



# **Awarding body monitoring report for: The Packaging Industry Awarding Body Company (PIABC)**

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# Introduction

## Regulating external qualifications

Responsibility for regulating external qualifications lies jointly with three regulators:

- the Office of the Qualifications and Examinations Regulator (Ofqual)
- the Department for Children, Education, Lifelong Learning and Skills (DCELLS), the body for Wales
- and the Council for the Curriculum, Examinations and Assessment (CCEA), the authority for Northern Ireland.

Following the accreditation of a qualification, the regulators systematically monitor awarding bodies 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 body is found not to comply with relevant criteria, the regulators set conditions of accreditation. Even if an awarding body is compliant, the monitoring team may make observations on ways that the awarding body 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 bodies 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 bodies to inform decisions on the re-accreditation of qualifications, or, if necessary, the withdrawal of accreditation.

## Banked documents

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

A suite of documents has been identified as suitable for banking and are those that are considered to be most crucial in supporting an awarding body's ability to operate effectively. To maintain the currency of the banked documents awarding bodies are responsible for updating

them as and when changes occur. They are also reminded to review them at least annually at the time of completion of the self-assessment return.

## **About this report**

The monitoring activity for the Packaging Industry Awarding Body Company (PIABC) was carried out by Ofqual on behalf of the regulators in December 2008.

This was the second monitoring activity of PIABC and focused on its delivery of the accredited National Vocational Qualifications (NVQs). The monitoring looked at the regulatory criteria relating to the following key areas:

- corporate governance
- resources and expertise
- application of assessment methods
  - quality assurance and control of internal assessment
- registration and certification
- malpractice
- equality of opportunity, reasonable adjustments and special consideration
- customer service statements
- enquiries and appeals.

The monitoring activities included visits to three approved assessment centres, desk research of information already held by the regulators including the awarding body application and scrutiny of the PIABC website. The monitoring team visited PIABC's head office to conduct interviews with staff and review documentation.

This report draws together the regulators' findings from these monitoring activities.

## **About PIABC**

PIABC is a professional awarding body operating within the Institute of Materials, Minerals and Mining (IOM3), providing accredited qualifications in packaging. The PIABC website contains details of these, with information about examinations, past papers, approved centres, etc. For further information, please see [www.piabc.org.uk](http://www.piabc.org.uk).

## Corporate governance

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 5, 6 and 7.

### Findings

1. The monitoring team was shown an amended organisation diagram. This was different to the 'banked' document. The new structure more clearly shows where PIABC fits within the wider organisation, the IOM3. The chart also includes the roles of PIABC staff which were not included previously.
2. The IOM3 Board oversees the work of the wider organisation and offers strategic advice to PIABC. The head of PIABC is also a director of IOM3 and a member of its senior management team. He reports directly to the chief executive of IOM3.
3. There is a PIABC Board made up of members from the packaging industry, PIABC approved centres and an IOM3 representative. The terms and conditions of the PIABC Board include assisting PIABC to meet the proposed strategic direction whilst also meeting the needs of the industry, monitoring operational activities and reviewing resource requirements.
4. PIABC has three main committees that feed into its Board. The first is an examinations board which adjudicates assessments and monitors the standards of PIABC's vocationally related qualifications (VRQs), the level 4 Diploma in packaging technology and the level 3 Certificate in packaging. The other two committees are an appeals panel and curriculum working groups that are convened when necessary.
5. Job descriptions for key members of staff were available to the monitoring team. The job description for the head of PIABC should be amended to include reference to the fact that the post holder is the single point of accountability responsible for maintaining the quality assurance and standards of the accredited qualifications.
6. Whilst PIABC produces its own business plan it relates to the five-year strategic plan owned by IOM3. PIABC staff consider the detail of the business plan and how it will work operationally.
7. Fees are reviewed annually. The head of PIABC makes recommendations to IOM3 board for approval.

### Accreditation conditions

There are no accreditation conditions for this section.

## **Observations**

1. The revised organisation chart and the terms and conditions of the PIABC committees should be sent to Ofqual for banking.
2. The job description for the head of PIABC should state that the post holder is the single point of accountability for the awarding body and is responsible for maintaining the quality and standards of the accredited qualifications.

## Resources and expertise

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 8 and 10, and *The NVQ Code of Practice (2006)*, paragraphs 1, 4, 5, 19 and 71.

