Awarding body monitoring report

Glass Qualifications Authority (GQA)

March 2008

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Introduction

Regulating external qualifications

Responsibility for regulating external qualifications lies jointly with three regulators:

- the Qualifications and Curriculum Authority (QCA)[1]

- the Department for Children, Education, Lifelong Learning and Skills (DCELLS), the regulator for Wales

- the Council for the Curriculum, Examinations and Assessment (CCEA), the regulator for Northern Ireland.

Following the accreditation of a qualification, the regulators systematically monitor awarding organisations against the requirements set out in the statutory regulations. The aim of this activity is to promote continuing improvement and public confidence in the quality of external qualifications.

Where an awarding organisation is found not to comply with relevant criteria, the regulators set conditions of accreditation. Even if an awarding organisation is compliant, the monitoring team may make observations on ways that the awarding organisation could change its systems and procedures to improve clarity or reduce bureaucracy.

Accreditation conditions and observations arising from this monitoring activity are specified at the end of each section of this report. Awarding organisations are required to produce an action plan to show how they will deal with accreditation conditions imposed as a result of a monitoring activity. The regulators will agree the action plan and monitor its implementation.

The regulators will use the outcomes of monitoring and any subsequent action taken by awarding organisations to inform decisions on the re-accreditation of qualifications, or if necessary, the withdrawal of accreditation.

Banked documents

As part of its awarding organisation recognition processes, the regulators require awarding organisations to submit certain documents to QCA for the purposes of 'banking' them centrally. Information from banked documents will be used to inform monitoring activities and may also affect the awarding organisation's risk rating.

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[1] This report was written before The Office of Qualifications Examinations and Regulation (Ofqual) was created.

A suite of documents has been identified as suitable for banking and are those that are considered to be the most crucial in supporting an awarding organisation's ability to operate effectively. To maintain the currency of the banked documents, awarding organisations are responsible for updating them as and when changes occur. They are also reminded to review them at least annually as part of the annual self-assessment return.

About this report

This report is the outcome of a monitoring activity on the Glass Qualifications Authority (GQA) awarding organisation and was carried out by QCA on behalf of the regulators in March 2008. It draws together the regulator's findings on areas of:

- corporate governance

- resources and expertise

- quality assurance and control of internal assessment

- registration and certification

- banked documents.

This is the second post-accreditation monitoring activity on GQA's activities. An awarding body recognition update (ABRU) was completed in 2005 that had no accreditation conditions.

The monitoring activities included desk research of information already held by the regulators, the ABRU submission and scrutiny of the GQA website. The monitoring team visited GQA's head office to conduct interviews with staff and review documentation. They also visited centres and observed an external verifier training day to check how the awarding organisation's quality assurance systems worked in practice.

About GQA

GQA provides access to a range of national vocational qualifications (NVQs) in glass and glass-related operations, and learning and development. For more information on GQA and the qualifications it offers, visit the GQA website at www.glassqualificationsauthority.com.

Corporate governance

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland* (QCA/04/1293), paragraphs 5, 6 and 7.

Findings

1. GQA is an independent company limited by guarantee, which provides qualifications in the glass, and glass-related sectors.

2. The awarding organisation's corporate governance arrangements have not changed since the ABRU was completed in 2005. There are clear lines of reporting and accountability. The chief executive is responsible for all awarding organisation activities, and reports to the Quality Audit Committee (QAC) and the board. The board is responsible for developing the strategic plan, which is reviewed annually. The QAC has a range of responsibilities. These include reviewing internal and external audit reports, monitoring appeals and completing the risk assessment register. The outcomes are reported to the board. Membership of the QAC includes an independent observer and the chair is the external auditor. This is good practice.

3. GQA has achieved ISO 9001.200 status. The *Operations manual* is part of the ISO procedures, but discrete awarding organisation activities such as the approval of centres are not individualised. Changes to existing awarding organisation policies and procedures or ISO procedures are made by the chief executive and/or technical officer, and agreed by the QAC.

4. The staff team is small, but there are arrangements in place to support the day-to-day operations in case of staff absence. These include for example written procedures for registration and certification requests. Job descriptions were provided, which describe the roles and responsibilities for each staff member. The awarding organisation has regular staff meetings to discuss the risk assessment register compiled by the QAC and the strategic objectives of the organisation. Any required actions are implemented through these meetings.

5. The monitoring team reviewed the banked documents and recommended that changes were made to some of the policies.

6. The monitoring team were given full access to awarding organisation documentation, including the operations plan, minutes of meetings and reports.

Accreditation conditions

There are no accreditation conditions for this section.

