

NATIONAL QUALITY ASSURANCE FRAMEWORK

NQAF Risk Assessment Framework

Manual 6

The National Quality Assurance Framework (NQAF)

Across India, many learners are taking part in education and training/skills programmes. Through these programmes, they develop the knowledge, skills and competence they need for jobs and future careers.

Quality lies at the heart of effective education and training / skills programmes. Learners, employers and the public need to be assured that the training and qualifications provided through education and training / skills programmes of a high quality, regardless of where they are delivered and assessed.

The National Quality Assurance Framework (NQAF) aims to improve the quality of all education and training/skills programmes in India.

The NQAF provides the benchmarks or *quality criteria* which the different organisations involved in education and training must meet in order to be accredited by NQA/competent body to provide education and training/skills activities.

The NQAF Manuals provide guidance for different groups of organisations, describing what each needs to do to meet the quality criteria.

There are 7 Manuals in total:

Manual 1: Registration of NSQF Qualifications

Manual 2: Accreditation of Training/Education Institutions

Manual 3: Accreditation of Assessment Bodies and QA in Assessments

Manual 4: NQAF Auditor's Manual

Manual 5: NQAF Risk Assessment Manual

Manual 6: Quality Assurance of Industry led Bodies (Sector Skill Councils)

Manual 7: Quality Assurance for National and State-Level Bodies

This is **Manual 5**, which deals with systems level risk management to determine audit frequency and risk planning & monitoring to maintain the quality of the training, education and assessment services under the National Skills Qualifications Framework.

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RISK ASSESSMENT FRAMEWORK

This Risk Assessment framework is intended to help identify risks in the Training/Education and Assessment body ecosystem and reduce the audit burden. It is designed to reward Training/ Education Institutions and Assessment Bodies that are committed to providing high quality services through fewer audits.

Risk management implies proactively identifying, analyzing, planning, tracking and controlling risks. It also includes learning from risks so as to reduce the probability and the impact associated with the risks.

Risk is a possibility of loss; it could be either due to an undesirable outcome or because of a missed opportunity.

Risk has two key characteristics: Probability of occurrence (the likelihood of happening of a risk) and Impact (if the risk becomes a reality, the size of loss)

The Risk assessment framework will assist the National Qualifications Authority (NQA) /competent body to:

- monitor or audit a Training/ Education Institution or Assessment Body to ensure its operations meet the requirements of the NQAF
- assess and respond to the risk of non-compliance by existing/ new applicants(/Training/ Education Institutions or Assessment Bodies) against the NQAF

Who can make use of the risk assessment framework?

- *NQA(National Qualifications Authority)/ Competent body* to determine when audits should occur
- *Auditors* to determine a Training Education Institution/ assessment bodies risk profile
- *Training /Education Institutions and Assessment Bodies* to identify the potential for risk and do advance risk planning

This risk assessment framework outlines processes that can be used to evaluate accreditation applications, including:

- applications for initial accreditation,
- applications for continuing accreditation (reapplication at the same level)
- higher-level accreditation and
- applications for extensions to scope of accreditation

This framework supports an approach where organizations(Training/ Education Institution or Assessment Body) assessed as either having a lower risk of non-compliance, or are recognized as delivering high-quality training, will receive less monitoring by the NQA/Competent body.

Organizations assessed as having a higher risk of not meeting the quality criteria specified by NQAF will receive more monitoring and attention through audit, with the aim of improving their quality outcomes.

Training/ Education Institution or Assessment Bodies are *recommended* to use the manual's risk management approach to identify potential risks and develop strategies to prevent risks from materializing or reduce impact in cases where risks have occurred.

Objectives

The Risk Assessment Framework objective is to support and ensure high levels of compliance to NQAF amongst Training/Education Institutions and Assessment Bodies so that:

- government funds are used appropriately
- providers are acting within the intent of the Skill India Legislation
- rigour in the training/education/assessment system in India is strengthened

Operating Principles

The following principles underpin the risk management processes applied under the NSQF.

