

QUALITY ASSURANCE

QA 6.21 NON-CONFORMANCE/CORRECTIVE ACTION IN ASSESSMENT PROCEDURE

Cork ETB Quality Assurance Unit - Version 3.0 September 2023

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PURPOSE

The purpose of this procedure is to outline how Cork ETB centres resolve major discrepancies in assessment to ensure that the standard, fairness, and transparency of Cork ETB assessment procedures are maintained. This procedure outlines how non-conformances are investigated and managed to prevent a reoccurrence and how the resulting actions are turned into opportunities for improvement.

The purpose of this procedure is to establish and define the process for identifying, documenting, analysing, and implementing corrective actions in order to eliminate actual non-conformance.

SCOPE

This procedure applies to all further education and training provision provided by Cork ETB campuses and centres or by organisation funded by Cork ETB to provide further education and training, whether accredited or unaccredited.

This procedure relates to major non-conformances where learner's potential to achieve the appropriate certification may be impacted or the integrity of Cork ETB's Quality Assurance system is brought into question.

RESPONSIBILITIES

Principals/campus/centre managers are responsible for ensuring that Cork ETB assessment procedures are implemented in their centre. Where there is a non-conformance relating to assessment procedures, the centre manager is responsible for putting corrective action in place.

Assessors are responsible for implementing Cork ETB assessment procedures correctly, requesting support in the implementation of these procedures if necessary.

All staff and learners are responsible for reporting any suspected non-conformance to their centre manager. All major non-conformances should be reported by the centre manager to the Quality Assurance Unit using form <u>QA 6.21.1a Non-</u> <u>Conformance/Corrective Action Report</u>

PROCEDURE

6.21.1 Details

Corrective action is taken, upon investigation of non-conformance with Cork ETB assessment procedures, to resolve the situation in the best interest of the learner while ensuring that the standard and integrity of the assessment process is maintained.

Preventative action is taken, when a potential non-conformance with Cork ETB assessment procedures is anticipated, to prevent the occurrence of a non-conformance.

Corrective action may be necessary in instances of major non-conformance, such as:

- assessment malpractice
- use of an incorrect or non-validated descriptor
- use of an incorrect assessment technique
- assessment procedures not being followed correctly

When a non-conformance is suspected or reported, the principal/campus/centre manager or their nominee should investigate. When the incident is deemed to be major, form <u>QA 6.21.1a Non-Conformance/Corrective Action Report</u> must be completed by the campus/centre manager and submitted to the QA unit.

To ensure a consistency in approach, the QA unit will review the recommended corrective action in consultation with the Director of FET. The campus/centre manager will be notified of the approved corrective action and given a timeframe for implementation.

The principal/campus/centre manager will confirm by email to the QA unit within an agreed timeframe that the corrective action has been completed.

DOCUMENT DETAILS

Title:	QA 6.21 – Non-Conformance/Correction Action in
	Assessment Procedure
Authors:	Cork ETB Assessment Working Group
This Version Number:	3.0
Approval	Cork ETB FET Strategy Group
Status:	Active
Effective Date:	September 2023
Review Date:	April 2025 or as required
Templates/Resources:	QA 6.21.1a Non-Conformance/Corrective Action Report

QA 6.21a Non- Conformance/Corrective Action Report Version 3.0 September 2023



6.21.1a Non-Conformance/Corrective Action Report

Centre:	Centre Manager:
Date:	Award:
Description of the	
non-conformance	
Cause of non-	
conformance	
Decemmended	
Recommended Corrective Action	
Signature	

For use by QA Unit:

Agreed Corrective Action:

Recommendations for changes in procedure to prevent similar issues reoccurring:

Signature:

Date:





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