Observations

1. GQA is reminded to provide the regulators with the revised policies for banking.

Resources and expertise

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland* (QCA/04/1293), paragraphs 8 and 10, and the *NVQ code of practice* (QCA/06/2888), paragraphs 4, 5, 19 and 71.

Findings

1. GQA has three administrative staff to support the delivery of its accredited qualifications. The awarding organisation uses a system of work shadowing so that all staff understand each other's job role. This is good practice and enabled the awarding organisation to meet its targets during a period of significant staff illness. However, the monitoring team considers that staff resources should be kept under review.

2. There is a staff appraisal process, which is linked to the objectives of the strategic plan. It includes an annual review of performance and identification of training needs.

3. There are suitable arrangements for recruiting and training external verifiers. GQA has recently appointed two external verifiers. Vacancies are advertised in the GQA newsletter and the awarding organisation keeps details of potential candidates who are recommended or contact them directly. Potential external verifiers submit their curriculum vitae (CV), and if suitable, are invited to an induction day with the lead external verifier. Applicants must meet the expertise and competence requirements of the awarding organisation, and the relevant assessment strategy. For example, GQA requires all external verifiers to be qualified assessors. Successful applicants are issued with a provisional external verifier's licence.

4. Unqualified external verifiers must work towards V2 and can only complete centre visits if accompanied by a qualified external verifier. The training of external verifiers includes shadow visits with an experienced external verifier followed by a number of visits where they are observed. All decisions by the unqualified external verifier are authorised by the observer. A full licence is only issued if the awarding organisation is satisfied that the external verifier is competent and has achieved V2. Licences are renewed annually subject to satisfactory performance through the year.

5. The external verifier files held by GQA include for example copies of CVs, certificates and evidence of continuing professional development (CPD). The CPD record is also an agenda item at external verifier meetings, which are held three to four times per year. Although the awarding organisation addresses standardisation issues through these meetings, candidate evidence is not always included. A member of the monitoring team confirmed that the

6.   The regulators require awarding organisations to provide external verifiers with a code of practice, which is confirmed in writing. While GQA does not issue a standard code of practice, some of the regulatory requirements are explicit in the external verifier's job profile, the signed contract and its terms and conditions. However, these documents do not refer to appeals against external verifier decisions. GQA will need to revise the existing documentation to incorporate this additional requirement or develop a separate code of practice to meet the regulatory criteria.

Accreditation conditions

1.   GQA must review and amend its existing documentation detailing the requirements for external verifiers so that it includes details of the appeals procedure if a centre appeals against an external verifier's decision. External verifiers must sign that they will comply with these requirements *(NVQ code of practice (*QCA/06/2888) paragraph 4).

Observations

2.   GQA should keep staffing resources under review.

3.   GQA should provide external verifiers with opportunities to standardise candidate evidence against the national standards either prior to or during two of the external verifier meetings.

Quality assurance and control of internal assessment

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland* (QCA/04/1293), paragraphs 13, 36, 38–42, 56–57 and 59–62, and the *NVQ code of practice (*QCA/06/2888), paragraphs 18, 40–70 and 72.

Findings

1. The monitoring team looked at the quality assurance and control systems in place to support the assessment and verification of NVQs.

2. GQA provides award-specific guidance to centres and candidates in the form of a centre approval guide and handbook for each qualification. Details of the responsibilities of assessors and internal verifiers and the awarding organisation's requirements on maintaining records are included within this documentation. All centres visited confirmed that they had received this information.

3. The nature and type of acceptable evidence is included in the relevant assessment strategy. For NVQs, most of the evidence is collected via observation, expert witness testimony and questioning or professional discussion. Simulation is permitted in the circumstances stated in the evidence requirements. Any request to use simulation for additional activities must be agreed with the awarding organisation prior to assessment.

4. Centres are given clear information on the timelines for keeping assessment records in the *Guide to centre approval*. The documentation also includes brief information on policies and procedures, such as reasonable adjustments and appeals. However, the monitoring team noted that most of the information relates to the *NVQ code of practice*, 2001. The awarding organisation recognises that this is an issue and will be updating the guide to meet the requirements of the *NVQ code of practice*, 2006.

5. GQA uses a system of licensing centre assessors. All new assessors regardless of their qualification status are given provisional licences. The external verifier will observe their assessment practice to confirm that the A1 standards are being met. Assessors are issued with a licence, which is renewed annually if their performance is satisfactory. This is good practice.

6. Candidates and assessors are required to provide a written declaration that the evidence is authentic and that assessments are carried out in accordance with the assessment specification. Evidence from centre visits show that not all centres are complying with this requirement as the candidate declaration was missing from the portfolios reviewed.

