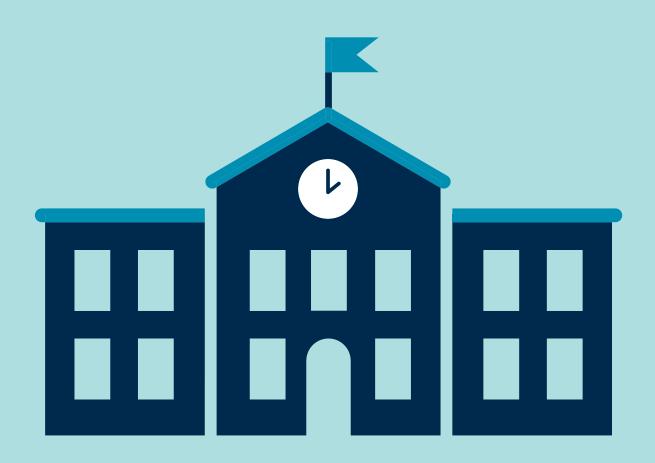# Pearson Assured Handbook

2019

Pearson

Appendix 1: Pearson Assured Quality Objectives and Sources of Possible Evidence

Please Note: These lists are examples of possible evidence. They are not exhaustive and alternative evidence can be provided.

There is no need for an organisation to provide examples of everything that is in a list. However, sufficient evidence must be provided to prove that a Quality Measure is being met.

Managing the Organisation

Quality Objective O.1: Organisation Structure

O.1 There are functional responsibilities that are clearly defined.	
Measures: There must be evidence that you have:	Examples of possible evidence:
O.1.1 been delivering the education / training programme(s) for at least 18 months.	• Historical records from previous cohorts of learners – timetables: registers: outcomes. • Marketing materials dated for publication more than 18 months ago. • Letters confirming success from learners: other stakeholders (employers: training providers).
O.1.2 a clear organisation structure with an appropriate span of control and with defined roles and responsibilities which reflects a culture of quality assurance.	• A current, up to date organisation chart that shows reporting relationships is published in an accessible location e.g. intranet: staff handbook: wall chart. • All staff have access to the organisation chart. • Interviews with staff prove they understand their responsibilities and know to whom they are accountable. • Interviews with managers prove that they know the people who report to them. • Managers are responsible for an appropriate number of staff to ensure control. • Communication is easy and responses to communications happen quickly and effectively (dated emails).
O.1.3 job descriptions that are up to date, clearly describe duties, and each job occupies its own position on the organisation chart.	• Each role on the organisation chart has a detailed and appropriate job description and person specification. • Up to date job descriptions. • An identified role(s) has/have responsibility for writing job descriptions. • Job descriptions include continual quality improvement in the job role. • Job descriptions go through an appropriate sign off process.

O.1.4 clear lines of communication that are built into the organisation structure.	• Cross departmental meeting minutes. • Communication records between departments. • Meeting schedule. • Minutes show inclusivity of people from different departments. • Interviews with staff show communication across the organisation is facilitated. • Process charts include cross departmental flow of documents and communications.
O.1.5 given delegated authority to staff to plan and manage the quality of the delivery of the learning / training programmes at the main site and (if used) across all delivery sites.	• Interviews with staff and triangulation of evidence to identify who plans, who manages and who implements the quality of delivery. • Minutes of meetings. • Appropriate processes documented and followed. • Reports.

Quality Objective O.2: Staff Resources (Roles and Team Working)

O.2 The development, marketing, delivery and assessment (if carried out) of education / training programmes are carried out by a team that is: • of a sufficient size. • appropriately qualified. • given sufficient time to fulfil all aspects of a role.	
Measures: There must be evidence that you have:	Examples of possible evidence:

O.2.1 regularly monitor staff provision and maintained adequate numbers of appropriately qualified and competent staff.	• An identified role(s) in the organisation chart with responsibility for staff recruitment, monitoring and maintaining appropriate staffing levels, detailed in a job description.
	• A documented process for monitoring and maintaining the correct staffing levels.
	• How predicted learner / trainee numbers are used to inform staff recruitment.
	• Recorded scrutiny of curriculum vitae to ensure appropriate staff qualifications.
	• Documented requirements for qualifications of staff e.g. need to have a degree in a relevant subject: need for appropriate experience.
	• Internal audits and annual reviews of staff performance and qualifications / Continuous Professional Development.
	• If assessment is carried out:
	  • A job description for the role of writer of assessment methods.
	  • The CVs of staff designing or producing assessment methods (exams / tests / performance assessments etc.) show that they are appropriately qualified.
	  • Training schedule to show how these staff are trained in order to produce fit for purpose assessment methods.
	  • Auditable documented instructions to developers and designers of assessment methods.

