



Qualifications and  
Curriculum Authority



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ASSESSMENT AUTHORITY  
FOR WALES

# Post-accreditation monitoring report: Open University Awarding Body (OUAB)

March 2006

QCA/06/2661

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# Introduction

## Regulating external qualifications

Responsibility for regulating external qualifications lies jointly with three regulatory authorities:

- the Qualifications and Curriculum Authority (QCA)
- Awdurdod Cymwysterau, Cwricwlwm ac Asesu Cymru / the Qualifications, Curriculum and Assessment Authority for Wales (ACCAC)<sup>1</sup>
- the Council for the Curriculum, Examinations and Assessment (CCEA), the authority for Northern Ireland.

Following the accreditation of a qualification, the regulatory authorities 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 regulatory authorities 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 action plan will be agreed by the regulatory authorities and its implementation monitored.

The regulatory authorities 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.

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<sup>1</sup> On 1 April 2006 ACCAC will merge with the Welsh Assembly Government to form the new Department for Education, Lifelong Learning and Skills (DELLS).

## **About this report**

This report is the outcome of a monitoring activity carried out on the Open University Awarding Body (OUAB) by QCA on behalf of the regulatory authorities in March 2006. It draws together the regulatory authorities' findings on the resources and expertise available to support the delivery of National Vocational Qualifications (NVQs), the OUAB's arrangements for the quality assurance and control of internal assessment, and the level of customer service offered.

This is the first post-accreditation monitoring activity on the OUAB's activities since the split between the Open University Validation Services (OUVS) and Skillset. The previous monitoring work focused on the systems and procedures in place to support the delivery of NVQs in film, broadcast and media.

Consultants visited five centres, interviewing staff and candidates, reviewing portfolios, examining records, collecting information on customer service satisfaction and checking the approved centre criteria to see how the OUAB manages the quality assurance and control of internal assessment. These centres were chosen from different geographic regions to ensure a cross section of external verifiers and centres by size and type. The findings from these visits were collated, and the issues identified followed up with the awarding body.

## **About the Open University Awarding Body (OUAB)**

The OUAB provides access to a range of NVQs in specific sector areas such as democratic services, advice and guidance, health and social care, and intelligence analysis. For more information on the OUAB and the qualifications it offers visit the OUAB website at [www.open.ac.uk/ouab](http://www.open.ac.uk/ouab).

# Resources and expertise

This is subject to the *NVQ code of practice (2001)*, paragraphs 35, 52 (part), 53, 54 (part), 55, 57, and *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 8, 10, 97(e) and 98.

## Findings

1. The OUAB has sufficient staff at its head office to deal with the current registration and certification of candidates, and the development of quality assurance arrangements. However, the quality assurance manager stated that registrations may rise by 100 per cent if a potential centre for health and social care is approved, so the awarding body needs to ensure that it has sufficient resources to meet demand.
2. Annual appraisals are carried out on OUAB staff. Contracted staff such as external verifiers are monitored every two or three years. The appraisals for external verifiers focus on observed performance against the V2 standards, continuing professional development (CPD) and adherence to contracts, which are renewed every three years.
3. The awarding body requires its external verifiers to have the knowledge, skills and experience as stated in the relevant assessment strategy, and although these requirements are not stated in the *External verifier handbook* they are outlined as additions to the revised contract. There are suitable documented procedures for recruiting, appointing and training external verifiers.
4. The OUAB has 21 qualified external verifiers operating across specific geographic regions. External verifier files are maintained with details of the achievement of D35 or V2 but there is no register enabling the OUAB to track achievement within the 12-month time frame if unqualified external verifiers are recruited. The monitoring team examined a sample of external verifier files, which showed that some had not achieved V2 within 12 months although they had been carrying out the role for approximately two years. The OUAB stated that seven external verifiers are not qualified because of the difficulty in finding sufficient centres to generate the evidence required.
5. The awarding body has developed an *External verifier handbook*, which includes information on the responsibilities of centres, assessment and external verifier visits. Additional and more detailed roles and responsibilities for external verifiers are attached

to their contracts. However, there is no reference to the appeals process if centres disagree with an external verifier's decision. The revised contract for 2006 requires external verifiers to declare any personal or financial interests but it could be made more explicit. External verifiers are not required to sign that they will work to an OUAB code of practice but have confirmed acceptance of the *NVQ code of practice*.

