedure also outlines the process for dealing with unsatisfactory performance of an accredited Programme.

SECTION THREE

Quality Assurance

In setting up systems to monitor, review and enhance its activities and processes, the Accreditation Board has adopted the Quality Assurance Framework of the PQ Partnership which seeks to ensure quality and effectiveness of provision and good governance underpinned by a commitment to openness, transparency and enhancement of provision and practices.

Standards, Performance Indicators, Measures and Timescales have been developed for all of the key areas of Accreditation Board activity under the themes of Leadership & Accountability, Safe & Effective Practice, Accessible, Flexible & Responsive Provision and Effective Communication & Information. Standards and associated indicators are reviewed on an annual basis to reflect the core aims of the Strategic and Operational Plans.

Details of the quality assurance arrangements of the Accreditation Board can be found in the PQ Partnership Quality Assurance Framework, NIPQEPT, February 2008.

The Accreditation Board reports to the Quality Assurance Board in relation to its quality assurance arrangements on an annual basis and as required.

The Accreditation Board reports outcomes of its decision-making processes to the Management Board.

Review of Decision

A Programme Provider may request a 'Review of Decision' in relation to their submission for accreditation only on the grounds that there are procedural irregularities or administrative error of such nature as to cause reasonable doubt as to whether the Accreditation Board would have reached the same conclusion had they not occurred.

A procedural irregularity is normally regarded as a deviation from agreed accreditation procedures/processes.

The professional decision of the Accreditation Board and its External Assessor is not open to appeal.

Review of Decision Procedures are outlined in Appendix Four.

Comments, Compliments and Complaints

The PQ Partnership has a Comments, Compliments and Complaints Policy in place which the Accreditation Board has adopted (see Appendix Five).

The Accreditation Board encourages feedback from Programme Providers and Candidates on accredited programmes in relation to any aspect of the service it provides and is committed to using this feedback to enhance its provision.

In the case of Candidates, it should be noted that where their complaint relates to an accredited programme, it should be directed in the first instance to the respective Programme Provider.

SECTION FOUR

APPENDICES

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Appendix One

NISCC Requirements for Accreditation

- 1) Collaborative arrangements are in place between employers and providers that include arrangements for an academic and practice perspective;
- 2) There is a rationale for the provision that demonstrates identified need and that realistic resources have been identified;
- 3) A range of stakeholders (may include people who use services, carers, candidates, employers, academic institutions) are/will be actively involved at the appropriate stage in the design, delivery and evaluation of the programme;
- 4) The provision meets any relevant policy requirements, Rules and Standards;
- 5) The provision must reflect a minimum of 100 notional effort hours and must meet a minimum of one Professional Requirement¹;
- 6) There is an entry requirement that applicants are able to undertake work and study at M level;
- 7) There are arrangements in place for accreditation of prior learning (APL);
- 8) There must be an external contribution to the assessment process;
- 9) The assessment process must include assessment by a registered social worker and an academic perspective;
- 10) There is an internal quality assurance system that will ensure the maintenance of standards and adherence to requirements;
- 11) There are complaints, appeals and termination procedures in place. These should fit with parallel employer arrangements and, where applicable, higher education arrangements.
- 12) Account is taken of the NISCC Codes of Practice for Employers and Social Care Workers.
- 13) There is accessible information to Candidates and Employers that includes detail of time commitments.

¹Effort hours include teaching input, tutorials, study time, practice and assessment.

