

Guidance Update to City & Guilds Community & Society Centres



**N/SVQ & VRQ Centre Management, Records,
Assessment and Verification Issues**

www.cityandguilds.com
September 2008



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1 Introduction: about this document

In autumn 2005 the City & Guilds sector, Care, Health and Community, merged with other sectors i.e. Security, Design and Craft, and Learning and Development to form a new sector named Community & Society.

This document currently provides guidance for qualifications in the following categories; Advice & Guidance, Children & Young People, Community, Health & Social Care, Health Science & Technology and Justice. Throughout this document, where reference is made to “Community & Society”, it refers to the qualification categories listed above only. At present guidance pertaining to Security, Design and Craft, and Education & Training is not incorporated into this document.

Background

Greater centre activity and awareness, combined with increased external regulation and scrutiny resulted in external verifiers and centres requesting standardised guidance on issues raised. In response, City & Guilds, Care, Health & Community produced six Guidance Updates between March 2000 and February 2004. These documents were cumulative and have now been reviewed, revised and consolidated into a single issue which is available on the web at www.cityandguilds.com and then by going to one of the following industry pages: Advice & Guidance, Children & Young People, Community, Health & Social Care, Health Science or Justice or to one of the specific qualification pages. The guidance provided relates to centre management records, assessment, internal verification and quality assurance, external verification and individual N/SVQ unit clarification.

In addition to this document:

Frequently Asked Questions (FAQs) for

- specific N/SVQ and VRQ qualification guidance are provided as necessary. These can be located on the specific web-based qualification pages.
- (N.B. Please ensure you check the qualification/scheme number(s) in addition to the title as some revised qualifications use the same title.)

As the Guidance Update and FAQs are now only available as web based documents it will be possible to update them regularly e.g. where SSC endorsement or adjustment to any interim guidance is issued.

Centres are therefore most strongly advised to check regularly for updates/additions to both the Guidance Update and the FAQs relevant to the qualifications they offer.

Electronic prompts will be sent to centre/individuals registered for the City & Guilds e' monthly mailing service.

N.B. The Guidance Update should be read in conjunction with other City & Guilds policy documents e.g. Ensuring Quality.

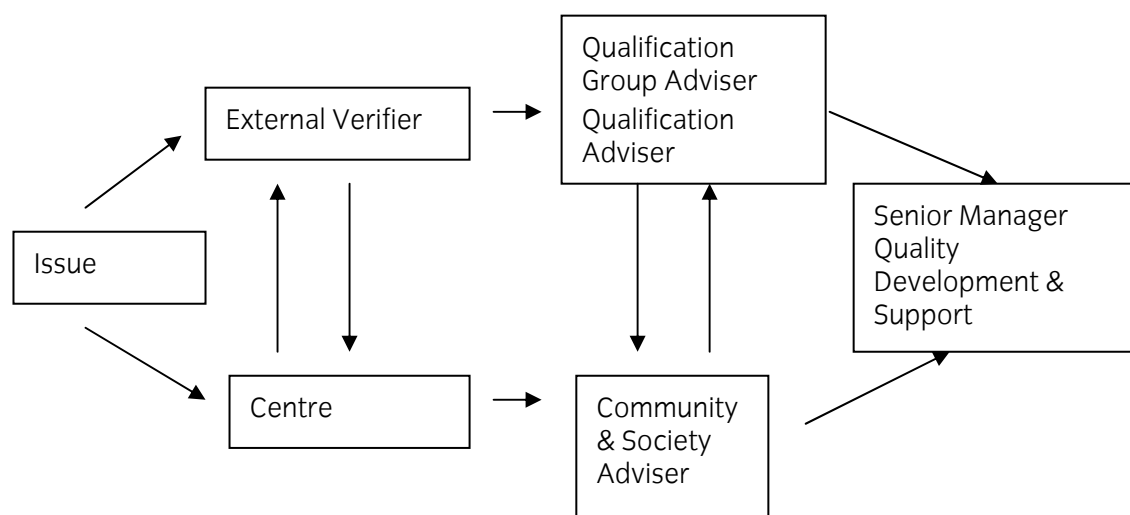
2 Centre Management Systems

2.1 Adviser/Technical Support to Community & Society Assessment Centres

Wales, Northern Ireland, Scotland and regions in England have Community & Society Advisers.

The role of the Adviser is one of business development, centre support and quality guidance. They have a close relationship with the Qualification Group Advisers and because of their professional background can assist with both quality and specialist issues.

There is within City & Guilds Community & Society, a clearly defined communication route regarding qualification/quality issues. This is as follows:



Where the issue is likely to concern a significant number of assessment centres the responses are recorded in this publication or in the FAQs for specific qualifications, thereby ensuring the guidance is shared with all concerned.

In this way Community & Society seek to ensure that centres and individuals are receiving consistent, standardised advice and support.