## Findings

1. PIABC has approximately 160 candidates for its two VRQs across two main centres. These numbers tend to stay the same each year. The growth area is the level 2 NVQ for packaging operators. Although accredited in 2005 the qualification only became active in spring 2008 when the first candidates were registered. PIABC currently has approximately 250 candidates across seven active approved assessment centres. Further marketing is being carried out with intention of increasing the numbers of candidates.
2. There are three staff involved in PIABC work, comprising the head of PIABC, the manager and the administration coordinator. All of these members of staff also work for the wider organisation, IOM3 and their time is divided across the two organisations. The head of PIABC advised that the increase in candidates brought about by the introduction of the NVQ was at a level that the existing staff could cope with. It was further advised that the IOM3 board had indicated that new members of staff could be recruited once there were a significant number of candidates in the system.
3. The monitoring team considers the staff resource to be adequate for the current numbers of candidates. However, there is a concern that no member of staff works solely on awarding body business. It became evident throughout the monitoring that there were elements of the administration of the awarding body systems that suffer from a lack of cohesion, for example through duplication and lack of accuracy.
4. The staff are appraised using the IOM3 'passport' system. Each member of staff carries their own passport, which is used to record feedback on performance as and when it occurs. The head of PIABC supplements this by meetings with individual members of staff twice a year.
5. PIABC contracts with a consultant who works as the single external verifier for the awarding body. The contract is being reviewed with the intention of increasing the number of contracted days per month, a portion of which will be in the office.
6. The external verifier is the only point of technical expertise for NVQs within the organisation. The work of the external verifier has included assisting in developing the qualification and the documentation for use by centres and candidates. This is in addition to the usual external verification duties involving visits to centres. The awarding body agreed that there was a risk in

the over reliance on one external verifier and advised that they were seeking to appoint another.

7. The monitoring team was advised that the recruitment process would involve a check on the experience of the potential candidate as well as an interview. This would be followed by training on the awarding body systems followed by accompanied visits. The monitoring team noted that the requirements expected for external verifiers, including confirmation of their own qualifications and technical expertise were not stated in any PIABC documentation.
8. There are documents in place for the training and guidance of new external verifiers. The monitoring team considered that these needed updating and would benefit from being put together into a single handbook for external verifiers.
9. PIABC requires all external personnel associated with its qualifications to declare any potential conflicts of interest annually, which is good practice. However, it does not have a formal code of practice for its external verifiers to sign up to. The code of practice must include areas such as key roles, responsibilities and the awarding body's expectations with regard to continuing professional development and personal conduct. It must also include details of the appeals procedures if a centre appeals against an external verifier decision.
10. The PIABC office is shortly due to move to another building, which will facilitate exhibitions and events as well as providing room for examinations to take place. The head of PIABC advised that the move would also involve updating IT equipment. There are plans to integrate the PIABC system more closely into IOM3 whilst still preserving the security of awarding body folders.
11. The awarding body currently uses a 'microsoft access' based database to support its VRQ qualifications. However, the access system was considered to be too restrictive for use with the NVQ qualification, therefore NVQ candidate details are recorded on separate spreadsheets detailing registrations and certifications. The PIABC system is able to be interrogated and statistical information can be drawn from it.
12. However, it was noted that the system is quite labour intensive due to having more than one spreadsheet. This has led to duplication of information and also increases the risk of potential errors. At the time of the monitoring activity, the spreadsheets contained inaccurate information as they were not up to date.
13. The monitoring team considered the spreadsheet system to be adequate given the number of candidates. However, the awarding body will need to keep this under review as the numbers of candidates grow.

## Accreditation conditions

1. PIABC must specify the qualifications and occupational expertise required for its external verifiers (*The NVQ Code of Practice (2006)*, paragraph 71).
2. PIABC must provide external verifiers with a code of practice (*The NVQ Code of Practice (2006)*, paragraph 4).
3. PIABC must collate accurate data about its candidates and put in place a system to ensure that data is kept up to date and accurate (*The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraph 12).

## Observations

3. PIABC should monitor their staff and external verifier resource in order to put in place extra resources as and when they are needed.
4. PIABC should consider reviewing the documentation it has in place for the training and guidance of external verifiers and putting it in a single document such as an external verifier handbook.

## Application of assessment methods: the quality assurance and control of internal assessment

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 13, 36, 56, 57 and 59–62, and *The NVQ Code of Practice (2006)*, paragraphs 40–70 and 72.