Principle 1 - Effectiveness

- The NQA/Competent body will implement the risk assessment framework and ensure that applicants are appropriately risk managed.
- The Risk assessment of an applicant will impact Accreditation & Funding decisions.
- If an applicant is assessed as NQAF non compliant or high risk to be able to meet the quality requirements laid down by NQAF, the fund flow decision maybe reconsidered
- Risk management will be continuously improved

Principle 2 - Relevance

- NQA/Competent body will use relevant and current data to develop and review risk ratings and subsequent actions.
- Risk management processes will be designed to be relevant to onground issues and updated regularly

Principle 3 - Transparency

- Risk management processes will be documented and published. Each Training/ Education Institution or Assessment Body will know its risk rating.
- NQA/Competent body will respond to requests from applicants/Training/ Education Institutions or Assessment Bodies for information about their risk rating or about the process for appealing decisions about a rating.

Risk Assessment Management

The risk assessment process outlined in this framework is based on ISO 31000:2009, which defines risk as ‘the effect of uncertainty on objectives’. For the

NQAF, risk relates to the potential impact on the delivery of quality training and assessment services.

The risk assessment process can be triggered by any of the following:

- application for initial accreditation
- progress reports on the Quality Improvement Plan(QIP)
- application for renewal of accreditation
- application for extension to scope of accreditation
- reporting of any changes in the Training/ Education Institution or Assessment Body's operations or performance that may impact the risk assessment process

Effective management of risk in the NQAF context involves four key steps:

- I. **Identification:** Assessment of applications, QIP, regular reports, audit and monitoring of new/existing applicants are sources of information which help identify risks.
- II. **Risk assessment:** Determination of a risk rating for an applicant involves the consideration of the potential impact if quality training and assessment services and outcomes are not delivered. The risk assessment also considers the likelihood of the risk occurring.
- III. **Response:** The risk rating is used to decide the scheduling and scope of audits and other monitoring mechanisms and interventions.
- IV. **Ongoing review:** Monitoring of QIP implementation, regular reports, complaints and other information are sources of risk information. The NQA/Competent body will review any new information that may change the outcome of a risk assessment.

Risk Indicators

Key risk indicators (KRIs) are an important tool within risk management and are used to strengthen the monitoring and mitigation of risks and facilitate risk reporting.

In the NQAF context, KRIs are predictors of unfavourable events that can adversely impact the quality of training and assessment. They help to monitor risks and contribute to early warning signs that will enable auditors to report risks and mitigate them in time.

Based on the requirements of the NQAF, this risk assessment framework has four groups of Risk Categories with Risk Indicators for evaluating risk:

Performance, Financial management, Governance, Teaching & Learning resources

Overview of Key Risk Indicators and the points at which they are to be applied

during Audits

Indicator	Applied at Audit Levels	
	Initial	Continuing
<i>Performance</i>		
History of audit compliance	✘	✓
Data from quality indicators	✘	✓
History of Complaints & Appeals	✘	✓
<i>Financial</i>		
Accounting Practices	✓	✓
Financial viability of operations	✘	✓
<i>Governance</i>		
Ethical behaviour	✓	✓
Stability of ownership/management structure	✓	✓
<i>Facilities & Resources</i>		
Facilities Management (TPs)	✓	✘
Availability of resources & consumables	✓	✓
Workplace orientation	✓	✓
Trainer /Assessor Quality & CPD	✓	✓

Details of Risk Categories and Key Risk Indicators

The risk indicators with explanations are listed below.

A. Performance Indicators

Performance risk indicators contribute to the risk rating for a Training/ Education Institution or Assessment Body at *continuing accreditation*.

Performance risk indicators focus on the performance of each Training/ Education Institution or Assessment Body in delivering quality skills outcomes.

The performance risk categories are:

- history of audit compliance
- data from quality indicators
- history of complaints

These three risk categories have a number of sub-categories associated with them.

A1. History of audit compliance, the sub-indicators:

- a. The applicant (Training/ Education Institutions or Assessment Body) meets the accreditation standards for entry in the NQAF
- b. The time it takes for an applicant to correct areas of non-compliance identified in audits
- c. Presence of updated data on the organisations websites / or in public spaces in the training/education/assessment centre
- d. Timely submission of reports

A2. Data from quality, the sub-categories:

- a. The completion rates, placement rates and dropout rates of the Training/ Education Institutions
- b. For Assessment Bodies, the average time between being notified by the Training /Education Institution and of students completing training and being assessed
- c. Student and employer surveys undertaken by TI/ABs
- d. Student and employer surveys undertaken
- e. Student & employer satisfaction with the skills developed through training/education or identified through assessment

A3. History of complaints, sub-indicators:

- a. Student or other stakeholder complaints that have been verified and upheld

B. Financial Risk Indicators

Financial risk indicators contribute to the risk rating for an applicant at *initial accreditation* and *renewal of accreditation or higher accreditation rating*.