2 Centre Management Systems

2.2 Age Requirements for N/SVQ Registration

Under 16 years

The Education Act 1996 Section 400 states that no qualification can be provided to children of compulsory school age unless it is approved by the Secretary of State for Education. Annex 1 of the Education Act lists the approved qualifications. Currently there are no N/SVQ qualifications in the Community & Society portfolio which appear on Annex 1, therefore centres may not register under 16 year olds for these N/SVQs.

Under 18 years

The Department of Health National Minimum Standards for care homes expect that “staff providing personal care to service users are at least aged 18” (NMS 27.6 Care Homes for older people and NMS 33.10 Care Homes for Adults (18-65)).

Revised

Previous guidance in relation to candidates under 18 and seeking to achieve an N/SVQ was to discuss this with the relevant regulator e.g. CSCI before allowing such individuals to undertake intimate physical care.

CSCI has recently approached the Department of Health re. a more flexible interpretation of the above, particularly as it had raised many concerns from both services providers and educational establishments. Whilst the Department of Health will not change the NMS they have agreed a more flexible approach with the Commission provided that:

- The Care Home regulations are being satisfied
- People delivering the personal care are suitably trained/ competent and appropriately supervised where necessary, and that
- The person receiving the care has their choices respected (as far as possible) with regards to who performs the task for them..

It remains the employers' responsibility to check for any further updates and apply these as required by the relevant regulator. The CSCI website is <http://www.CSCI.org.uk>.

NB – The above applies to England only at the present time. The position in Wales, Northern Ireland and Scotland has yet to be clarified.

2 Centre Management Systems

2.3 Assessor & Internal Verifier Requirements

Continuous Professional Development

Centres need to provide their assessment and verification team members with opportunities for continuous improvement. External verifiers monitor and report on this aspect of an approved centre's activity. It is expected that each assessor and internal verifier can identify a minimum of two activities per annum which supports their Continuous Professional Development.

These may be activities which update vocational/professional skills and knowledge and/or assessor and verifier skills and knowledge. This may be achieved in a variety of ways such as attendance at conferences, City & Guilds Community & Society quality improvement events, centre updating and standardisation events, reading etc. The centre should record CPD activity on an individual assessor and IV basis, thereby providing evidence to the external verifier of the centre having met the requirement for continuous improvement

Relatives/significant others acting as assessors/internal verifiers

It is usually not acceptable for relatives/significant others to undertake any part of the assessment or verification role for family members. In exceptional circumstances, unusual arrangements may be requested by the centre's quality assurance co-ordinator who must inform the national/regional office of the situation. Any variation will be agreed with the external verifier, but only where there appears to be absolutely no alternative. In such instances, candidate evidence and the assessment/verification process will be subject to increased verification activity.

Vocational competence requirements

The occupational competence requirements for assessors and internal verifiers are identified in the specific qualification assessment strategy. These requirements are normally recorded in the first sections of the relevant Award Guidance and Record of Assessment or Standards and Assessment Requirements (SAR) document. They should not be confused with the competence requirements for those individuals who act as assessors and verifiers for A & V Unit candidates.

2 Centre Management Systems

2.4 Assessment Site Agreements

The NVQ Code of Practice revised 2006, (QCA) Appendix 1, Approved Centre Criteria 1.1.3 makes it explicit that centres must ensure that all assessment sites clearly understand their roles, responsibilities, authorities and accountabilities. It would therefore be good practice for centres to have documented and signed (partnership) agreements with all assessment sites/satellites. The content of such agreements must be devised on an individual centre basis but consideration should be given to the inclusion of the following areas:

- centre membership requirements/criteria. By implication this might mean the rejection of some applicants where they cannot or will not meet the centre membership requirements. e.g. participating in assessment activities including attending standardisation meetings.
- commitment to centre policy and practice e.g. policy for candidate appeals/complaints and access to fair assessment etc.
- access arrangements / conditions for peripatetic assessors
- responsibilities for establishing and communicating any issues concerning 'fit person' checks as required by the relevant regulator e.g. Criminal records/POVA/POCA clearance checks. These are usually the responsibility of the employer but where centres are placing students in work places they will need to liaise closely with placement providers about this area. The service regulator e.g. National Care Standards Commission (NCSC), Ofsted etc., not the Awarding Body, identifies any 'fit person' criteria.
- action required, should any candidate become subject to criminal investigation/disciplinary procedure during the period of their assessment e.g. suspension of assessment, as a neutral activity, until outcome is known.
- responsibilities for ensuring that candidates are operating in a work place where the standards of practice fully support the candidate to demonstrate their own competence.

This list is not exhaustive but may assist centres in identifying areas which need an explicit statement of commitment from member assessment sites/satellites in order to avoid future problems.