Appendix Two

Post Qualifying Education & Training Programmes Terms of Accreditation within the NI PQ Framework

Responsibilities of the PQ Partnership

- 1.1 The PQ Partnership is approved by the NISCC as the Accrediting Body for the NI PQ Framework. As part of its responsibilities, the NISCC requires the PQ Partnership to have in place systems to:
 - Accredit programmes of post qualifying education and training in accordance with accreditation requirements of the NISCC
 - Monitor the standard and validity of accredited programmes at regular intervals
 - Ensure action is taken where targets of programme provision fall below a satisfactory level
- 1.2 Within the PQ partnership, these roles and functions are carried out by the Accreditation Board which is appointed by the PQ Management Board and whose membership comprises senior representatives from within academic and employer organisations as well as an External Assessor.
- 1.3 For a programme to obtain accreditation within the NI PQ Framework, it must satisfy the Accreditation Board that it meets all of the NISCC Requirements for Accreditation as outlined in the Requirements and Guidance for Accreditation in the NI PQ Framework, NIPQETP, February 2008.

Responsibilities of Accredited Programmes

- 1.4 To enable the PQ Partnership to effectively discharge its responsibilities as an Accrediting Body and to meet the NISCC's Standards of Approval, all programmes accredited within the NI PQ Framework are contractually obliged to meet the PQ Partnership's Terms of Accreditation in relation to the following areas:
 - Candidate enrolment, progression and awards
 - Annual monitoring and five year review processes
 - Co-operation with any extraordinary review processes
 - Attendance at programme provider workshops and standardisation events
 - Provision of any other related information

Specific responsibilities in relation to these functions are outlined below.

Candidate Enrolment, Progression and Awards

- 1.5 As the provider of the NI PQ database, it is essential that the PQ Partnership maintains accurate information systems to ensure effective reporting to the DHSSPS, the NISCC and Employers. To enable this to happen, all candidates undertaking an accredited programme/pathway or modules within it, must be enrolled with the PQ Partnership for the NI PQ Framework prior to commencing the programme. It is the responsibility of the programme provider to communicate this requirement to candidates and to follow up any outstanding enrolments identified by the PQ office.
- 1.6 Programme providers must complete a **Record of Entrants to a NIPQETP Accredited Programme** proforma for each intake to the programme and forward to the PQ office within specified timescales. This form must be completed in full and countersigned by the Chair of the Programme.
- 1.7 Programme providers must inform the PQ office of any changes to the Record, e.g. candidate withdrawals.
- 1.8 The PQ Partnership is responsible for issuing transcripts of achievement to candidates and making recommendations for the conferment of professional awards to the NISCC. To support these functions, programme providers must complete an annual **Record of Assessment Outcomes of a NIPQETP Accredited Programme** proforma in relation to all enrolled candidates on the programme/pathway and submit to the PQ office within the specified timescale. This will include information on successful, referred and deferred candidates and will usually be submitted after the programme Assessment Board and prior to the PQ Award Ceremony which takes place in June of each year. This proforma must be completed in full and countersigned by the Chair of the programme.

Annual Monitoring

- 1.9 All accredited programmes must comply with the Accreditation Board's annual monitoring process. This entails completing an **Annual Monitoring Return Form** and submitting to the PQ office within agreed timescales along with any required accompanying documentation.
- 1.10 As part of this process, programme providers must notify the PQ partnership of any changes to programme structure, content, assessment methods or teaching personnel. Where these changes are deemed to be substantial, a fuller review process may be initiated (see 1.17).
- 1.11 Programme providers may also be required as part of the annual monitoring process, to provide the PQ Partnership with information related to the NISCC's programme of Thematic Reviews.

- 1.12 Programmes who fail to submit an annual monitoring return within the specified timescale, will have a 'nil return' recorded in the Accreditation Boards' reports to the PQ Management Board and Quality Assurance Board. A nil return may affect the programme's accreditation status.