Financial risk indicators focus on the financial viability of an applicant and the potential impact on the delivery of quality training and assessment services.

C. Governance Risk Indicators

Governance risk indicators contribute to the risk rating for an applicant at *initial* and *throughout the accreditation period*.

Governance risk indicators focus on ensuring that an applicant has sufficient governance structures in place to deliver quality training and assessment services and outcomes.

The governance categories are:

- quality of business planning
- transparency of ownership and management structure
- skills and experience of senior officers and directors

D. Facilities & Resources Risk Indicators

These risk indicators contribute to the risk rating for an applicant at *initial* and *throughout the accreditation period*.

These risk indicators focus on the facilities in the institutions, supporting services, Quality of trainers/assessors, learning resources and measures taken for ensuring effectiveness of learning and assessment.

Some of these risk indicators maybe confined to only TPs and a few to only ABs.

Risk categories and indicators - Points at which they apply

- **For initial accreditation**, the main factors considered in determining the level of risk and appropriate responses include *Financial management, Governance* arrangements, Facilities & resources.
- **For continuing accreditation, higher accreditation or change of scope**, factors considered in determining the level of risk and appropriate responses include *financial management, governance arrangements, Facilities & resources* and *past performance*.

The NQA/Competent body will continually monitor and review the effective use of risk indicators and recommend necessary amendments to the risk assessment framework as required.

Risk Data Collection

Analysis of risk data is used to improve risk-assessment and risk-management processes. The NQA/Competent body will collect data regularly from Training/Education Institutions or Assessment Bodies, especially higher-risk Training/Education Institutions or Assessment Bodies, to ensure that information held is current and risk reduction is occurring.

The Risk data is collected during the accreditation application process through Self evaluation data and also during site audits.

The Risk data is updated at the following instances during audits:

- when an audited organization submits progress reports on their QIP
- applies for renewal of accreditation or
- change to / extension of scope

Additional information relevant to risk assessment may be asked for by the NQA/Competent body any time as required.

Audit Response basis Risk Analysis

The response and approach to audits will vary depending on the category of risk that has been identified through the risk rating.

The type, frequency and scope of audits is determined by the Overall Risk Rating, derived from the assessment of key Risk Indicators. However, for initial accreditation applicants, a site audit is mandatory. Their risk rating will be determined post site audit.

For example, if the risk of financial collapse is perceived to be higher than poor performance, then the focus of audits may be on financial results and financial position, rather than the operations of the Training/ Education Institution or Assessment Body.

Audits by NQA/Competent body may be:

- **Site audits**, conducted at the locations where training / assessment are delivered
- **Desk audits**, where an applicant submits documents or information for assessment by the NQA/Competent body as evidence of compliance with the NQAF.

Initial accreditation

At initial accreditation, the overall risk rating of an applicant cannot be determined until the information in support of the application is submitted to the NQA/Competent body and a site audit is conducted

Applications for initial accreditation are the first source of risk information on applicants. On initial accreditation the audits should be comprehensive and focus on assessing compliance with all elements of the NQAF.

Information gathered during the initial accreditation audit will determine a Training/ Education Institution or Assessment Body's initial risk rating.

On initial accreditation:

- a comprehensive Desk audit will be performed, focussing on:
 - Governance risk indicators;
 - Financial risk indicators; and
 - Facilities & resources

A site audit will be performed to examine an applicant's preparedness to commence operations.

Renewal of accreditation and ongoing monitoring

On renewal of accreditation, accreditation at a higher level or change to scope of accreditation, or for the purpose of monitoring Training/ Education Institution or Assessment Body performance, the nature of the audit is based on the overall risk rating.

For example, if an organisation has a *high risk* rating at renewal of accreditation the organisation will go through a comprehensive site audit. While an organisation with a *low risk rating* just may go through a desk audit.

In such cases, the scope of the audit should be based on:

- elements of the accreditation that are changing
- higher risk indicators – the assessment of performance, financial and governance risk indicators may impact the scope of any audit activity. Where such indicators are assessed at a risk level of medium or above, they should be reflected in the scope of an audit.