2 Centre Management Systems

2.5 Candidate Transfer

Candidates transferring between awarding bodies and/or City & Guilds centres

Candidates transferring between awarding bodies and/or City & Guilds centres, during their period of assessment, should be provided with their enrolment number, centre number, evidence and a copy of their assessment records before they leave the first centre. All units achieved must be certificated and appropriate arrangements made for certificate/s to be forwarded to/collected by candidates if these are expected to arrive after candidates leaving dates. It is the responsibility of the receiving centre to check that there is no reason why any candidate should not continue with the qualification e.g. dismissal for an activity which would mean the individual would be unlikely to gain employment in the sector. Units or qualifications achieved must not be reassessed, however centres should satisfy themselves that any incomplete unit evidence presented has been subject to appropriate assessment and belongs to the candidate before agreeing to use it. Any concerns should be discussed with the regional office and/or External Verifier.

Informing EVs of candidate transfer from other centres

Centres accepting the transfer of a candidate, already registered for a particular qualification through another City & Guilds approved assessment centre, must advise their external verifier of the transfer. This can be done simply by highlighting the candidate's name on the centre database so as to alert the external verifier to the transfer and there by allowing them to include the candidate(s) in their sampling plan. **(See also *Ensuring Quality*)**

2 Centre Management Systems

2.6 Certification issues

Posthumous awarding of N/SVQs

City & Guilds will respond sympathetically to requests from relatives or significant others, for certificates to be issued to candidates who have died.

2 Centre Management Systems

2.7 Confidentiality and privacy

Confidential records used as evidence

Candidates may quite appropriately cite individual's/children's confidential records as evidence in their N/SVQ qualification as long as the individual, or their advocate, has given written and informed consent for records to be used for this purpose.

Confidential records should NEVER be included in candidates' portfolios of evidence and should be examined in-situ by the assessor. Assessors/candidates should describe and record what evidence such documents provide and where the evidence is located.

External Verifiers may wish to discuss such evidence with the centre as part of the verification process, but would not normally require sight of confidential individual's/children's records.

However, should the E.V. have concerns about the quality of such evidence, they will, after discussion and agreement with their Qualification Group Adviser, acquaint the centre management with their concerns, and seek consent to access such records from the organisation which has responsibility for the safe keeping of the particular individual's/children's confidential records in question.

D/A Unit assessor observation of assessor candidate practice

In many of the Community & Society sector contexts, observation, by an A Unit assessor of an assessor-candidate in a real working situation is problematic.

On the receiving end of this situation is an individual/child in her/his own home and involving his/her intimate personal or physical needs.

The issues raised are those of confidentiality, rights to privacy, informed and/or real consent and intrusiveness.

All these issues receive a high level of priority in Community & Society N/SVQ guidance, to the extent that it is recognised that there are situations where even a vocational work based assessor is not in a position to observe all aspects of candidate practice.

However, this does not mean that the D/A Unit assessor cannot observe the assessor-candidates in undertaking those aspects of assessment which do not require contact with an individual/child e.g. the assessor candidate planning, reviewing, questioning the vocational N/SVQ candidate.

This guidance also applies to Community & Society external verifiers involved in monitoring visits. It is not expected that they will observe actual candidate practice as they too can observe those parts of the assessment process, identified above, which will minimise intrusiveness.

External Verifier role in safeguarding individual/child privacy

External verifiers identify on their external verification visit plan which assessors and candidates they wish to observe undertaking an identified aspect of the assessment process. This might include observation of a planning/reviewing session or of the assessor questioning the candidate etc. It would not involve the observation of candidates' work practice especially if this in any way intrudes into any area of service user or children's privacy. Centres are reminded that documents, confidential to individuals/children should **never** be included in the portfolio. They may be used as

N/SVQ evidence but should remain in their normal location. External verifiers will record on the External Verifier's Report Form any concerns about the continued inclusion of confidential records and will require the QAC to ensure that both assessors and candidates are clear about how to use such records as evidence without compromising confidentiality.

Photographs used and presented as evidence within N/SVQ candidates' portfolios

The value of photographs as evidence is questionable and assessors should advise candidates of their inappropriate use e.g. for decorative reasons.

Centres are most strongly advised that taking and using photographs/videos of individuals/children for N/SVQ evidence must always be supported by written informed consent from parents/guardians, the individual adult or their advocate. Photographs and video/recording should always be treated as a confidential record and left in situ rather than being placed in the portfolio of evidence. Centres must seek to safeguard the privacy of adults, children and young people and, in the case of the latter group, ensure they fully meet the requirements of children protection practice.

Service users/patients/clients involvement in assessment activity

Centres offering any qualification where candidate evidence is reliant on their involvement with vulnerable individuals or children must develop a centre policy and procedures which demonstrates commitment to the real involvement of individuals and/or relevant others and parents. This should cover:

Communication of what involvement in assessment may mean for the individual. This should include informing individuals or their advocates of qualification requirements and any evidence collection which would include the observation of working relationships or the scrutiny of confidential documents relating directly to them. An accurate explanation of the assessor's role should be given.