O.2.2 have effective staff recruitment, selection and training processes.	• Documented recruitment processes and procedures. • **Staff recruitment** Targeted advertising (e.g. adverts in appropriate journals). • **Staff selection** Agreed selection criteria which are adhered to. • Standardised recorded selection questions and procedures. • Documented guidelines for interview panels. • **Training** Interviews with staff (at all levels within the organisation) who can give examples of training that they have received. • Quality is included as a topic in the induction procedure. • Training needs analysis carried out both for the organisation, departments and the individual. • Dates and times of planned and monitored staff development programmes. • An identified role in the organisation chart with accountability for organising staff development. • Staff development policy. • Records that staff development has been regularly evaluated to ensure that it is meeting the needs of the organisation. • Individual staff training / staff development records. • Departmental and individual's objectives include reference to quality improvement. • Training records.
O.2.3 identify individuals with overarching organisational responsibility for management of: • quality. • the design and production of education / training programmes. • marketing. • recruitment of staff. • enrolment of learners/trainees. • delivery. • assessment (where appropriate). • tracking of learner / trainee achievement. • administration of controlled. assessments (where appropriate). • claiming and distribution of Pearson Assured completion certificates (if claimed).	• Organisation chart matched to named individuals for each of the bullet points (left). • Scope of responsibility identified in associated job descriptions. • Interviews with staff evidence organisation chart. • Handbooks confirm responsibilities.

O.2.4 induct new staff involved with Pearson Assured education / training programmes in: • local educational policies, procedures and regulations. • management structures and accountabilities. • assessment methodology (if assessment is performed). • regulatory and awarding organisation requirements.	• Documented staff induction programme that includes bullet points (left) (including an up to date organisation chart). • Induction pack for new staff (to include assessment strategy if assessment is carried out). • Materials in induction pack are up to date. • Auditable records that staff induction has taken place. • Printed information that informs staff of the requirements of Pearson Assured.
O.2.5 give sufficient time for the activities which staff are expected to carry out, including time for formal, minuted meetings to discuss teaching, assessment, quality activities and strategies.	• Schedule of meetings or a list of staff activities. • Agendas and minutes of meetings. • Appropriate, regular time apportioned for activities, e.g. timetables for teaching: meetings: training diary: assessment. • Minutes of meetings. • Standing quality item on agenda.
O.2.6 evaluate staff induction and staff development to ensure that: • there is equal access to opportunities for all staff. • induction and staff development remain fit for purpose. • they are delivered against required outcomes.	• Records that staff induction and staff development have been regularly evaluated to ensure that they are meeting the needs of the organisation. • The profile of staff undertaking induction and staff development proves equal access by all staff. • Evidence of change to induction that keeps it up to date and fit for purpose. • Staff development and training files are up to date and easily accessible. • The outcomes required from induction and staff development are clearly stated in an appropriate document. • Outcomes are measured and there is evidence of action taken when necessary.

Quality Objective O.3: Physical Resources

O.3 There is adequate provision of physical resources that will: • support all staff and all learning / training. • appropriately improve or support learning / training. • ensure health and safety.	
Measures: There must be evidence that you have:	Examples of possible evidence:

O.3.1 sufficient resources to deliver the learning / training programmes.	• The amount of resources is discussed and approved by senior management in minuted meetings.
	• An inventory of physical resources is kept accurately and up to date by an identified role in the organisation chart.
	• Depreciation of resources is monitored and a replacement schedule in place for out of date or broken resources.
	• The location of resources is recorded and monitored.
	• Senior management regularly review resources.
	• Budgetary evidence including invoices of purchases made that show resources are replaced or increased in line with learner / trainee numbers.
	• Up to date specialist machinery/ journals / equipment is able to be inspected on a tour of the facility or by photographs authenticated by the head of the organisation.
	• General resources (e.g. library facilities: IT equipment: rooms: seating) are sufficient, safe and accessible by all learners / trainees.
	• Where there are learners requiring special support:
	  • Equal Opportunities policy.
	  • Evidence that learner support has been given when needed e.g. adaptation of resources: appointment of specialist helpers: extra time.
	  • Records that identify learners with special needs.
	  • Questionnaires to identify learners.
	  • Safeguarding Children policy.