Five Year Review/Reaccreditation

- 1.13 All accredited programmes will be formally reviewed/reaccredited on normally a five year basis.
- 1.14 In the case of jointly accredited programmes, the Accreditation Board actively encourages joint revalidation/reaccreditation events. In this instance, it is the responsibility of the programme provider to provide the Chair of the Accreditation Board with sufficient notification of the date of the intended revalidation event (this should normally be no less than 12 weeks in advance) and to ensure that the academic office within the respective academic institution is informed of the involvement of the PQ Partnership and the names of the Accreditation Board members who will be attending the event.
- 1.15 Where joint revalidation/reaccreditation is not appropriate/possible, programme providers will be required to complete a **Five Year/Reaccreditation Review** proforma and submit to the PQ office along with any required supporting documentation within the agreed timescales. Programme representatives may also be required to attend part of the Accreditation Board meeting to discuss their submission.
- 1.16 As part of the reaccreditation process, the Accreditation Board will require to survey a sample of candidates from the programme and also a range of employers on their views on the quality and accessibility of the provision.

Extraordinary Review Processes

- 1.17 Extraordinary review processes may be initiated in the following instances:
- where there are substantial revisions to the structure or content of a programme
 - where a complaint is made by a candidate or employer about some aspect of the provision
 - where programme provision is deemed to have fallen below a satisfactory level
- 1.18 Programme providers must co-operate fully in any extraordinary review process and provide all requested information to the reviewing body.
- 1.19 Where the concerns are deemed to be of a serious nature, the programme may have its accreditation status suspended, pending fuller investigation. The decision to suspend will be taken by the PQ Management Board and notified to the NISCC.

- 1.20 The Programme provider will be required to provide an update on the particular areas which were identified as unsatisfactory, as part of their next annual monitoring return.

Programme Provider Workshops/Standardisation Events

- 1.20 As part of the support offered to programme providers, the Accreditation Board will facilitate at least an annual workshop and other standardisation events as appropriate. These will serve as a forum to disseminate information, share best practice and discuss common issues. The PQ Partnership will maintain an attendance record for each of these events. All accredited programme providers must attend at least one workshop/standardisation event per year.

Provision of Related Information

- 1.21 The PQ Partnership may, from time to time, be required to report on a particular issue by the DHSSPS or the NISCC, e.g. as part of an inspection/approval process or thematic review. Where this information relates to an aspect of accredited provision, programme providers will be required to respond to requests for information within specified timescales.

Appendix Three

Procedures for Monitoring the Standard of Accredited Programmes

NISCC Standards for Approval

1. NIPQETP is approved by the NISCC to accredit programmes of post qualifying Education and training in accordance with accreditation requirements of the Council and to monitor the standard and validity of accredited programmes at regular intervals. As part of these responsibilities, NIPQETP is required to have in place:

- A system to monitor the standard of accredited programmes
- Clear processes for ensuring action is taken where programme provision falls below a satisfactory level
- A mechanism to survey a range of employers on their views on the quality, quantity, accessibility and any other relevant issues regarding their satisfaction with post qualifying education and training; and
- A mechanism to survey a range of candidates from across a range of accredited programmes, at intervals that should, normally, be no more than five years

Roles and Responsibilities

2. The monitoring of accredited programmes will be undertaken by the Accreditation Board.
3. All accredited programmes are required to comply with the monitoring process as outlined in the Programme Provider's Handbook (NIPQETP, March 2008). This will form part of the contractual arrangements between NIPQETP as the accrediting body and the respective programme provider.

Underpinning Principles

4. The Accreditation Board will ensure that the monitoring process will be underpinned by the following principles:
 - A commitment to continuous improvement and enhancement driven practice
 - Avoidance of duplication through synchronisation with other quality assurance processes
 - Active engagement with employers and candidates who avail of accredited programmes
 - A commitment to ongoing dialogue with programme providers which allows for early identification and timely resolution of problems/issues
 - Promotes ownership of ongoing monitoring and quality assurance processes by programme providers

Ongoing Monitoring Processes

5. To create opportunities for dialogue between the Accreditation Board and Programme Providers and to enable early resolution of any issues, NIPQETP will facilitate workshops with Providers on a twice yearly basis.
6. The Professional Officer to the Accreditation Board will also attend Course and Programme Committee Meetings as appropriate.