Obtaining informed consent from the individual as regards the extent of the involvement to which they are willing to agree. This may vary from none to any or all of the following: The provision of witness testimony, the use of confidential records and the individual's willingness for the candidate to be observed whilst interacting with them. Individuals should be advised how they may withdraw their consent, at any time.

Using advocates, interpreters or appropriate alternative methods, prior to any assumption of the individual's willingness for involvement, where communication barriers exist.

Centres should be able to provide evidence of how they have ensured the above. Most usually this will be in the form of a centre policy and procedures document which is known to all those involved in the process e.g. candidates, and signed consent forms.

Service users/patients/clients providing witness testimony

In some instances it may be appropriate for individuals to provide witness testimony for a candidate/s e.g. Home Carers. Assessors need to give clear guidance to candidates about ensuring that no pressure is placed on the individual when they request witness testimony. In addition, assessors should check to establish testimony has been provided appropriately and freely.

Centres are responsible for ensuring that service users/clients/patients fully understand the uses to which the witness testimony will be put. Testimony should not be used if they are in any way concerned about the inclusion of their signed witness testimony within a portfolio of evidence that may be open to scrutiny by people other than those associated with their care regime.

2 Centre Management Systems

2.8 D and A&V Units

A&V units embedded in Community & Society N/SVQs

Where N/SVQs have D or A & V units embedded in N/SVQs e.g. Registered Managers (Adults) centres must ensure that those assessing these units have the required experience and/or qualifications in the area of training, assessment and development and hold the appropriate units in either the D or A & V groups. The assessment strategy for the A&V Units provides the detailed requirements for assessors and verifiers of these units and should be checked carefully by centres to ensure the appropriate identification of assessors and verifiers.

Presentation of original D or A&V unit certificates to External Verifiers

D/A&V Unit certificate copies, signed by previous External Verifiers to indicate that originals have been seen, will be accepted as proof by subsequent External Verifiers from the same awarding body. Where the signing External Verifier is from a different awarding body, the External Verifier may need to carry out an authentication check before accepting the copy as proof or, alternatively, request to see the original. Assessors/IVs gaining the A/V unit(s) qualification in between EV visits do not need to be supported by the countersigning assessor once the centre has seen the original certificate(s). Quality Assurance Co-ordinators should copy the original, sign and date it and hold the copy on their centre records. The original must also be available for the EV at the next monitoring visit where they will check and also sign/date the centre's copy.

2 Centre Management Systems

2.9 Language Requirements

Non-English and Non-Welsh speakers

N/SVQ implies competence to operate in any context related to the achieved N/SVQ within the United Kingdom and not just in the context where the candidate's first language is used if this is other than English or Welsh (Cymraeg).

If assessment is carried out in a language other than English or Welsh (Cymraeg) clear evidence must be provided that the candidate is also competent in English, Welsh to the standard required for competent workplace performance throughout the United Kingdom. External verifiers must be advised of situations where candidates will be assessed and/or provide their evidence in a language other than English/Welsh. The centre is responsible for the translation of assessment records/evidence required to allow the External Verifier to monitor/verify assessment in the centre.

2 Centre Management Systems

2.10 Readiness for Level 2 N/SVQ Achievers to Register for Level 3 N/SVQ

Individual candidates vary so much that it would not be possible to identify a period of consolidation appropriate to all candidates between having gained a Level 2 N/SVQ and registering for a Level 3.

Candidates must be in an appropriate job role to allow them to demonstrate their competence. Once this has been established, assessors should identify any assessment or development needs that must be fulfilled prior to the candidate's registration for a Level 3 qualification. Centres should not register candidates until such time as initial assessment planning is complete and its outcome known.

2 Centre Management Systems

2.11 Records of Assessment and Evidence

External Verifier access to electronic/audio visual records

Centres introducing electronic/audio visual recording systems for assessment, verification and evidence recording are reminded that they will need to ensure that their external verifier is informed of the introduction of the system and, where necessary, inducted into the use of the system prior to the next planned external verification visit. It is the centre's responsibility to ensure that any system introduced continues to allow the full verification requirements to be met. Particular attention should be paid to the accessibility, track ability and confidentiality of required records.

Centres are also advised to consider an appropriate means for backing up electronically stored records which are often vulnerable to loss and/or corruption. The requirement for the period of retention of assessment records is exactly the same as for paper-based systems i.e. currently 3 years.

Lost or accidentally destroyed candidate portfolios

Appropriate methods to safeguard portfolios should be in place in all assessment centres, however should a portfolio be lost or destroyed the centre should advise their External Verifier immediately.

Revised

The external verifier will draw on their knowledge of the centre and discuss the issue with their Operational Adviser and Qualification Group Adviser.

Once an assessment of the situation has been made, the external verifier will consider the following before advising the centre of the way forward:

If the evidence has not been seen/assessed by the assessor, then the candidate will have to re-submit evidence. This situation would also highlight a quality assurance issue as candidates should not be collecting considerable amounts of evidence without reference to their assessor.