O.3.2 regularly monitored all resources to ensure they are fit for purpose and safe to use.	• Depreciation records. • Minuted meetings where resources are reviewed and requests for replacement or repair are made. • Electrical / gas / water / emission tests are regularly carried out as required. • Review, monitor and act upon accident book to evaluate any unsafe resources. • Feedback about the physical resources is requested from learners/ trainees and staff (e.g. questionnaires, meetings) and acted upon. • Government / local legislation on safety is complied with.
O.3.3 considered the impact on resources of developing new programmes of training / learning.	• Senior management request information about predicted learner / trainee numbers and what physical resources are required when any new training / education programme is being considered e.g. course planning documents to outline information required for consideration of a new programme. • Purchase orders to increase or buy new physical resources.

Quality Objective O.4: Administrative Systems

O.4 Administrative processes and procedures must ensure that all records and processes are:	
- accurate. - up to date. - auditable. - safe and secure. - communicated to appropriate people or organisations.	
Measures: There must be evidence that you have:	Examples of possible evidence:
O.4.1 accurate and up to date records which allow individual learners to be identified accurately.	- Accurate and up to date records e.g. Up to date registers / lists of attendance: Tracking records to show achievement whilst on programme: Organisation reference number for learners / trainees. - The number of learners / trainees on programme matches application forms. - Service level agreement to ensure records are quickly updated when required. - Responsibility to update records clearly allocated to identified roles / individuals in the organisation chart. - Records are signed and dated. - Learner / trainee information is kept accurately and securely. - Tracking documentation for individual learner / trainee achievement. - Documented enrolment procedure (e.g. process chart: flow chart) to standardise the learner / trainee experience of enrolment. - Named people in identified roles responsible for enrolment. - Documentary evidence that enrolment happens at the appropriate time (i.e. at the beginning of the education / training programme). - Security of data evidenced.
O.4.2 stored records safely and securely with a defined retention policy.	- Retention of records policy. - Records are filed in an accessible format. - Access rights to records published and adhered to. - Fire resistant filing cabinets or secure rooms. - Back up archive system for electronic records.
O.4.3 audit processes in place to check the accuracy of enrolment, registration, assessment and certificate claim records (if appropriate).	- Signed and dated accessible audit records. - Clear authorization requirements for auditors. - Audit of processes for chosen learner / trainee sample. - Process chart or flow chart to show steps involved from enrolment to certification or end of programme. - Attendance records matched to certificate / end of programme records. - Audit trail from enrolment to completion. - Accessibility of accurate historical records / alumni. - If there is assessment: - Auditable procedures around assessment practice. - Audit tracking documentation. - Comprehensive stable systems that drive assessment practice.

O.4.4 allocated ownership of documents to named individuals who are responsible for document management and document review.	• Documents have footers that identify owners and version numbers. • Documents are up to date with evidence of review dates. • Document register. • Cycle of document review is scheduled. • Documents are standardized and appropriately titles to match processes.

Managing Learning/Training

Quality Objective L.1: Design of education / training programmes

L.1 Quality systems and processes are in place to: • assess the viability of new education / training programmes. • approve and sign off new education / training programmes • design effective education / training programmes	
Measures: You will have:	Examples of possible evidence:
L.1.1 seen the need for education / training programmes and gathered information to assess the viability of these programmes.	• Collection of research evidence to assess the need and demand for education / training programmes in a specific subject • Qualitative and quantitative research evidence • Research evidence that shows a wide range of sources of data and information have been accessed e.g. questionnaires / surveys to the public, employers, government or other interested stake holders • Government or other stakeholder reports highlighting the need for education / training programmes • Evidence that research has been evaluated and valid conclusions made e.g. meeting minutes that record auditable decisions as to whether to proceed to the design phase • Stakeholder engagement evidenced e.g. letters, public statements or other communications
L.1.2 ffective processes in place to allow discussion and design of proposed education / training programmes by appropriately qualified people	• Records of the people involved in designing the programmes along with their CVs and qualifications • Documents that show the progression of the design of programme content • Minutes of meetings held to discuss detail of the programmes e.g. titles, content, design and if appropriate, assessment methodology
L.1.3 a formalised review, evaluation and sign off of any new education / training programme	• Evidence of senior management's involvement • Instructions to staff • Schedule and minutes of review meetings • Version control on documents e.g. syllabus or specification
L.1.4 (if appropriate) a process for determining and designing the appropriate assessment method	• Evidence that different forms of assessment have been considered and evaluated • Appropriate documented instructions for assessment designers • Methods to assure security of assessment design and documents

Quality Objective L.2: Maintaining and Improving Quality

L.2 Quality systems and processes are in place, agreed by senior management and are:
• communicated to internal and external customers.
• staff and learners receive appropriate training.
• monitored to ensure that they are embedded in the operation of the organisation.
• regularly reviewed, improved and updated.