### Findings

1. There has been some difficulty in placing the generic packaging qualifications within an appropriate sector skills council (SSC). Currently, there is a memorandum of understanding agreed by four SSCs with Cogent taking the lead in the stewardship of the levels 1 and 2 national occupational standards in packaging. The original assessment strategy was developed by SEMTA, which originally owned the standards.
2. The PIABC qualification specification incorporates the assessment strategy for its centres and this is published on the website. The PIABC assessment strategy provides guidance on the assessment methods that are appropriate to the qualifications. However, it does not include the technical competence and qualifications requirements for assessors and internal verifiers. The Assessors and Verifiers Approval Form asks for details of technical competence but PIABC should specify what qualifications and experience it expects.
3. The qualification specification refers centres to the PIABC document entitled *Guidance Notes for Assessment and Internal Verification of PIABC Candidates following NVQ Programmes* dated October 2005. This document contains generic guidance on the assessment process, types of evidence and outlines the role of the internal verifier. It does not contain any information on the role of the assessor. Whilst this document exists it has not been issued to centres and is not available on the website.
4. Centres are provided with a centre handbook which contains policy documents and all the associated forms. However, the handbook is insufficient as it does not explain how and when to use these documents nor does it detail the administrative requirements expected of them, including the roles and responsibilities of centre staff and the assessment teams.
5. Three centres were visited by the monitoring team prior to its central systems activity at PIABC head office. These centres were established organisations and were approved centres for other awarding bodies. This meant that they were not dependent on guidance from PIABC as they already had systems in place. The monitoring team was concerned that if a less experienced centre were to be approved by PIABC there is no documented guidance available to help them.

6. For example, at centres visited, evidence was seen of countersigning arrangements being in place for unqualified assessors. The centres were using their own experience to put these arrangements in place as there is no PIABC guidance that explains when and how this should be done.
7. Another example of this issue is that PIABC does not provide suitable guidance on how centres should confirm that assessment evidence provided by candidates is authentic. Some centres visited were meeting this criterion by using their existing systems but those using PIABC assessment forms were not compliant. On the PIABC assessment recording form candidates sign a declaration that 'I work to these standards and am ready to be assessed'. This is insufficient as it does not include any reference to authenticity.
8. Whilst the roles and responsibilities of the internal verifiers are stated in the *Guidance Notes for Assessment and Internal Verification of PIABC Candidates following NVQ Programmes*, this guidance has not been routinely provided to centres. This document does not include guidance on sampling and sampling strategies.
9. The centres visited were again using their existing systems when carrying out internal verification sampling. They all stated that no additional guidance has been provided by PIABC. The external verifier reviews any existing systems at the time of centre approval to ensure they comply with PIABC requirements. The monitoring team found that the systems seen at the centres visited were operating effectively.
10. PIABC has a document entitled *Policy Statement and Guidance for External Verification of NVQs* December 2007, although as the PIABC external verifier is experienced it has not been necessary to use it. However, as stated in the resources section of this report, the level of work now requires PIABC to look at recruiting other external verifiers and this guidance must be reviewed and implemented. PIABC has already identified this in their self assessment.
11. As stated earlier, activity for the level 2 NVQ for packaging operators only began in April 2008 when the first candidates were registered so, at the time of Ofqual's monitoring, all centres were new to delivering this award. This also means that in the majority of cases active centres had only received one external verification visit since the time of approval, which in some cases was over a year. However, neither the awarding body nor the external verifier has an overarching centre visit schedule or plan that would identify when visits were due.
12. At one centre visited by the monitoring team, the external verifier visit did not take place until the candidates had completed all of their assessments. Staff at PIABC stated that it is the certification claim that triggers an external verifier visit.