Annual Monitoring Process

7. Programme providers will be required to submit an annual monitoring return to the Accreditation Board each year. This will normally be in October. Programme providers will be notified in writing of the due date for returns to be made four weeks in advance.
8. Annual monitoring returns should include the following documentation:
 - A completed annual monitoring proforma (see Appendix 1)
 - A copy of any internal quality assurance documentation completed, e.g. annual course/subject review documentation completed within academic institutions
 - An up to date copy of the Programme handbook
 - A copy of the most recent External Examiner's Report
9. Within the annual monitoring proforma, programme providers will be required to:
 - identify any changes to programme content, assessment methodologies etc. and to provide a short statement in relation to the following areas:
 - Risks
 - Developments
 - Enhancements
 - Actions

The Accreditation Board may also as part of their annual monitoring process, require programme providers to report on a particular theme, in line with the NISCC Thematic Review Programme, for example, assessment related teaching, user involvement.
10. All annual monitoring returns will be checked by the Professional Officer and reported on to the Accreditation Board. The Accreditation Board will discuss and agree recommendations in relation to the ongoing accreditation of programmes.
11. The Accreditation Board may, where required, request additional documentation from a programme to assist with the decision making process. It may also request to meet with the programme co-ordinator/programme representatives where there are issues or concerns or points of clarification required in relation to any aspect of their annual monitoring return.
12. Programmes will be notified in writing of the outcome of the Accreditation Board decision along with any actions to be taken.

Five Year Review

13. The Accreditation Board will continue to formally review programmes on at least a five year basis.
14. The Accreditation Board will seek to align its five year review process with academic revalidation processes where appropriate by participating in academic revalidation events.
15. Where a joint revalidation event is possible, the Accreditation Board will accept the documentation completed for the academic institution. This should however make explicit reference to the professional requirements.
16. It is the responsibility of the programme provider to notify the relevant Academic Office and the Professional Officer to the Accreditation Board that a joint revalidation event is to take place.
17. The Professional Officer, in consultation with the Chair of the Accreditation Board, will notify the Programme Representative/Academic Office of the names and contact details of the Board members who will be attending the revalidation event to enable the necessary documentation to be circulated.
18. The outcome of the revalidation/reaccreditation will be reported back to the Accreditation Board along with any conditions.
19. Reaccreditation will not be approved until all necessary conditions have been satisfactorily addressed.
20. The Accreditation Board will notify the programme provider in writing of the professional reaccreditation outcome including the period of time the reaccreditation is for.
21. Where a joint validation event is not applicable/feasible, programmes will be required to complete a Five Year Review Proforma (see Appendix 2) and submit to the PQ office along with the following documentation:
 - An up to date Programme Handbook
 - The most recent External Examiner's Report
 - Any other supporting documentation
22. Programmes will be given at least three month's notice of the reaccreditation event
23. Prior to the Accreditation Board meeting, the Professional Officer along with at least one nominated Board member, will meet with the Programme Co-ordinator and Programme Representatives to discuss the submission and provide an opportunity for dialogue. As part of this process, the Accreditation Board will wish to survey a sample of candidates and employers on their views of the quality and accessibility of the provision under review.
24. The Accreditation Board meeting will, as part of their decision-making process, consider the documentation submitted by the Programme as well as the report provided by the Board representatives.

25. The Accreditation Board will notify the Programme in writing of the outcome of the five year review, including any additional information/action required.