If the assessor has been involved, their assessment records can be supplemented by a written statement from the assessor, as to what had been observed etc.

Assessment records should always be held separately from the candidate's evidence portfolio. Lost or accidentally destroyed portfolios illustrate the benefit of conforming to this as routine practice.

If the evidence had been internally verified, then written statements from both the assessor and internal verifier should be made available to the E.V. as to the circumstances of the loss etc.

If an entire candidate's portfolio has gone astray then the statements should be more detailed and accompanied by a record of some detailed written questioning by the assessor which has been reviewed by the internal verifier.

N.B. In all the above situations the external verifier should be actively involved, should meet and interview all the parties involved and should maintain appropriate records of the incident.

Ownership of portfolio evidence; safeguarding and retention of assessment records

The requirement relating to record keeping is located in the QCA Code of Practice and identifies that a centre must maintain and also retain assessment records for a period of 3 years after a candidate's completion of an N/SVQ. The actual evidence that is assessed, as distinct from the records of that assessment, is deemed to be the property of the candidate and therefore, remains their property when they leave the centre. Consequently it is vital that the records of assessment and evidence are not kept together in one portfolio. Candidates may be provided with copies for their portfolio.

Assessors are responsible for safeguarding their assessment records throughout the candidate's period of assessment and also until such time as they pass on the complete set of assessment records for storage, by the centre, for the required three year period. As part of the initial planning and agreement with the candidate the means for ensuring the safe keeping of both evidence and assessment records should be discussed and agreed. Lost assessment records will considerably disadvantage the candidate and therefore assessors must take steps to ensure that risks of loss are minimised.

The records of assessment are in effect the property of the assessment centre as they are accountable for this activity. Records, which must be kept, should include assessment plans, reviews and feedback, records of assessor judgement (both formative and summative) and internal verification records. Centres which do not retain adequate assessment records might not only face difficulty in the case of a portfolio going missing but might be compromised, should the centre be subject to a regulator or awarding body audit.

All records should be made in a durable medium.

The evidence portfolio is the property of the candidate but must be available for scrutiny by assessors, internal and external verifiers. This is similar to the way in which the candidate, on completion of a college-based course, keeps essays or assignment work. There is no requirement for candidates to keep their portfolios intact and available once the qualification is complete and an EV visit has taken place. However candidates should be advised that keeping evidence may be of value when, for instance, they embark on another qualification or level.

In the case of an assessment centre that is managed by the candidate's employer, the issue of who has access to records and who owns the evidence should ideally be addressed within the policy and procedures of the centre.

In effect, the employer owns the assessment records and is accountable to the awarding body for their maintenance. It is advisable that the issue of the ownership of the actual evidence portfolio is made explicit by the employer/assessment centre especially where the evidence includes products from work. It would also be advisable for the assessment centre to specify whose permission is required before access is given to any records or evidence portfolios.

NB. Centres offering Vocationally Related Qualifications are advised that they should mirror the requirement for N/SVQ assessment record keeping in that verification and assessment records should be kept by the centre for the period of three years. Assignments can be returned to learners and they should be advised of the requirement to ensure their safe keeping.

2 Centre Management Systems

2.12 Re-writing National Occupational Standards & Awarding Body Guidance

Centres must ensure that assessors, internal verifiers and candidates are working to the requirements embedded in the National Occupational Standards and to awarding body's (City & Guilds) guidance. These are recorded in the particular N/SVQs Standards & Assessment Requirement (SAR) document and are usually provided for each candidate on registration. The NOS belong to the relevant Sector Skills Council and the guidance to the awarding body (City & Guilds) and should not be replaced by centre re-writes. Re-writes threaten the standardisation and parity of the qualification between centres and different awarding bodies. Additionally it can cause problems for candidates transferring between centres and create barriers for external verifiers attempting to verify the appropriate match of candidate evidence to standards.

It is accepted that some of the current language in the N/SVQ standards can cause concern. Centres experiencing problems of this nature should refer specific issues to their external verifier who will assist them by providing an explanation/interpretation whenever possible. Where necessary the Awarding Body will consult with the relevant Sector Skills Council.

2 Centre Management Systems

2.13 Protection of vulnerable adults and children

Candidates involved in criminal/unethical behaviour/disciplinary proceedings

It is an employer/centre responsibility to ensure that N/SVQ candidates are aware of the consequence of them becoming subject to any of the above proceeding during the period of their assessment. Centres are advised that this matter should be covered during candidate induction with the outcome that candidates are clear about their responsibility to inform their centre of pertinent issues and of the likely consequence i.e. N/SVQ assessment may be suspended until the outcome of any proceedings are known. Candidates should understand that this is a neutral action taken to minimise any potential risk to children and young people and vulnerable adults. The process should be documented within the centres policies and should include such issues as confidentiality and grounds for appeal. A statement signed and dated by the candidate, which acknowledges their understanding of all the above, may avoid future difficulty should it become necessary to implement the policy.