13. If the assessments and evidence are completed the external verifier cannot sample work in progress, observe assessments or talk to the candidates. The sample taken of the completed portfolios for this centre showed that the external verifier sampled the correct number as stipulated by PIABC guidance. However, if this is a new centre without an existing PIABC track record then the external verifier should have stated whether this was sufficient or whether there was any consideration of taking further samples particularly as 'work in progress' could not be seen. This means the external verifier is not adhering to PIABC's own guidance as stated in the *Policy Statement and Guidance for External Verification of NVQs* or the *NVQ Code of Practice 2006*.
14. PIABC must review its external verifier visit procedures to ensure that they capture all aspects of the assessment process and to be assured that centres new to the qualification are delivering it correctly.
15. There is no risk management strategy in place in relation to monitoring centres and the tariff of sanctions is not being applied where centres do not meet the approved centre criteria.
16. Following external verifier visits centres receive feedback through reports. Examples of these were seen both at centres and at the PIABC head office. They clearly showed those portfolios which had been sampled, and who the assessors and internal verifiers were. They showed that countersigning had taken place where necessary. However, they did not show the rationale for the sample and this is a requirement of the *NVQ Code of Practice 2006*.
17. Another issue concerning the external verifier reports is that they do not state the names of the assessment team or which CVs and certificates have been seen so it is not possible to track the movement of centre staff through reports. PIABC centres are required to complete assessor/internal verifier registration forms which could be used to track assessment staff. However, not all centres had completed them so they cannot be relied on. PIABC staff also had a spreadsheet of assessors and verifiers but this was not up to date.
18. Actions for centres identified from the visit are not always dated and the reports do not confirm that the centre is continuing to maintain compliance with the centre approval. Awarding body staff advised that any actions from external verifier visits or noted on the assessor/internal verifier approval forms are logged on a spreadsheet. However, there is no system in place to identify when the conditions are due. As the external verifier takes the hard copy of previous visit forms at the next visit to follow up on actions this suggests that the awarding body is unnecessarily duplicating their work.
19. PIABC needs to bring all of its documentation for centres, assessors and verifiers up to date. The duplication of some internal administrative systems and the variety of separate documents,

some of which have never been implemented, should be brought together and rationalised, so that they are clear and issued to all the relevant people.

20. The work and performance of the external verifier is not formally monitored by PIABC.

## **Accreditation conditions**

4. PIABC must specify the qualifications and occupational expertise required for its assessors and internal verifiers (*The NVQ Code of Practice (2006)*, paragraph 18).
5. PIABC must provide centres with a clear statement of the administrative procedures, requirements and responsibilities associated with NVQ delivery (*The NVQ Code of Practice (2006)*, paragraph 1).
6. PIABC must ensure that assessors and candidates provide a written declaration that candidate evidence is authentic and that assessment took place under the conditions set out in the assessment specification (*The NVQ Code of Practice (2006)*, paragraph 43).
7. PIABC must provide centres with guidance on internal verification that includes information on developing sampling plans (*The NVQ Code of Practice (2006)*, paragraph 56).
8. PIABC must put in place a risk management strategy for monitoring centres (*The NVQ Code of Practice (2006)*, paragraph 59).
9. PIABC must implement the tariff of sanctions (*The NVQ Code of Practice (2006)*, paragraph 37).
10. PIABC must ensure that its external verifiers adhere to its own guidance and the NVQ Code of Practice in order to carry out effective sampling at centres. The sample must confirm that the process of assessment meets national standards and that the sampling strategy reflects the quality assurance needs of each centre, if necessary increasing the sample (*The NVQ Code of Practice (2006)*, paragraph 64).
11. PIABC must ensure that external verifiers record the rationale for the sample of evidence taken for external verification and must sample candidates at different stages of the award (*The NVQ Code of Practice (2006)*, paragraph 65).
12. PIABC must ensure that external verifiers include in their centre visit report details of any changes in centre staff or competence so that the movement of centre staff can be audited through the reports (*The NVQ Code of Practice (2006)*, paragraph 67).

13. PIABC must have a mechanism in place to monitor the performance and judgments of its external verifiers (*The NVQ Code of Practice (2006)*, paragraph 72).

## **Observations**

There are no observations for this section.

## Registration and certification

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 11, 12, 21 and 22, and *The NVQ Code of Practice (2006)*, paragraphs 6–18 and 20–30.

### Findings

1. Potential centres follow a two-stage process of centre approval and award approval in order to be registered as a PIABC centre. Two forms are completed by the centre and forwarded by awarding body staff to the external verifier who arranges a visit. The evidence supporting the application is then reviewed at the visit. Following a successful visit the centre is sent a certificate of approval. Actions given to the centre are noted on the visit form.
2. The monitoring team considered that the centre approval form requires amending in order to comply with regulatory criteria. The form contains criteria for centres to sign up to. These criteria are based on the centre approval criteria found in *The NVQ Code of Practice 2006*, but do not exactly replicate them. This could lead to new external verifiers missing required evidence. Additionally, the centre approval form did not clearly state that the contact person would be the person responsible for the quality assurance and management of the qualification. This must be made explicit.
3. As previously stated, PIABC provides an *NVQ Centre Handbook* containing the necessary policies and forms. The handbook does not include any clear statement of the centres' responsibilities in delivering NVQs. For example, the *NVQ Centre Handbook* informs centres that records should be kept for three years, but does not specify what those records should consist of. Other examples of how this lack of centre guidance affects centres are stated in the section of this report dealing with internal assessment.
4. Details of approved centres are kept in individual centre files both electronic and paper. These include approval forms, details of the qualification approved and any external verifier visit forms. All the centres visited were able to provide sight of the approval letter from PIABC. There is also a list of centres on the website although the monitoring team found that some of the contact information was not up to date. Although centre information is available, PIABC is required to set up an accurate register of its centres to fully comply with the requirements of *The NVQ Code of Practice*.
5. Centres register their candidates with PIABC through the use of a form which they can download from the website. Awarding body staff copy and paste candidate information from the form directly into their own database, to minimise spelling errors. They then allocate a