Measures: You will have:	Examples of possible evidence:
L.2.1 quality systems and processes which are: • supported by policies. • supported by senior management. • appropriate to the size of the organisation. • appropriate for the education / training programme requirements.	• Quality manual. • An appropriate portfolio of policies and procedures which assure the quality of the education / learning programme (s). • The quality cycle is communicated (perhaps in the quality manual) driven and monitored by senior management. • Senior management can give examples of how quality is embedded in the organisation. • Compliance with policies can be evidenced by examples. • Quality standards, service level agreements are published. • Interviews with staff show that they are aware of the quality systems and can give examples of how they are embedded in the organisation. • Processes are appropriate for the size of the organisation – a larger organisation may have a larger number of documented processes in order to maintain control. • Evidence that senior management lead on embedding quality (e.g. minuted meetings with senior management present: senior management devise policy: quality processes signed off by senior management).
L.2.2 ensured that there is a process for review and evaluation that collects the views of customers, staff, learners /trainees and informs an embedded quality cycle.	• Systems in place to ensure continual improvement. • Suggestion box or other communication channel for staff to make suggestions for quality improvement. • Staff questionnaires to include suggestions for quality improvement. • Annual cycle diagram for review of the organisation and individuals in the organisation. • Associated processes that surround Pearson Assured. • Schedule for organisational / individual review and assessment. • Organisational / individual assessment review reports. • Records of self-review and assessment for both the organisation and staff. • Minutes of meetings. • Feedback from learners/ trainees: staff: external agencies that prove quality systems are operating. • Minutes of meetings with learners / trainees, staff or external stakeholders. • Improvements or changes made. • Records of outcomes of consultations.

L.2.3 demonstrated that the outcomes of the review process: • inform change. • drive continuous improvement. • ensure that all learning and training remains effective and fit for purpose.	• A quality cycle to review and evaluate learning / training programmes which is documented and communicated to staff. • Changes / improvements made. • The quality cycle operates over a defined and appropriate period of time (e.g. after each learning / training programme: annually: biannually: monthly. • The quality improvement cycle. (Plan, act, do, and review) is evidenced. • Integration of mission statement, quality standards information, improvement processes as evidenced by quality improvement documents. • Benchmarking against best practice. • Minutes of quality improvement meetings where the review of learning / training programmes has occurred and change resulted. • Process review schedule. • Departmental reports. • Staff appraisal records. • More than one quality review evidenced. • Plans for future reviews and development. • Action taken to implement change and / or improvement. • Senior management sign off and confirm continuity of effective and fit for purpose programmes • Dated schedules for cyclical review published and communicated to staff and learners / trainees. • Review incorporates research of current learning / training requirements by education establishment or employers.
L.2.4 internal audits which are carried out as part of quality improvement to ensure that education / training programmes are being delivered (and assessed) to a high standard.	• Audit records for procedures audits. • Audit instructions. • Teaching and learning observations. • Self-assessment reports and action plans. • Team reviews. • Senior management meeting minutes.

Quality Objective L.3: Learner /Trainee Recruitment

L.3 Learners / trainees are recruited with integrity onto appropriate learning / training programmes that will: • meet their needs. • enable and facilitate learning, training and achievement. • enable progression where this is the intention.	
Measures: In order to achieve this you will have:	Possible evidence:
L.3.1 marketing and advertising materials that provide relevant information, is consistent and does not mislead learners / trainees.	• Marketing / advertising materials. • Accurate, up to date prospectus, leaflets, handbooks, pamphlets. • Up to date and accurate web site: social networks. • Interview records. • Programme literature. • Induction programme materials. • Entry requirements. • Progression routes. • Open day, information session materials.