7. The awarding organisation requires centre personnel to inform them of any staff changes, such as the internal verifier leaving. This requirement is stated in the documentation and is checked by the external verifier.

8. Internal verifiers are provided with the *Joint awarding bodies' (JAB) guidance* for internal verification. Centres are given exemplar forms, but can use their own forms if they meet the awarding organisation's requirements. The monitoring team noted that at two centres there was limited evidence of a documented internal verification policy or the use of forms to record internal verification activities. The only evidence of internal verification was in the candidate portfolios, which they kept on completion of the qualification. In addition, internal verification was end-loaded with no formal observation of assessor performance. GQA will need to reinforce the importance of auditable internal verification records so that it is clear who verified what units and the actual date of verification.

9. GQA uses external verification as part of its quality assurance strategy. The awarding organisation explained its rationale for the risk management of centres, which includes additional visits for multi-site centres or centres where the assessor or internal verifier works elsewhere as an external verifier. The monitoring team have confidence in the arrangements, but they need to be written down.

10. The awarding organisation is small and manages the deployment of external verifiers so that conflicts of interests are avoided. Single-site centres are visited twice a year. Multi-site centres are considered high risk and may have four or more visits per year.

11. External verifiers are given the *GQA guide to external verification activities* to assist them in their role. This document includes detailed information on sampling and the circumstance when additional samples need to be taken. However, it does not include any reference to checking that the assessments of unqualified assessors are authorised. The awarding organisation confirmed that a GQA-licensed assessor authorises the assessment decisions and this is checked by the external verifier. The external verifier guidance will need to be updated to reflect this requirement.

12. External verifiers can request a list of registered candidates or access the GQA database before visiting the centre. The guidance for external verifiers confirms that samples should be identified prior to the visit. All centres visited confirmed that the external verifier had contacted them prior to the visit and requested that all portfolios were made available, but no specific sample was identified. This approach may be an issue for large centres with multi-sites if the names of candidates to be sampled are not identified. The monitoring team noted that one centre did not register candidates until the external verifier's visit. This is

not good practice as candidates will have to wait 10 weeks before the awarding organisation can award the certificates and any issues affecting assessment will also delay the process.

13. There are suitable arrangements in place if centres cancel a pre-arranged visit and this is confirmed in the *Guide to centre approval*.

14. GQA has a unique approach to the completion of external verification reports. Centres are sent the *External monitoring report* form and are expected to complete part B, which looks at the approved centre criteria. At the visit, the external verifier checks part B, completes the report and provides centres with feedback. The monitoring team has some concerns about this approach as centres may not fully understand the approved centre criteria or the external verifier may accept the centre's comments without looking at the evidence. This concern was reinforced by evidence from centre visits where the external verifier did not identify that a centre was not meeting all of the approved centre criteria.

15. External verifiers are required to confirm that centres meet the approved centre criteria and recommend sanctions if applicable. It was noted that to date no sanctions have been imposed on centres. External verifiers have guidance on the tariff of sanctions and this has been included during training days. The monitoring team discussed with GQA the internal verification and registration issues identified during the centre visits. The chief executive confirmed that a new external verifier had been appointed to this centre and had already identified some of these issues.

16. The report requires external verifiers to check that assessors and internal verifiers have achieved or are working towards A1 or V1 and their licence status. While the awarding organisation confirmed that external verifiers check that the assessment decisions of unqualified staff are authorised, this is not recorded on the external verification report. If the report included a section on the countersigning of assessment decisions, it would ensure that this requirement is checked.

17. The office manager and systems controller check the external verifier reports for any GQA actions to be dealt with. They are passed to the technical officer/lead external verifier for review. This review includes checking the accuracy of reports and that actions are carried forward if they have not been completed. However, there is no system to track the action points, which informs the awarding organisation if action points have been carried forward more than once. The technical officer stated that GQA is developing an electronic system that will record all action points and enable this check to be made. This is important as the awarding organisation can track each centre's compliance with

the approved centre criteria and impose sanctions if applicable. It may also inform its risk rating strategy for centres.

18. A 10 per cent sample of the external verifier reports is passed to the external auditor for comment. This is good practice.

19. GQA has arrangements in place to monitor external verifier performance, which includes annual shadow visits. There was evidence of shadow visits taking place in 2006 and 2007, but these were not fully recorded. GQA recognises that this as an issue and intends to formalise the programme in 2008. The awarding organisation will need to document its arrangements for monitoring the external verifiers, detailing the rationale for the frequency of shadow visits. It may assist the awarding organisation to use a matrix to plan and record the observation of external verifier performance.