This table shows a summary of different accreditation requests and corresponding audit responses based on the risk ratings

Accreditation Request	Risk Rating		
	High	Medium	Low
<i>Renewal of accreditation</i>	Extensive intervention by the NQA/Competent body / Comprehensive site audit	Site audit or Desk audit focussed on high risk indicators	Site audit or compliance assessment
<i>Change to scope</i>	Extensive intervention by the NQA/Competent body / Comprehensive site audit focussed on significant changes	Desk audit focussing on significant changes or self assessment	Desk audit focussing on significant changes or self evaluation
<i>Ongoing monitoring</i>	De-register or show cause/ Site audit focussed on high risk indicators	Site audit or Desk audit focussed on high risk indicators	Self assessment of compliance

Frequency and scheduling of audits

The frequency and scheduling of audits will vary depending on the overall risk rating and the period since the Training/ Education Institution or Assessment Body was last audited.

At a minimum, an audit of some nature should be conducted:

- on initial registration (*Site audit*)
- post accreditation – within one year of initial accreditation or commencement of training delivery A Desk audit is recommended after 3 years.

- on renewal of accreditation or extension to scope of accreditation
- at intervals determined by NQA/ competent body and based on the Training/ Education Institution or Assessment Body's risk rating.

Training/ Education Institutions or Assessment Bodies rated high or medium risk may receive additional audits or monitoring:

- For high risk Training/ Education Institutions or Assessment Bodies additional audits will be scheduled and may focus on monitoring those indicators which present a higher risk
- For medium risk Training/ Education Institutions or Assessment Bodies, additional audits may be scheduled to monitor higher risk indicators

Other situations in which audits may be conducted include:

- Complaints against a Training/ Education Institution or Assessment Body –will inform what kind of intervention and/ or audit (total organisational audit, audit of training or assessment services in one qualification area, etc.) will be required.
- Change to the management or operation of a Training/ Education Institution or Assessment Body – Advice by a Training/ Education Institution or Assessment Body regarding a significant change in the ownership, management or operation of a Training/ Education Institution or Assessment Body may trigger an audit. NQA/The competent body will decide how the change is to be considered and this may include an audit.

4. Risk Assessment Process

Point of Initiation

The risk assessment process is initiated when an audit application is received.

Basis this the NQA/Competent body will:

- determine the scheduling of audits;
- the scope of audits; and
- QIP progress reports

Determining Risk Rating of an Applicant

An applicant's risk rating is determined by an auditor by evaluating information specified by the *risk indicators* using the *risk assessment* tool and assessing the criticality or level of risk if quality skill outcomes are not achieved

Risk Assessment Tool

There is a Rating matrix which an auditor can use to determine the risk rating of a Training/ Education Institution or Assessment Body.

This tool is used to identify the current position of the organisation in relation to their ability to offer quality training and assessment services. The matrix will help compute the overall level of risk in an organization

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Once the risk-rating is determined then an appropriate response is decided by the NQA/Competent body for scheduling audits.

Risk Analysis Process

Risk Analysis in the context of NQAF Risk Assessment Framework involves determining the level of the identified risks, computing the value of the risk, and assigning a risk rating to the organization.

The questions that need to be answered while analyzing risks are:

- What are the areas of risk
- Intensity of risk
- Cause of risk occurrence
- What kind of intervention is required

Risk Assessment Tool

This tool is used to assess the risk of quality skills outcomes not being achieved by an organization.

The different Risk categories and subcategories are listed in the **first** column in the Table. Corresponding risk indicators are described against each risk category in the table. The risk indicators are an indicator of the likelihood that quality skills outcomes will not be achieved.

The indicators specify situations which will help the auditors identify not only the risks but the extent of risk prevailing in the system. The risk indicators have *level descriptors* to help the auditors identify the criticality of risk as- Low, Medium or High.

Basis assessment of the situation in the Training or Assessment organization, this tool will help the auditor calibrate the risks and ultimately compute an Overall Risk Rating for the organization.

To facilitate the computation of the Over All Risk Rating, each level of risk has been given a numeric value

- Low Level: 1
- Medium Level: 2
- High Level: 3

The auditor can assign values to each risk in the Tool and then average out the values to gain the Risk value for each Risk Category. These risk categories can then be totalled and an average rating obtained for the organization.