Procedures for Dealing with Unsatisfactory Performance

26. Where it is evident, either through the annual monitoring or five year review process, or from a complaint made by a candidate, employer or other stakeholder, that programme provision has fallen below a satisfactory level, the Accreditation Board will notify the Programme Provider in writing of the identified issues/concerns and ask for a written response, along with any supporting evidence.
27. The Accreditation Board will notify the Professional Manager, NIPQETP, of the concerns.
28. The Accreditation Board will meet to formally consider the response and to identify what action, if any, should be taken. This may include:
- Request for additional information/documentation
 - Request to meet with Programme Representatives
 - Identification of remedial actions to be taken by the Programme along with proposed timescales
 - Conducting a full review of the Programme
29. Where the concerns are deemed to be of a serious nature, the professional accreditation of the Programme may be suspended, pending fuller investigation. This decision will be taken by the Management Board and notified to the NISCC.
30. The Accreditation Board will notify the Programme Provider in writing of the decision outcomes along with any follow up action to be taken/required.
31. The Programme Provider will be required to provide an update on the particular areas which were identified as unsatisfactory as part of their annual monitoring return.

April 2008

Appendix Four

Accreditation Board Review of Decision Policy & Procedures

Introduction

The Accreditation Board has robust policies and procedures and quality assurance arrangements in place to ensure that its decision making processes are fair, consistent and transparent. The Accreditation Board is committed to ensuring that the experience of submitting for accreditation is a positive and constructive one for Programme Providers. There may be circumstances however where a Programme Provider considers the accreditation process to be flawed. In such situations, the Programme Provider may request a review of the accreditation decision.

Scope of Policy

A Programme Provider may request a Review of Decision only on the grounds that there are procedural irregularities or administrative error of such nature as to cause reasonable doubt as to whether the Accreditation Board would have reached the same conclusion had they not occurred.

A procedural irregularity is normally regarded as a deviation from agreed accreditation arrangements.

It should be noted that the professional decision of the Accreditation Board and its External Assessor is not open to appeal.

The Process for a Review of Decision

A request for a Review of Decision must be submitted in writing to the Chair of the Accreditation Board not later than 28 days from the date of the letter informing the Programme of the Accreditation Board's decision.

The Programme Provider should identify specifically the alleged procedural irregularity or administrative error.

The Professional Manager will be informed that a request for a Review of Decision has been received.

Within 14 days of receipt, the Chair of the Accreditation Board, in consultation with the Professional Manager, will decide whether there are sufficient grounds to proceed with the Review of Decision process. Whatever decision is taken at this stage, the Programme Provider will be informed in writing.

Procedures

Where a Review of Decision is to take place, the following procedures will apply:

- i. A Sub-Group of the Accreditation Board will be asked to review the decision in light of the new information received. This Sub-Group may include any Associate Members involved in considering the initial submission.
- ii. The External Assessor to the Accreditation Board will also be asked to review the decision and provide a report to the Chair of the Accreditation Board
- iii. A meeting of the Sub-Group will be convened, no later than one month after the decision to proceed with a Review of Decision is taken. This will be chaired by the Chair of the Accreditation Board, with the Professional Officer in attendance
- iv. The Sub-Group may decide either that:
 - a new outcome has been reached as a result of the information received
 - the original decision stands
- v. The Chair of the Accreditation Board will inform the Professional Manager of the decision reached
- vi. The Chair of the Accreditation Board will inform the Programme Provider in writing of the decision reached. This decision is final
- vii. The Accreditation Board will inform the Management Board and Quality Assurance Board, by annual report, of all Reviews of Decision received and the outcomes

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Northern Ireland Post Qualifying Education & Training Partnership

Comments, Compliments and Complaints Policy and Procedure

April 2008

1. Introduction

- 1.1 The Northern Ireland Post Qualifying Education & Training Partnership (PQ Partnership) strives to ensure that the service it provides is of a consistently high standard and is underpinned by a commitment to continuous improvement.

The PQ Partnership therefore welcomes feedback on all aspects of its service and provision.

The PQ Partnership has developed the Comments, Compliments and Complaints policy and a set of procedures to assist all stakeholders who wish to provide feedback or make a complaint.