It is not possible to withdraw unit or full qualification certificates once issued by City & Guilds. However, prior to certification, it is the centre's responsibility not to progress certification for candidates who, in consequence of the outcome of any of the above procedures, would be dismissed/entered onto a POVA/POCA register and/or would not gain further employment in the sector.

2 Centre Management Systems

2.14 Unit Transfer

N/SVQ units achieved with another awarding body

N/SVQ units achieved by a candidate with one awarding body must be accepted as achieved by all other awarding bodies. Therefore City & Guilds centres, assessing candidates who have achieved units appropriate for direct transfer with another awarding body, must accept them. The centre must carry out checks to establish the authenticity of a candidate's claim to having previously achieved the unit. The original certificate must be seen, unit numbers, titles and content carefully checked to ensure they are identical to the unit being claimed via a direct transfer, and if there are any doubts about the origin of the certificate, checks are made with the issuing awarding body. Once authenticity is firmly established, the original certificate should be returned to the candidate with a photocopy, which has been signed and dated by the centre's Quality Assurance Coordinator and placed in the candidate's portfolio. External Verifiers may request to see original certificates when sampling selected candidate portfolios.

2 Centre Management Systems

2.15 Vocationally Related Qualifications

Teacher/Trainer requirements for VRQ delivery

Most Vocationally Related Qualifications (VRQs) are associated with programmes of learning/training undertaken by candidates prior to the completion of assessment activities.

Where teacher/trainer requirements are not specified in the specific qualification assessment strategy or requirements, external verifiers may enquire about the competence of staff delivering training. This may be demonstrated by the identification of relevant training qualifications and/or experience. Although teacher/trainer qualifications are not usually required they are valued as a means of demonstrating competence. Qualifications that might be appropriately cited are qualifications in the QTLS suite (PTLS, DTLS, QTLS), Learning & Development N/SVQs, Cert.Eds, B.Eds etc.

3 Records

Accessing electronic/audio visual records

Where alternative recording systems, such as audio/audio visual or other electronic systems have been agreed as appropriate for use, assessors must ensure that the records and evidence remain auditable. This means that the external verifier must be able to access and track all records identified within their sampling strategies quickly and accurately.

Audio tapes must provide quality recording which can be heard clearly. Tapes, discs etc. must also be marked, indexed or referenced to allow the external verifier to access the exact piece of evidence which they wish to sample. Good practice avoids the need for a duplicate written record. Prior to introducing new technology for the storage of candidate evidence and/or assessment records centres need to explore and establish their ability to continue to make the records accessible to the External Verifier.

Authenticity statement

The NVQ Code of Practice 2001 QCA, page 8, paragraph 29 requires assessors and candidates “to make a written declaration that the evidence is authentic and that the assessment has been conducted under any specified conditions or context”.

City & Guilds N/SVQ Recording Forms have had a suitable statement added to the records. Centres working with some of the older N/SVQ qualifications where recording documents do not include this declaration should add it to records made. **Ensuring Quality provides the necessary guidance.**

Candidate recording observation and expert/witness testimony

The recording of an observation narrative or of expert/witness testimony may be undertaken by the candidate where this is sensible and appropriate and has been agreed between the assessor and candidate. Assessors must check that candidates are able to and understand how to record the evidence narrative so that it is auditable.

The actual observation activity **must** be undertaken by the assessor who, if they have agreed that the candidate may complete the record, will check it for accuracy, and will usually add comments to clarify or elaborate on the candidate’s narrative account and will then sign and date the record if they accept it as a faithful account of the observed event. Very occasionally the narrative may be so comprehensively recorded that the assessor has nothing further to add and so will merely authenticate the evidence record by their dated signature. This will however be the exception rather than the norm.

The judgement of competence remains entirely with the assessor and their comments and decisions **must** be recorded in the assessment records.

This is not the same as either a Candidate ‘Self or Reflective account’ although both are instances of performance evidence. Candidate ‘Self accounts’ are most appropriately used for the candidate to record their own performance activities when these have neither been observed by the assessor nor witnessed by someone able to provide testimony. Candidate ‘Reflective Accounts’ are appropriate in those qualifications/units where reflective practice is a requirement

Where centres are using the City & Guilds Performance Evidence Record,

(Form N/SVQ 7), a tick can be placed in both the assessor observation and the candidate self/reflective account boxes to indicate that the candidate has completed the evidence narrative.

The candidate may also record testimony on behalf of a witness where it is agreed as appropriate and Expert/Witness Testimony is identified as a valid evidence gathering method. This may encourage the prospective witness to participate in the assessment process more readily and provide more focused and detailed records.

Similarly, where centres are using the City & Guilds Performance Evidence Record (Form N/SVQ 7), a tick can be placed in both the Expert/Witness Testimony and the candidate self/reflective account boxes to indicate that the candidate has completed the evidence narrative.