Scale details for Overall Risk Rating of an Organization:

- Reading between 1- 1.5 indicate a LOW Risk Rating
- Reading between 1.6- 2.5 indicate a MEDIUM Risk Rating
- Reading between 2.5 and above indicate a HIGH Risk Rating

Risk Rating tool

RISK CATEGORIES		Risk Indicators: Level Descriptors		
		Low level	Medium level	High level
PERFORMANCE				
1	Time to correct areas of improvement identified in audits	Areas of improvement identified in audits were corrected as per the agreed schedule or with minor deviations of upto 10% from the schedule	Areas of improvement identified in audits are planned with 50% actioned on.	No action has been taken or is planned
2	The recency of data on the organisations websites	Data on the organisations website is up to date with correct data from the last completed course on student employment outcomes, student progression into higher qualifications, employer satisfaction levels, drop out rates	Data on the organisations website is incomplete and/or is out of date data Data has not been updated since last 3 months after passing out of the last two batches	Data on the organisations website is out of date or does not exist/ is misleading
3	Timely submission of reports	QIP progress reports are submitted on time and show demonstrable evidence of the implementation of improvements	QIP progress reports are submitted on time and show moderate evidence of the implementation of improvements	QIP progress reports are not submitted/ or delayed. Submitted reports show very little evidence of the implementation of improvements
Quality indicators				
4	Completion rates	The number of students graduating is between ZY% and ZY% of students enrolling	The number of students graduating is between ZY% and ZY% of students enrolling	The number of students graduating is between ZY% and ZY% of students enrolling

5	Placement rates	The number of students gaining employment is between ZY% and ZY% of students enrolling	The number of students gaining employment is between ZY% and ZY% of students enrolling	The number of students gaining employment is between ZY% and ZY% of students enrolling
6	For Assessment Bodies, the average time between students completing training/education and being assessed	Within one month	Within six weeks	More than two months
7	Independently administered student and employer surveys	Employer and student surveys undertaken over the long-term at prescheduled intervals : once every quarter (4 months) with high response rates Regular Meetings with Industry representatives/ organizations where trainees have been placed held (Once in two months)	Employer and student surveys undertaken once within 6 months of training/assessment completion with mixed response rates Meetings with Industry representatives/ organizations where trainees have been placed held (Once in 4 months)	No structured survey undertaken /Undertaken within a month of training & assessment with very few responses, Frequency of surveys low- Once a year Frequency of meetings with industry low or not held at all
8	Employer and student satisfaction	General satisfaction with the training provided as it has given them the skills to gain employment Regular Meetings with Industry representatives/ organizations where trainees have been placed held (Once in two months)	Employers do not find the skills relevant for the workplace but students attitudes are suitable for the work environment Meetings with Industry representatives/ organizations where trainees have been placed held (Once in five months)	Employers do not find the skills or attitude of the students relevant/ Students find the training has not helped them to gain employment nor to be able to move into a higher level qualification. Industry meetings rarely or not held
Complaints & Appeals				

9	Student or other stakeholder complaints that have been verified and up held	Occasional minor complaints received and documented Resolutions quickly enacted through the organisations internal complaints and appeals process-within 3 weeks	Few complaints received. All not resolved. The resolution time taken is more than a month	Major complaint/s received by the Competent body
10	Appeals (only for ABs)	No or minimal number of formal appeals registered against the published assessment result. Such appeals thoroughly reviewed in line with the appeals process and decisions taken to uphold or reject in line with the transparent criteria and consistently applied	Number of formal appeals registered against the published assessment result, as a proportion of assessments, is high in comparison with other A/Bodies. Outcomes of appeals process often lacking in evidence supporting the final decision and some examples found of inconsistency in how the process is applied.	High frequency of formal appeals registered against the published assessment result. Complaints registered about the manner in which the appeals process has been followed and the lack of evidence in supporting the final decision and widespread inconsistency in how the appeals process is followed.
11	Incidents of Malpractice	No incidents of Malpractice reported. Any complaints on this were investigated as specified in the Malpractice process and found to be not valid	Incidents of Malpractice reported, are investigated within timelines stipulated in the Malpractice process. Necessary action taken if found valid	Multiple instances of Malpractice reported; Delay in investigation observed. No demonstrated evidence of necessary action taken for valid malpractice instances
	Governance			
1	Transparency of ownership and management structure	Stability of ownership/management structure is stable with any changes being planned and managed	Stability of ownership/management structure has experienced some sudden or unexpected changes	Ownership/management changed several times resulting in operational problems/ Senior