The Comments, Compliments and Complaints policy and procedures document is made available to: all members of the PQ Partnership's Boards and Committees; candidates at the point of enrolment and is available for download from the PQ website; www.nipqetp.com

2. Scope of Policy

- 2.1 This policy addresses the process for making positive or negative comments as well as a formal complaint.
- 2.2 It is important to note that this Policy does **not** cover issues related to the decision making processes of either the PQ Assessment or Accreditation Boards. These matters are dealt with via the respective Review of Decision/Appeals Procedures which are available on the PQ website www.nipqetp.com
- 2.3 Where the complaint relates to a programme accredited by the PQ Partnership for awarding PQ Requirements or PQ Award(s) with the NI PQ Framework, the complainant should direct this in the first instance, to the programme provider. Each programme accredited with the NI PQ Framework will have its own complaints policy in place – where the programme is based within a University or College setting, the institution will have a complaints policy.
- 2.4 Where a complaint relates to an agency representative, this should be directed in the first instance to that person's line manager/employer.

3. Comments

- 3.1 The PQ Partnership is happy to receive written or verbal comments in relation to any aspect of the service provided. These should be directed to the Professional Manager. All comments are recorded and acknowledged.
- 3.2 Comments in respect of the operation of, or service provided by a PQ Board, will be shared with the relevant Chair and Professional Officer.
- 3.3 Comments will be used as part of any review process.
- 3.4 Comments are most helpful when they are specific and relevant to the remit of the PQ Partnership and its Boards or provision.

4. Compliments

- 4.1 Where the experience of the service provided has been positive, we would very much welcome compliments. This will help to identify those aspects of our service which are working well.
- 4.2 Compliments, whether verbal or written, should be directed to the Professional Manager. All compliments received are recorded and acknowledged.
- 4.3 Compliments in respect of the operation of, or service provided by a PQ Board, will be shared with the relevant Chair and Professional Officer.
- 4.4 A summary of all compliments received will be included in the annual report to NISCC.

5. Complaints

What is a Complaint?

- 5.1 A complaint is an expression of dissatisfaction about the service NIPQETP provides, including the conduct of our staff or the action we take.
- 5.2 Any person affected by our service, the conduct of our staff or the action which we take, may make a complaint. This will include candidates, employers, service users, providers or anyone involved in the work of the PQ Partnership and/or the delivery of the PQ Framework.
- 5.3 The following are examples of issues which should be treated as complaints:
 - Dissatisfaction about how we have dealt with a situation
 - Claims that we have provided a poor standard of service
 - Claims that members of staff have been rude or unhelpful
- 5.4 A complaint must be made within 3 months of the event, or within 3 months of the complainant being aware of the event, upon which the complaint is based.

Objectives of Policy

- 5.5** The PQ Partnership aims to ensure that where a complaint is received:
- It is investigated and resolved as quickly as possible
 - The complainant is kept informed of the progress of the investigation of the complaint
 - All the points at issue are addressed and an effective response and appropriate redress provided
 - The privacy and confidentiality of the complainant is respected as far as possible at all stages of the process
 - The complainant is not in any way disadvantaged as a result of making a complaint
- 5.6** Specialist support will be made available to any complainant with particular needs, for example, providing help with completing the Complaints Form. This support will be available at all stages of the complaints process.

Complaints Procedure

- 5.7** The PQ Partnership believes it is in everyone's interest to resolve complaints as quickly as possible, as close to the source of the problem as possible and by informal means in preference to formal means. The complaints procedure outlined below has been developed with these aims in mind. There are three stages in the process.

Step One – Informal Stage

- 5.8** The normal expectation is that, where a minor complaint or concern arises, this should be resolved informally with the person within the PQ Partnership responsible for the particular service area or the person 'closest' to the perceived problem without being personally involved or implicated. This individual will clarify the concern and attempt to resolve the problem. They will also ensure the resolution is shared with the complainant. They will also seek clarification as to whether the matter has been addressed satisfactorily or not. A record of the concern or complaint will be maintained.