6. External verifiers are expected to attend a minimum of two CPD events and sector-specific workshops where they have access to standardisation activities to ensure a common approach to external verification activities. External verifiers also receive updated information on the systems and procedures to be used on behalf of the OUAB at CPD events.

### **Accreditation conditions**

1. The OUAB must ensure that all unqualified external verifiers achieve V2 within 12 months. (*NVQ code of practice*, paragraph 53, bullet point 1)
2. The OUAB must maintain a register of external verifiers that details their compliance in meeting awarding body requirements such as CPD and the achievement of V2. (*NVQ code of practice*, paragraph 54)
3. The OUAB must revise the existing *External verifier handbook* or develop a separate code of practice, including reference to appeals against external verifiers' decisions, so that the regulatory requirements are met in full. External verifiers must confirm in writing that they will work to the requirements of the revised handbook or code of practice. (*NVQ code of practice*, paragraph 55)

### **Observations**

1. The OUAB should review existing staff resources if registrations increase as expected so that its responsibilities to candidates and centres, and its customer service targets, are met.

# The quality assurance and control of internal assessment

This is subject to the *NVQ code of practice (2001)*, paragraphs 22–33, 36–51, 52 (part), 54 (part), 56, 58 (part), 59–65, 66 (part), 67–69 and *The statutory regulation of external qualifications in England, Wales and Northern Ireland (2004)*, paragraphs 13, 36, 56, 57 and 59–62.

## Findings

1. The OUAB provides centres with the *Operations handbook for approved centres*, the award-specific standards and the relevant standard-setting body's assessment strategy. Details of the responsibilities of assessors and internal verifiers, the specification for assessment and the awarding body's requirements on maintaining records are included within this documentation. All centres confirmed that they had access to these documents, apart from one that did not have the *Operations handbook for approved centres*. The OUAB confirmed that this is posted on the website and can be downloaded.
2. The requirements for assessors and internal verifiers are included within the relevant standards handbook or assessment strategy. Centres are responsible for providing details to the OUAB of the occupational expertise and qualifications held by assessors and internal verifiers, who must hold or achieve assessor (A) or verifier (V) units within 18 months. The requirements for countersigning the decisions of unqualified staff are detailed in the operations handbook. The achievement of A and V units and countersigning was not identified as an issue at any of the centres visited.
3. The awarding body requires centre personnel to inform them of any staff changes such as the internal verifier leaving, and this is clearly stated in the *Operations handbook for approved centres*. If new internal verifiers are appointed no assessments can be signed off by the centre until the external verifier has checked them. External verifiers also check and record changes during visits.
4. The nature and type of acceptable evidence is included in the standards folder, which includes, for the level 3 in democratic services, a question bank. All

OUAB's qualifications are NVQs and most of the evidence is collected via observation and questioning. Simulation is permitted in certain circumstances, such as the finance units. Centres are required to agree all simulations with the OUAB and external verifiers are required to record the use of simulation in their reports.

5. Guidance on the assessment records centres must keep is in the *Operations handbook for approved centres*. Evidence from centre visits showed that centres are complying with the awarding body's requirements.
6. Centres are provided with information on the requirements of internal verification in the *Operations handbook for approved centres*. Although documented internal verification procedures are a condition of centre approval, there is evidence from the centre visits undertaken that centres are not complying fully with this requirement. Only three of the centres visited had a documented internal verification policy. One of these was not implementing its policy by observing assessors, one could not produce its policy and one was under revision.
7. The main issue for OUAB is that not all centres are complying with awarding body requirements for documenting their internal verification procedures or keeping suitable records that demonstrate that internal verification is taking place throughout the assessment process. Exemplars for internal verification are included in the operations handbook. However, evidence from centre visits shows that some centres are not recording internal verification activities to confirm that interim sampling is taking place and are not using a matrix demonstrating which units or assessment methods have been sampled over time.
8. The OUAB states that internal verifiers must carry out 100 per cent verification of all units for new qualifications and of assessors working towards the A1 unit. It would be useful for centres if the awarding body provided clarification on the amount of internal verification sampling required once it was satisfied with the centre's performance.
9. Direct claims status is available to centres and the approval process is clearly explained in the *Operations handbook for approved centres*.



10. The OUAB sends lists of registered candidates and any outstanding action points to the external verifier prior to a visit. External verifiers then send a visit planner detailing the candidates' work to be sampled and any assessors or internal verifiers to be interviewed. Centres visited confirmed that external verifiers select candidates, although at one centre the sample was agreed between the external verifier and the centre due to small numbers.
  