L.3.2 awareness of the Pearson brand and marketing guidelines and know how to use the Pearson logo and references to Pearson Assured in marketing material.	• The communication from Pearson on how to use the logo.
	• The Pearson Assured logo is used according to the format and guidelines given to the organisation.
	• Use of the logo adheres to brand and marketing guidelines i.e.:
	  • Is only being used in conjunction with the organisation's own logo.
	  • Is shown at no more than 75% of the size of the organisation's own logo.
	  • Must be an approved version of the logo.
	  • The colour must not have been changed.
	  • The logo must not have been distorted.
	  • The typeface must be as supplied and not changed.
	  • No text must be added to or surround the logo.
	• Statement is included where the logo is used that, "Pearson Education Ltd. Assures the quality of the processes underpinning the design, delivery, quality assurance and/or assessment of the organisation's own education or training programmes.
	• The standard Pearson, Pearson, BTEC or LCCI logos are not being used to market or advertise Pearson Assured.
	• Materials must not imply that that specific education or training programmes are regulated.

L.3.3 published entry and selection criteria for your learners/ trainees which have resulted in recruitment with integrity.	• Prospectus, web site, marketing / advertising materials include accurate entry requirements. • Selection criteria are standardized and used by all staff involved in selecting learners / trainees. • Records of interviews with learners / trainees. • Achievement, completion, withdrawal records. • Learner / trainee questionnaires. • Application forms. • Appropriate people on programme(s).

L.3.4 carried out comprehensive learner/trainee induction/ orientation.	• Comprehensive learner / trainee induction programme materials. • Schedules for induction programmes. • Learner / trainee questionnaires following induction. • Learning / trainee needs analysis. • Individual learner / trainee plans.
L.3.5 informed learner sat the beginning of their education or training programme whether they will or will not, receive a Pearson Assured completion certificate.	• Copies of documents given to learners to inform them whether they will or will not receive a Pearson Assured completion certificate.

Quality Objective L.4: Malpractice, Appeals and Complaints

L.4 Staff and learner/trainee malpractice, appeals and complaints: • are clearly defined in appropriate policies and procedures. • investigations are rigorous, free from bias, documented and conducted in line with policy and defined procedures. • outcomes are recorded and communicated to those who need to know.	
Measures: In order to do this you will have:	Possible evidence:
L.4.1 policies and procedures for staff malpractice and learner malpractice, appeals and complaints.	• Staff malpractice policy and procedures to be followed to identify, investigate and penalize type of identified staff malpractice. • Learner / trainee malpractice policy and procedures to be followed if plagiarism or other types of learner / trainee malpractice are found. • Appeals policy with time constrained procedure on how to make an appeal. • Complaints policy and procedure on how to make a complaint. • Publish policies and procedures in accessible locations e.g. handbooks: web site: notice boards. • Policies and procedures are reviewed and kept up to date. • Identified owners of policies and procedures.
L.4.2 inform staff, learners and trainees about: • conditions necessary for an appeal to be lodged. • what defines staff malpractice. • what defines learner malpractice. • the processes for making a complaint or an appeal and investigating alleged staff or learner/trainee malpractice. • the possible outcomes of complaints, appeals or investigations. • the consequences of complaints, appeals or investigations. • methods and routes for escalating issues to appropriate bodies.	• Learner / trainee and staff handbooks which address bullet points (left). • Forms exist for processes to be followed and where appropriate for escalating issues to appropriate bodies. • Published definitions of staff malpractice e.g. completing work for learners/trainees: favouritism: inaccurate recording of learner / trainee achievement: not fulfilling requirements of the role. • Published definitions of learner / trainee malpractice. • Published process charts or flow charts. • Outcomes of complaints appeals or investigations published and communicated to staff and learners / trainees. • Interviews with staff, learners / trainees. • Distinction between a complaint and an appeal communicated to staff, learners / trainees.
L.4.3 demonstrated how the outcomes of complaints, appeals or investigations inform quality improvement.	• Named individuals responsible for acting upon the outcome of complaints, appeals or investigations. • Records of previous complaints, appeals or investigations. • Minutes of meetings. • Quality improvement plan. • Audit of records of complaints, appeals and investigations which show how quality has improved as a result.

For Pearson Assured English applications only

Pearson Assured English is an enhanced Pearson Assured service for education providers of English language learning programmes that embed the Global Scale of English learning objectives.

To be successful in applying for Pearson Assured English you must have evidence to comply to this additional Learning Quality Objective L5.

