

The British Council for
Chinese
Martial Arts

A Sports Council Recognized National Governing Body

Management and Quality Systems



Quality Assurance Support Pack

The British Council for
Chinese
Martial Arts

A Sports Council Recognized National Governing Body

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QA1 Sampling Plan: QA Tracking Record and Learner Achievement Record

Qualification Title:	Discipline:	Course Dates:
Tutor/Assessor:	Quality Verifier (QV):	QV Signature:

Key:

P = Planned Verification O = Observed Assessment Quality Assured QI = Actual Verification A = Assessment Decision Quality Verified DS = Decision Sampling

Assessor Name	Learner Name	Theory Test	Formative Assessment	Practical Observation	Assessment (Please Specify)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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Assessor Name	Learner Name	Theory Test	Formative Assessment	Practical Observation	Assessment (Please Specify)
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Key:

P = Planned Verification **O** = Observed Assessment Quality Verified **QI** = Actual Verification **A** = Assessment Decision Quality Verified **DS** = Decision Sampling

QA2 Quality Assurance Report on Assessor Performance and Assessment Decisions

Assessment Title:	Date:
Venue:	Assessor:
Quality Verifier:	Signature:

Learner Names:		
1.	2.	3.
4.	5.	6.

Did the Assessor:	Yes	No	Feedback
1. Remain as unobtrusive as possible?			
2. Give the learner(s) clear and accurate advice and briefing of the assessment process. Encouraged the individual to ask questions?			
3. Check all evidence for currency and validity?			
4. Make valid, accurate and reliable decisions?			
5. Interpret the performance criteria appropriately?			
6. Use questions that were relevant, justified and not leading?			

7. Encourage the individual to ask questions?			
8. Give constructive and accurate feedback to individuals?			
9. Inform the learner of the assessment decision clearly, sensitively and within a reasonable time frame?			
10. Agree an Action Plan that meets the individual's development needs?			
11. Complete the assessment paperwork and records accurately?			

Action Plan

List any training or development needs:

Actions for Assessor:	Date (by when) Please specify:

For Future Discussion/Standardisation:

QA3 Quality Assurance Report on Other Assessed Evidence/Written Work and Worksheets

Discipline:		Date:
Venue:	Quality Verifier:	
Assessor:		

Learner Names:	Assessment Element Sampled	Result	Assessor	Action Required Yes/No

Quality Verifier Comments on Grading Decisions. Identify any Training Needs:	Quality Verifier Comments on the Quality of Assessment Records/Summary Sheets:
Assessor Signature:	Quality Verifier Signature:

QA4 Quality Assurance Report on Theory Tests: Invigilation

Invigilator name:	Date:
Theory paper title:	Venue:

Room set up - the invigilator:	Yes	No	Feedback
1. Checked the room for Health and Safety compliance?			
2. Ensured there is a visible clock for learners to see?			
3. No access to any resources that relate to the theory test?			
4. Seating allows for appropriate space between each learner?			

Pre-assessment briefing - the invigilator:	Yes	No	Feedback
5. Informed all learners of the rules of assessment?			
6. Gave clear instructions in completing the paperwork correctly?			
7. Informed the learners of the start, finish times and how and when learners may leave the room?			
8. Ensured that any learners who have identified particular needs are suitably accommodated?			

During the assessment - the invigilator:	Yes	No	Feedback
9. Reminded learners of start time and that they are now operating under assessment conditions?			
10. Monitored the learners to ensure completion of the assessment and for adherence to assessment guidelines?			
11. Informed the learners of end of assessment duration?			

After the assessment – the invigilator:	Yes	No	Feedback
12. Ensured that each learner has included their correct name and other relevant details on their paper?			
13. Ensured that all assessment papers are securely returned for marking within the agreed time frame			

Feedback/action plan:

Invigilator signature:

Quality Verifier signature:

QA5 Quality Assurance Report on the Observation of CPD Teaching

Tutor name:	Date:
Session title:	Venue:
Stage of session in timetable:	Session duration:
Observer/quality verifier name:	No of learners:

Planning:	Yes	No	Feedback
1. PARQ's have been completed and reviewed before the start of the session.			
2. Individual learner needs have been checked and accommodated.			
3. Aims and Outcomes have been made explicit and are appropriate to session.			
4. Scheme of Work is being adhered to (if applicable).			
5. The tutor is working to an effective Session Plan.			
6. Suitable resources are available and organised before the start of the session.			
Preparation:	Yes	No	Feedback
7. Learning environment is conducive to learning.			
8. Room set up adheres to Health and Safety policy for safety and is 'fit for purpose'.			

9. Session starts and finishes on time?			
Content and presentation:	Yes	No	Feedback
10. Tutor showed relevant knowledge and expertise in subject matter?			
11. Content and instructions are explained clearly at the correct pace, level, depth and in a logical order?			
Delivery and management:	Yes	No	Feedback
12. Effort is made to include and value all learners and their contributions?			
13. Learners are treated with respect and their individual learning needs are managed?			
Learning experience:	Yes	No	Feedback
14. Learners are encouraged to be actively involved in developing and applying knowledge and skills that are challenging and relevant?			
15. Tutor regularly checks learning and offers positive feedback as and when required?			
Teaching and achievement:	Yes	No	Feedback
16. Learning is summarised, clarified and put into context for the learners?			
17. Learners are able to demonstrate that learning has taken place?			
Resources:	Yes	No	Feedback
18. Learning resources are adequate, appropriate and up-to-date?			

19. Resources are clear, well designed and well produced?

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20. A variety of media and teaching methods are used to meet varied learning needs?

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Tutor evaluation of session:

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Agreed training and development plan:

Actions

Completion date

Actions/feedback to be taken to next standardisation/team meeting:

Actions/feedback

Date of meeting

Assessor signature:

Date:

Quality Verifier signature:

Date:

QA6 Quality Assurance Sampling Summary

Quality Verifier (QV) name:

Date:

Planned on	Tutor/Assessor	Date planned	Date actual QV	QV report No

Quality assurance of Tutor and Assessors

Name of Team Member	Training QV'd Date	Assessing QV'd Date	Signature of Tutor/Assessor

Issues/actions to be discussed at next team/standardisation meeting:

Date of meeting:

QA7 Minutes of standardisation meeting

Purpose of meeting:			
Date:	Time:	Venue:	
Chairperson:			
Present:	1.	2.	3.
4.	5.	6.	7.

Topic:	Discussion:	Action:	By Whom:	By When:



QA8 Team roles and responsibilities table

Date:

Name	CV	Are you a Tutor?	Relevant Teaching Qualifications (Specify)	Are you an Assessor?	Relevant Assessor Qualification	Are you a Quality Assurer?	Relevant QA Qualifications	Other Roles (Please Specify)
Bryan Andrews		Yes	>30 years	Yes	Master's Degree Advanced Sports Coaching Practice	Yes		Chairman BCCMA
Chris Ellerker		Yes	>40 Years	Yes	D32 & D33	Yes		Vice Chairman Coach Education Officer
Sally Grinhey		Yes	>30 Years	Yes	D32 & D33	Yes		IV