11. There are suitable arrangements in place if centres cancel visits. The awarding body stated that this is not an issue. External verifiers are responsible for informing the awarding body if the original date changes as this is usually agreed at the previous visit. The NVQ quality assurance manager keeps records of all planned visits.
  
12. While the *NVQ code of practice* states that centres should receive at least two visits each year, this is not happening in practice particularly where there is limited activity. Three of the centres visited had received only one visit in 12 months. The revised *External verifier handbook* and *Operations handbook for approved centres* also state that two visits will be carried out. One of the centres visited was using an operations handbook dated 2000, which made reference to one visit and a telephone monitoring report in lieu of the second visit. The OUAB also states in its documentation that authorisation for the postal verification of portfolios must be requested but gives no explanation of when this can be used. A review of existing external verification activities may assist the OUAB in devising a strategy for coping with small centres.
  
13. The awarding body provides its external verifiers with guidance on selecting samples for external verification and specifies 100 per cent sampling for new centres or assessors in training. It also emphasises that their role is one of monitoring and not the re-assessment of candidates. External verifiers are required to record the rationale behind the choice of work to be verified.
  
14. External verifiers use the *External verifier's report on monitoring visit* form during visits to record how centres are meeting the assessment arrangements and requirements of the assessment strategy. The external verifier reports scrutinised during centre visits confirmed that over time the approved centre criteria are covered and measured against risk levels. External verifiers are required to leave the full report or a handwritten record of the action points, which is signed by the centre after the visit. If a full report is completed after

the visit it is sent to the OUAB and centre within one week.

15. The *External verifier's report on monitoring visit* form explains the rationale for the tariff of sanctions, but neither the form nor the two handbooks explicitly document how sanctions should be recommended. Awarding body staff told the monitoring team that if an external verifier recommended a sanction, he or she would contact them during the visit and authorisation to apply sanctions would be given at this point. However, this process is not documented and does not allow the awarding body to check the detail of the visit prior to the approval of sanctions. The OUAB needs to consider if this approach is suitable when the full report has not been scrutinised and may wish to consider including a section on recommending sanctions within the report so that the final decision is taken after the visit.
16. The NVQ quality assurance manager checks every external verifier report received, logging action points and the centre's risk rating on a spreadsheet. From this point the OUAB is able to track a centre's compliance with the approved centre criteria and note when actions are due or completed, reducing or increasing the risk level accordingly. This is good practice.
17. Issues relating to the completion of reports are communicated via email or at workshops if they are relevant to all external verifiers. For example, at a recent meeting the awarding body emphasised the importance of legible reports and stated that comments about the approved centre criteria should be comprehensive.
18. The arrangements for monitoring external verifiers are documented. There is a scheduled programme of accompanied visits, with each external verifier being accompanied every two to three years. Formal reports on observed external verifier performance are completed and these are referenced against the V2 standards.

### **Accreditation conditions**

4. The OUAB must ensure that all centres have documented internal verification policies and procedures. (*NVQ code of practice*, paragraph 36)

5. The OUAB must ensure that centres keep suitable internal verification records that demonstrate that interim sampling and the observation of assessment practice are taking place. (*NVQ code of practice*, paragraph 38, bullet point 1)
6. The OUAB must review its rationale for external verification visits and develop a suitable strategy that takes into account centres with limited numbers or activity. (*NVQ code of practice*, paragraph 59)
7. The OUAB must review its procedure for allowing external verifiers to implement sanctions during visits. The awarding body must review the report and recommendations to ensure a consistent approach across external verifiers. (*NVQ code of practice*, paragraph 66)

### **Observations**

2. The OUAB should ensure that all centres have a copy of or access to the latest version of its *Operations handbook for approved centres*.

# Customer service

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

## Findings

1. The OUAB is being proactive in collecting feedback from its customers and initiated its first customer service survey in January 2006. The results received to date are positive, as the majority of centres are very happy with the service provided. This supports the findings from centre visits that customers are satisfied with the level of service offered by the OUAB. Centres commented that the *Operations handbook for approved centres* covered all the administrative requirements and included a copy of the customer service statement. The awarding body stated its intention to continue asking for feedback in this way and will report on the findings to the next occupational standards board meeting.
2. Overall the centres visited were satisfied with the guidance on the standards from the OUAB. However, one centre commented on the repetition in the standards for democratic services and pointed out that cross-referencing across the standards for the same performance criteria would be useful.

## Accreditation conditions

There are no accreditation conditions for this section.

## Observations

There are no observations for this section.