candidate number and return the registration form with the candidate number on it. A paper copy of the registration form is kept on file.

6. When candidates have completed their assessments for the qualification the centre contacts the external verifier directly to arrange a visit. PIABC needs to ensure it has a planned program of visits to ensure control over the qualification delivery. This is reported on in more detail in the section on internal assessment.
7. The centre completes a certification form which is signed by the assessor and the internal verifier and makes all portfolios available for sampling. The external verifier checks for the 10 week rule before signing the certificate claim form (NCCF2). The centre sends this in to PIABC. If they chose to email the form, a hard copy must also be sent in. PIABC staff checks that the candidate details on the certification form match those on the original registration form.
8. The details from the certification form are uploaded into a table which is sent to the print company to whom printing of the certificates is outsourced. The certificates are put into PDF format and sent back electronically to PIABC for checking prior to final printing. This company also print the blank certificate paper, only printing what is required of each batch so the security of blank certificates is not compromised. The monitoring team considered this to be good practice. Furthermore, the certificates are hand delivered to PIABC who then send them to centres via special delivery to further ensure the security of the certificates.
9. Replacement certificates are available. However, the awarding body does not clearly identify these with the word 'replacement'. This must be done in order to comply with regulatory criteria.

## **Accreditation conditions**

14. PIABC must ensure that its centre approval criteria include all aspects of the Approved Centre Criteria stated in *The NVQ Code of Practice (The NVQ Code of Practice (2006), paragraph 8)*.
15. PIABC must specify on its approval application that the main contact should be the person responsible for the quality assurance and management of the qualification (*The NVQ Code of Practice (2006), paragraph 11*).
16. PIABC must provide centres with documentation and guidance on the centres' responsibilities when managing, administering and quality assuring an award (*The NVQ Code of Practice (2006), paragraph 16*).
17. PIABC must provide centres with instructions and guidance on record keeping (*The NVQ Code of Practice (2006), paragraph 22*).

18. PIABC must ensure that any replacement certificates are labelled as such (The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004), paragraph 22d).
19. PIABC must set up and keep an accurate register of centres approved to deliver the NVQs (*The NVQ Code of Practice (2006)*, paragraph 20).

## **Observations**

There are no observations for this section.

## Malpractice

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 28–31, and *The NVQ Code of Practice (2006)*, paragraphs 73–81.

## Findings

1. The procedures met the statutory requirements and the requirements of *The NVQ Code of Practice 2006*. They are available in the centre handbooks and on the PIABC website.
2. PIABC staff confirmed to the monitoring team that any new external verifiers will be provided with training to understand and identify malpractice.
3. At the time of the monitoring, no cases of malpractice had been identified.

## Accreditation conditions

There are no accreditation conditions for this section.

## Observations

There are no observations for this section.

## Equality of opportunity, reasonable adjustments and special consideration

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 9, 14–20, and 38–42, and *The NVQ Code of Practice (2006)*, paragraphs 2, 3 and 39.