Quality Objective L.5 Alignment to Global Scale of English

L.5 Global Scale of English (GSE) and related GSE Learning Objectives underpin all aspects of an English programme: - The development and planning of syllabus and course content - The establishment of learner outcomes - The measurement of learner progress and proficiency at all stages during the course of study	
Measures: You will:	Possible evidence:
L.5.1 use GSE Learning Objectives to define course outcomes	• Documentation on the alignment of course outcomes to GSE Learning Objectives • List of GSE Learning Objectives that support the aim and purpose of the course • Course assessment plan (placement, progress, exit).
L.5.2 use GSE Learning Objectives to select and/or create course content	• Course scope and sequence containing outcomes and GSE Learning Objectives • Mapping documents to show GSE Learning Objectives covered in course materials • Course materials containing clearly signposted course outcomes aligned to GSE Learning Objectives • Materials accompanying course content that call out course outcomes/GSE Learning Objectives covered.
L.5.3 introduce GSE to and share GSE Learning Objectives with all stakeholders	• GSE induction plan for all new staff and staff responsible for selecting/creating content • GSE Learning Objectives and course outcomes have been shared with parents (if applicable) and translated into L1 where appropriate • Lesson plans contain explicit reference to GSE Learning Objectives and course outcomes • Process in place to incorporate GSE into the induction of learners.
L.5.4 use GSE Learning Objectives to monitor learner achievement through the course	• Documentation to show skills development through use of GSE Learning Objectives • Entry and exit requirements clearly stated in relation to GSE levels • Remediation plans in place to ensure that learners stay on track to meet achievement targets as a follow-up to in-course assessment • Progress clearly communicated to learners and stakeholders based on GSE Learning Objectives and Proficiency Scale • Progress tests are based on GSE Learning Objective.

Managing Assessment

Quality Objective A1: Assessment Practice (If applicable)

A.1 Assessment strategy, processes and management underpin an assessment system that: • is clearly defined and embedded in the operation of the organisation. • is designed to deliver valid and reliable outcomes. • leads to the safe certification of achievement.	
Measures: In order to do this you will have:	Possible evidence:
A.1.1 clearly defined procedures for developing assessment methods that will lead to valid and reliable assessment methods.	• Assessment policy. • Published assessment methodology. • Validity of assessment methods is tested and recorded. • Policy to cover verification/checking of assessment methods. • Verification / checking records to ensure fit for purpose assessment methods. • Documented procedure for designing appropriate assessment methods e.g. exams: case studies: performance tests: multiple choice tests. • Identified individuals with responsibility for assessment design. • Assessment methods are standardized and the process recorded. • Sign off authorization is visible for designed assessment methods. • Monitoring records of the use and outcome of assessment methods. • Action plans and records of action taken.
A.1.2 clearly defined assessment or marking procedures.	• Assessment policy. • Documented and published assessment or marking procedures. • Forms to record outcomes of assessment and marking. • Records that assessment outcomes are tested for validity. • Standardised records at all assessment and testing sites. • Standardised mark schemes or assessment criteria. • Catalogue of used and renewed assessment methods. • Supported action plans to design assessment methods.
A.1.3 ensured that assessors/ markers make standardised decisions.	• Minutes of meetings to discuss assessment outcomes. • Standardisation training sessions for assessors, markers. • Documented decisions. • Double marking records. • Standardised moderation/verification records at all sites.

A.1.4 verified the accuracy of marking or assessment decisions.	• Assessment policy. • Documented process for verifying accuracy of assessment. • Double marking system evidence. • Records of checking of assessment decisions. • A rational sampling procedure. • Audit records. • Sampling strategy for checking accurate records. • Senior management lead audit processes. • Certification policy. • Completion / certificate claims require authorization signatures. • Documented process (e.g. process chart: flow chart) to show steps in printing and / or claiming certificates. • Audit records to match certificates to learner / trainee details.
A.1.5 safe and secure storage systems for assessment materials.	• Safe question banks. • Safe storage of exam papers • Safe storage of learners/ trainees responses to assessment materials. • Limited access to storage systems. • Password protection. • Access to systems is recorded and validated.
A.1.6 valid invigilation or supervision processes in place.	• Invigilation / supervision policy. • Documented procedures for invigilation / supervision. • Recruitment criteria for invigilators / supervisors standardized and used. • Training sessions for invigilators or supervisors. • Published standards / rules for invigilators and / or supervisors.

*All Managing Assessment Quality Objectives are mandatory for Pearson Assured English status and should support the GSE Learning Objectives..