Accreditation conditions

2. GQA must ensure that candidates and assessors provide a written declaration that the evidence is their own work and meets the requirements of the assessment specification (*The statutory regulation of external qualifications in England, Wales and Northern Ireland* (QCA/04/1293), paragraph 60g, and *NVQ code of practice (*QCA/06/2888), paragraph 43).

3. GQA must ensure that centres have written internal verification policies and procedures, which show that assessment practice is observed and that assessment decisions are regularly sampled (*NVQ code of practice (*QCA/06/2888), paragraphs 48 and 49).

4. GQA must ensure that external verifiers confirm that centres are meeting the approved centre criteria with particular emphasis on internal verification requirements, and recommend sanctions if applicable (*NVQ code of practice (*QCA/06/2888), paragraph 57).

5. GQA must reinforce through its training that external verifiers must confirm that assessments are regularly sampled (*NVQ code of practice (*QCA/06/2888), paragraph 60).

6. GQA must document its arrangements for monitoring and observing the performance of external verifiers so that inconsistencies in performance are identified (*NVQ code of practice (*QCA/06/2888), paragraph 72).

Observations

4. GQA should strengthen the internal verification guidance to include increased sampling of unqualified assessors and reinforce the importance of auditable internal verification records in centre documentation.

5.   GQA must document its risk management strategy for monitoring approved centres.

6.   GQA should review the external verifier guidance so that it includes information about checking that the assessment decisions of unqualified assessors/internal verifiers are authorised. The guidance should also reinforce the named selection of candidate samples so that external verifiers are consistent in their approach to sampling.

7.   GQA should review its requirement that centres complete part B of the *External monitoring report* form so that the awarding organisation is confident that external verifiers have checked all of the approved centre criteria.

8.   GQA should include a section in the external verification report, which enables external verifiers to confirm that the decisions of unqualified assessors and internal verifiers are authorised.

9.   GQA should implement its proposed system for tracking the completion of action points within specified timescales and impose sanctions if applicable.

Registration and certification

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland* (QCA/04/1293), paragraphs 11–12 and 21–22, and the *NVQ code of practice (*QCA/06/2888), paragraphs 1, 6–18 and 20–30.

Findings

1. There are suitable procedures in place for approving centres. Potential centres are sent the *Guide to centre approval* and complete a *Centre recognition application* form*.* The guide provides information on the requirements of approved centres, but does not include guidance on the administration of registration and certification. The monitoring team considers that centres should have this information prior to approval. The guide includes the centre approval criteria as stated in the *NVQ code of practice*, 2001. GQA uses the external verifier approval visit form to ensure that all new centres meet the revised centre approval criteria.

2. All centres are visited prior to approval. The external verifier returns the application to GQA for approval. If approved, centres' they receive an approval certificate and a list of qualifications that they can offer. Centre information is entered into the database, including information on all assessors and internal verifiers. Even if these staff have the appropriate D, A or V units, they are granted provisional licences and achievement of a full licence will form part of the action plan. Centres cannot claim certificates until the action plan is completed.

3. An approved centre can extend its range of NVQ provision if it has suitable staff and resources to support the qualifications. The external verifier will check the suitability of the systems and resources available, and make a recommendation to the awarding organisation. If agreed, the centre record is updated and a report confirming the addition of the new qualification/s is issued to the centre. Awarding organisations are required to keep an accurate register of centres, listing the date of approval for each qualification. While the database holds a range of information on the centre, this does not include the date of approval for additional qualifications. This information is available via manual records, but will need to be added to the database.

4. GQA has amended its database to ensure that the 10-week rule for certification is followed. Once a candidate is registered onto the system, the database will not allow certification within 10 weeks of the registration date. The monitoring team reviewed the system and were satisfied that the automated checks were robust.

5. All certification forms must be signed by the external verifier. Forms that are incomplete or unsigned are returned to the external verifier for signing. The existing awarding organisation systems require the signature of an 'authorised person' before the certification claim is approved. However, the 'authorised person' may not be the internal verifier and the certification claim must be signed by the internal verifier.

Accreditation conditions

7. GQA must specify the date of approval for each additional NVQ that a centre is allowed to offer (*NVQ code of practice (*QCA/06/2888), paragraph 20).

8. GQA must ensure that the certification request form is signed by the internal verifier (*NVQ code of practice (*QCA/06/2888), paragraph 30).

Observations

10. GQA should look into updating the guide to centre approval in order to incorporate the new centre approval criteria as published in the *NVQ code of practice (*QCA/06/2888),

11. GQA should give potential centres a copy of the registration and certification forms prior to approval so that they are aware of all administrative procedures.

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