Again, assessors will need to check Witness Testimony records and establish the integrity and authenticity of the evidence presented before accepting them as evidence to be included in their overall judgement of the candidate's competence.

N.B. Some qualifications specify requirements for expert/witnesses. Assessors will need to be familiar with any such conditions within the qualification that they assess.

Centre devised recording documentation

City & Guilds provides recording forms for use with N/SVQs which can be located in the City & Guilds guide for centres and candidates – Recording Forms. However centres may devise their own assessment records with the proviso that such records comply with the awarding body requirements in that they allow for complete external verification and audit of the assessment and internal verification process and of candidate evidence. The intention to vary from the City & Guilds recording forms should always be discussed and agreed with the external verifier before use within a centre. New centres are most strongly advised to use the City & Guilds forms.

Dating Observation/Expert/Witness and evidence records

The date on Observation or Expert/Witness Testimony records should be the date on which the record was signed and not the date that the observation/witnessed activity took place unless they are the same.

Where they are different the date of the activity observed should be recorded either at the beginning of the observation or expert/witness testimony narrative and/or in the assessment record.

Recording performance and knowledge evidence adequately

All performance and knowledge evidence for N/SVQs within the Community & Society portfolio must be auditable. Internal/External verifiers need to be able to check that assessment judgements are sound and that the evidence presented meets the requirements fully. Therefore it is not sufficient for assessors to place 'ticks' against PC/range/knowledge in lieu of auditable evidence. All a tick does is to record the assessor's final judgement without any indication of the evidence on which the decision was based.

Imagine the difficulty in trying to check the assessment decisions on a numeracy test that provided the sum, an assessor's tick and no indication of the answer given!

Any questions used should be recorded and candidate responses outlined sufficiently to be able to recall and justify the judgement at a later date.

Ticks may be used to summarise and locate evidence for instance on the Evidence Location Sheets (ELS) N/SVQ Form 10 & 11 but are never an appropriate substitute for adequate evidence recording. This applies to **all** the N/SVQ qualifications in the Community & Society portfolio.

Community & Society centres may wish to benchmark their current recording against the exemplars provided in the relevant Standards and Assessment Requirements (SAR).

Signing and dating evidence records

All written/word processed records e.g. observations, witness testimonies, candidate explanations, assignments and copies of original certificates, must be signed and dated by the assessor and candidate to establish its authenticity.

Signatures/dates should be at the end of the document and, if several pages are involved the number involved should be noted e.g. 5/5.

Other sources of evidence, such as product evidence, do not have to be authenticated in the same way unless the centre is not using a summative record such as City & Guilds Evidence Location Summary (ELS) sheet (Form N/SVQ 10 or Form N/SVQ 11), which includes the required QCA N/SVQ Code of Practice statement about the authenticity of all the evidence presented.

4 Assessment

4.1 Accreditation of Prior Learning/Experience/Achievement Evidence

Accreditation of Prior Experience & Learning/Equivalence/Direct Transfer

Some of the qualifications in the Community & Society sector make use of all the above terms when identifying certain opportunities. It is however important that centres are quite clear about the distinctions between them.

Accreditation of Prior Experience and Learning (APEL) refers to an opportunity for candidates to present performance or knowledge evidence which comes from a period prior to their registration for a particular qualification. The evidence presented e.g. certificates, witness testimonies etc. will need to provide sufficient detail to allow the assessor to apply an APEL assessment process. This ensures that the existing evidence can be matched to the particular S/NVQ or VRQ standards and both currency and authenticity established.

Equivalence usually refers to a qualification that has been designated as having equal parity to another for a specific purpose e.g. for entry onto a vocational or professional register or to meet entry requirements for courses etc. Awarding Bodies can only advise on the equivalence of its own qualifications to others on the National Qualification Framework (NQF) or Qualifications Credit Framework (QCF). Queries about an 'equivalent' qualification being acceptable for a specific purpose must be directed to the organisation which owns the conditions/requirements.

Direct Transfer refers to N/SVQ units, previously achieved by a candidate either in a different qualification or at a different level, which can be transferred into another qualification, which contains exactly the same unit/s. In such situations, there is absolutely no need for any further assessment or evidence activities to take place.

Currency boundaries

Any evidence gained prior to the date of candidate registration and assessment planning may be considered as APL/E/A evidence and consequently treated as such by the assessor.

It is not possible to place exact limitations on the period of time that existing evidence may be drawn from because the rules of evidence apply to APL/E/A as well as all other evidence types i.e. if the evidence provides proof of the candidate's competence then it is acceptable. However, given the considerable changes in theory and practice, it is vital that the issue of currency is clearly established by the assessor. Assessors should record how they have established currency, checked the retention of knowledge and skills presented and ensured the authenticity of any evidence presented for APL/E/A.

Evidence presented from more than five years ago could reasonably be regarded as beyond an acceptable period of currency. Therefore centres considering the use of such evidence should seek advice from their External Verifier.