				management on leave and not replaced
2	Prior experience of directors and management	Directors and managers have extensive experience working in management in a TVET environment	Directors and managers have experience working in a TVET environment in management	Directors and managers are new to the TVET environment
	Financial viability			
1	Continuing viability of operations	Clearly demonstrates continuing viability of operations including financial viability for the period of accreditation through availability of Business plan with financial projections/cash flow forecast/well maintained financial records indicating turn over of last year, where applicable.	Demonstrates viability to some extent through availability of a businessplan but cash flow projections and resources required to continue the operations are not clearly laid out/ or the business plan does not clearly project operational viability for the period of accreditation. Financial records for last year turnover available	Demonstrates lack of business planning - Business plan is not available / incorrect. Cash flow projections unavailable and no plans for resource management. Financial records for last year operations not maintained (where applicable)
2	Accounting practises	All financial decisions are documented Has cashflow forecasts and accrual accounting processes to ensure equipment can be updated and staff obligations maintained Able to provide an audited accounts statement signed off by an independent financial auditor	Clearly identified processes in place for financial decision making but decisions not documented Has signed contracts for ongoing provision of training Able to provide financial records from independent accountant	There are no records related to financial decision making available Does not have any guaranteed sources of income Able to provide internal financial records such as a balance sheet

Facilities & Resources				
1	Facilities Management (TPs)	Facilities are structurally sound, legally built and well maintained and as per the requirements of the competent authority Has clear safety processes in place with basic first aid kit with sterile bandages, Pain killers, Disinfectants & thermometer etc	Facilities are structurally sound, legally built and nominally maintained. Meets atleast 70% requirements of the competent authority. Further, non compliance is not under a critical head that can endanger lives. Has basic safety processes in place though a first aid kit is not organized - a few random objects maybe available.	Less than 50% of requirements of the competent authority are being met with non compliance that may fall under a critical head that can endanger lives. Basic safety process in not in place with a first aid kit.
2	Availability of resources	Has all physical resources needed to deliver training/ assessment in line with specifications of the competent body. All equipment is in working order and in adequate numbers. There is a maintenance plan/process for equipment maintenance with monitoring records	Has all key physical resources as required in line with specifications of the competent body. Most of the equipment is in working order (atleast 80%) Maintenance plan may not be available but evidence of maintenence done is available (service records etc)	Key resources listed by the competent body not available / in short supply Most equipment not well maintained or out of order Manintenance plan or maintenance records are not available
3	Learning resources & course consumables (for TPs)	Sufficient learning resources & course consumables are available for students to practise adequately as stipulated in the syllabus or by Competent body	Learning resources are available but there is a shortfall - shows a deviation of not more than 30% from the required numbers Course consumables mostly available with some shortfall (80%	Learning resources are in short supply. Course consumables not available. Major impact on student learning and practise (Also refer to student /

			availability is assured) Minor impact on Student learning and practise is expected	employer survey /feedback & complaints to assess this)
4	Workplace orientation (for TPs)	Has a robust plan in place to help learners develop skills for fitment at the workplace/industry Demonstrates inclusion of a strong module on Industry orientation /workplace readiness with learning material, activities and student notes. OJT records are available	Has a plan in place to help learners develop skills for fitment at the workplace/industry A module on Industry orientation /workplace readiness exists without any learner material. Formal assessment of the module is not practiced. OJT records are not available	Does not have a structured plan/ No plan in place for workplace orientation No ready material available Even if the module is being taught, it is left to the discretion of the faculty to teach what they want. OJT records are not available

The following table sets out possible responses by NQA/ competent body based on the overall risk rating.

Specific actions are discussed under ‘Response’ below.

Rating	Possible responses
High	Intolerable risk. Immediate action required Applicant / Training/ Education Institution or Assessment Body to be audited and monitored. Other mitigation strategies may also be applied (conditions placed on the Training/ Education Institution or Assessment Body’s

	<p>accreditation, such as down grading the accreditation level, reducing access to government funding etc) as deemed appropriate by NQA/Competent body.</p> <p>In extreme cases, immediate withdrawal of accreditation status maybe considered</p>
Medium	<p>Risk mitigation through a program of audit and/or monitoring activity, identify quality improvement strategies, professional development activities and other to facilitate the improvement of training/education/assessment services.</p>
Low	<p>Tolerable risk. No specific audit activity required and may include a no audit option.</p>