### Findings

1. The equal opportunities policy complies with the statutory requirements. PIABC staff confirmed that they review the policy annually and ensure compliance to legislative requirements. Staff also confirmed to the team that they would ensure that any new external verifiers will receive ongoing training with regards to equal opportunities.
2. The reasonable adjustment procedure is available within the centre handbook as well as on the website. It is contained within a document entitled *Access to Assessments*. Candidates are informed about how to access reasonable adjustments in the candidate handbooks for both the VRQ and NVQ qualifications.
3. At centres visited, evidence was seen of assessors effectively addressing the needs of candidates. For example at one centre two assessors were employed. One assessor covered assessment of candidates working on the daytime shift and the other covered candidates on the evening shift. Another example seen was where an assessor had created a pictorial map of the assessment site on which candidates could indicate the emergency exits. This was being used for candidates with written language difficulties.
4. There is an inconsistency noted within PIABC's *Access to Assessments* document. In the principles section of the *Access to Assessments* document, it is stated that reasonable adjustments are for candidates whose needs are based on the Disability Discrimination Act (1995). This is incorrect as reasonable adjustments may be made for reasons other than disability. Indeed the majority of reasonable adjustments currently being made for the level 2 NVQ for packaging operators are those for candidates whose use of written English is poor. However, in the Reasonable Adjustments section of the same document, the use of English as a second language is included in the list of categories of need.
5. All centres making reasonable adjustments are required to have prior authorisation from PIABC.
6. The special consideration part of the *Access to Assessments* document states that special considerations are 'for those whose needs result from temporary disability or indisposition such as short term illness'. This is misleading as candidates may also apply if they feel

disadvantaged due to disturbance, disruption or other unforeseen circumstances at the time of the assessment.

7. Form ec/38, which candidates use to apply for special consideration, states that the extenuating circumstance can occur in the three weeks leading up to the time of assessment. This is incorrect as special consideration can only be for unforeseen events at the time of assessment. Anything occurring prior to the assessment should be considered as a reasonable adjustment.
8. There is no information on the special consideration procedures as to whether PIABC would consider making an aegrotat should a candidate be unable to complete the requirements of the award. If PIABC would consider this action for its accredited qualifications then it needs to specify the minimum amount of evidence that would be required for each qualification in order for them to make a judgement. If it would not consider making any awards based on aegrotat then this should also be specified.
9. There are no formal procedures in place to monitor and evaluate the use of reasonable adjustments or special consideration.

## Accreditation conditions

20. PIABC must revise and amend its procedures for special consideration to make it clear that it may only be granted for unforeseen events happening at the time of assessment (*The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004), paragraph 18*).
21. PIABC must specify the minimum evidence required to make an aegrotat (*The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004), paragraph 19b*).
22. PIABC must have a formal mechanism in place to monitor and evaluate the use of reasonable adjustments and special considerations (The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004), paragraph 20).

## Observations

5. PIABC should review its reasonable adjustments procedure to ensure it is providing consistent information.

## Customer service statements

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 32 and 33b, and *The NVQ Code of Practice (2006)*, paragraph 33.

### Findings

1. PIABC has published its customer service statement and has made it available to centres and candidates. The statement meets the regulatory requirements.
2. As the NVQ centres have only been active for six months, it is too soon to gain any meaningful data on the performance of the qualification. However, PIABC does carry out an annual centre quality survey that focuses on customer service information.
3. PIABC does not have a mechanism for monitoring itself against its customer services targets.

### Accreditation conditions

23. PIABC must have procedures in place to monitor its performance against its customer service targets (*The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraph 33b).

### Observations

There are no observations for this section.

## Enquiries and appeals

This is subject to *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 23–27, and *The NVQ Code of Practice (2006)*, paragraphs 31 and 32.

### Findings

1. The PIABC enquiry and appeals procedure is contained within the *Assessment Review and Appeals Procedure* document. Candidates have a point of contact and the application procedures are readily available. The appeals procedure advises NVQ candidates to use the centre's appeals procedure in the first instance.
2. The document only allows for enquiries and appeals against assessment decisions and does not allow for centres to make an enquiry or appeal against other decisions such as centre approval or external verifier's decision.
3. PIABC's appeals process is in two stages. The first stage includes a review by someone not involved in the original assessment, which is good practice. The second stage is to convene an appeals panel that will include an independent person who is not involved with PIABC or any of its committees. However, to fully meet the statutory requirements PIABC needs to amend its procedures to ensure that if the appellant remains dissatisfied with the outcome of an appeal they have recourse to an independent review of the processes that were followed.
4. PIABC must also have formal procedures in place to monitor, evaluate and annually report on the operation of its enquiry service and appeals arrangements. PIABC staff interviewed stated that this is likely to be at the time of self-assessment but there is no formal mechanism to do this.

### Accreditation conditions

24. PIABC must include in its enquiry and appeals procedures provision for centres to check and appeal against decisions affecting the centre (*The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraph 24b).
25. PIABC must amend its appeals procedure to explain how unresolved appeals can be put to independent review (*The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraph 25e).
26. PIABC must have procedures in place to monitor, evaluate and annually report on the operation of its enquiry service and appeals arrangements (*The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraph 25).

## **Observations**

There are no observations for this section.