Step Two – Formal Written Complaint

- 5.9** If the complainant is dissatisfied with the response offered, or where the complaint is deemed to be of a serious nature, the complaint should be submitted in writing to the Professional Manager using the Complaints Form (**see Appendix Five A**). If the complaint to be made is in respect of the Professional Manager, the Complaints Form should be sent to the Chair of the Quality Assurance Board, who will then take on the subsequent responsibilities of the Professional Manager role. The Form should clearly identify:
- Name and contact details
 - The reasons for the complaint
 - The circumstances leading to the complaint
 - The necessary information to substantiate the complaint
 - Details of any attempts made to resolve the complaint at an informal level
 - What action the complainant now wishes NIPQETP to take to put things right

- The complaint will be acknowledged in writing within 5 working days.
- 5.10** The Professional Manager will advise the Chair of the PQ Management Board of the nature and detail of the complaint. The Chair and Professional

Manager will determine whether the complaint can be dealt with by the Professional Manager reporting to the Chairs Group and onto the Management Board.

- 5.11 Alternatively, the Chair will appoint a member of the Management Board not associated with the circumstances surrounding the complaint, to co-ordinate and oversee the investigation process. This person will report back to the Management Board the outcome of their investigation. The Professional Manager will assist if appropriate.
- 5.12 Where the complaint involves a staff member of the PQ Partnership, they will be informed of the nature and detail of the complaint at the earliest opportunity and kept informed of the process of the complaint and its outcome.
- 5.13 The complainant will be informed of the outcome of the complaint normally within 15 working days. If this is not possible, an explanation for the delay will be given.

Step Three – Complaints Review

- 5.14 If the complainant is not satisfied with the outcome at the formal stage, an appeal may be made in writing to the Chair of the PQ Management Board, within 10 working days of having received the initial written response.
- 5.15 The Chair of the PQ Management Board will appoint a Review Panel, drawn from Management Board membership and an independent member, where appropriate.
- 5.16 The Review Panel will convene within 15 working days and access all records and reports related to the complaint and may, as part of their review, interview the complainant and/or those connected with the complaint.
- 5.17 The Review Panel will make a recommendation regarding the case to the Chair of the PQ Management Board who will notify the complainant in writing within 10 working days, of the process that has occurred, the outcome and the action to be taken.
- 5.18 Where the investigation determines that a disciplinary offence may have been committed, this will be referred to the relevant disciplinary authority and the Management Board
- 5.19 If it is deemed that a breach of the NISCC codes has been committed, this will be referred to NISCC and to the Management Board.

6. Record of Complaints

- 6.1 The PQ Partnership will maintain a record of all complaints received along with corresponding processes, outcomes and action taken. The Quality Assurance Board, Management Board and NISCC as the Approving Body, will be informed by annual report, of all complaints received.

Appendix Five A



COMPLAINT FORM

Please complete this form if you wish to complain about the service you have received from NIPQETP, any action which we have taken or the conduct of our staff.

Completing this form will provide us with the information we need to deal with your complaint. If you require any help to complete the form, please contact the PQ office on 028 90461495.

1. Your Details	
Title: (e.g. Mr, Mrs, Ms etc)	
First Name:	
Last Name:	
Address:	
Tel No: (Home)	
Tel No: (Work)	
Tel No: (Mobile)	
E-mail Address:	
Please specify your preferred point of contact (e.g. work telephone no, e-mail):	

2. Details of the Complaint

Please provide full details of the following:
-the reason for the complaint

- the circumstances leading to the complaint

- any attempts made to resolve the complaint at an informal level

- what action you would like NIPQETP to take to put things right

3. Declaration

To the best of my knowledge, the information I have provided above is accurate. I understand that to investigate my complaint, NIPQETP will need to share this information with those parties concerned.

Signed:

Date:

When you have completed this form, please return to:

**Professional Manager
NIPQETP
Unit 2a
2 River's Edge
13-15 Ravenhill Rd
Belfast
BT6 8DN**