In a very few instances the (Unit) Evidence Requirements for some N/SVQs identify currency boundaries. It is therefore important that assessors check the specific qualification guidance and where there is a disparity between this guidance and that recorded for a specific qualification the latter will supercede.

Revised

Evidence presented for APEL in N/SVQ assessment

The need for and value of existing evidence from training/assessment programmes in providing evidence **towards** the completion of an N/SVQ is recognised. Centres should ensure the following conditions are met so that the integrity of the N/SVQ qualification is in no way compromised.

- a) All evidence gathered **prior** to registration for the N/SVQ qualification must be subjected to an **explicit** and transparent APEL process which is accessible to external verification.
- b) The N/SVQ assessment process must be fully implemented and recorded i.e. the 'plan, assess, review and judge' stages must be followed.
- c) The evidence to be APEL'd must be considered and judged by an assessor who is occupationally competent and who holds D32/33 or A1, or is registered to achieve Assessor Unit A1. Where the assessor does not yet hold the necessary assessment qualification, their judgements must be overseen and countersigned by a qualified N/SVQ assessor who is **not** the internal verifier for these judgements.
- d) Where performance evidence must be gained from observation of practice the observer must be occupationally competent and hold D32/33 or units A1 or A2. (The same conditions as above regarding unqualified assessors apply.) Any performance evidence gathered, where the 'observer' was not a D32/33 or A1/A2 qualified assessor, can only have the status of 'witness testimony'.
- e) All the evidence presented must be tracked to the relevant performance criteria, range, knowledge evidence and associated evidence requirements thereby ensuring it can be audited.
- f) Internal verification sampling activity should be planned so that it is applied during and not at the end of the candidate's period of assessment however short this may be.

N.B: The Q.C.A. ten week rule means that achievement of the full qualification cannot be claimed less than 10 weeks after the candidate's date of registration. Centres are expected to register candidates with City & Guilds at the beginning of their period of assessment.

4 Assessment

4.2 Direct Unit Transfer

Some N/SVQ units occur in several qualifications and at different levels. Once a candidate has a unit certificated it can be directly transferred into any N/SVQ where it occurs.

Assessors must not require additional evidence from candidates for previously achieved N/SVQ units.

Assessors may consider, where available, using units which require a candidate to evidence development of their knowledge and practice. This would encourage candidates to reflect upon their personal practice and knowledge development between levels or work contexts. However assessors are forewarned that it is not acceptable to make units appropriate for direct transfer dependent on the achievement of such a unit.

4 Assessment

4.3 Evidence Gathering

Assignments/Learning exercises presented as N/SVQ knowledge evidence

Some qualifications are mapped to specific aspects of an N/SVQ qualification e.g. The Certificate in Health & Social Care. Some learner support materials include exercises/workbooks which may be linked to a specific N/SVQ e.g. Smartscreen material.

Where candidates present their assessor with assignments and/or exercises/workbooks completed either for a linked, but different qualification, or as part of a learner support provision, the evidence must still be assessed against the relevant N/SVQ knowledge standards. Regardless of the strength of the link, N/SVQ assessors still have a responsibility to make a judgement about the evidence presented to ensure it is authentic, sufficient, current and, most importantly, can be applied to practice. The process used and the outcomes should be recorded as for any other piece of evidence considered by the assessor.

The links made between qualifications speed up the process by identifying the potential for existing evidence to contribute to the candidate's achievement. This is often the most time consuming aspect of APL and the links are therefore a helpful tool to encourage the use of existing candidate evidence as a contribution to their N/SVQ.

Assessor questioning at different levels

Many of the current N/SVQ qualifications in the Community & Society N/SVQ portfolio provide assessors with little indication as to how they should differentiate/vary their questioning between levels 2, 3 and 4. In fact, in some instances the same knowledge statement is repeated in units with a similar focus at each level.

The guidance that follows seeks, via the provision of examples, to advise assessors as to how they might differentiate/vary the questions to reflect the appropriate qualification level.

Promote, Monitor and Maintain Health, Safety and Security in the Workplace has been chosen as Health & Safety is pertinent to all workers and is likely to refer to the same legislation regardless of the context.

The case study below can be adapted/extended for a specific N/SVQ, thereby allowing centres to make it relevant to the specific qualifications they offer.

Case Study for developing candidate questions for different N/SVQ levels

An N/SVQ assessor has three candidates undertaking the Health & Safety unit, one at each of levels 2, 3 and 4.

S(he) has observed practice that has allowed her/him to establish that much of the knowledge required is implicit in candidate practice. However, as the knowledge specification requires all candidates to understand the **legislative framework, associated policies and procedures for competent Health & Safety practice**, and as this aspect is more difficult to evidence from observation/witness testimony alone, s(he) has decided to devise some questions specific to this area.

This should allow her to:

- i) confirm where necessary the knowledge **thought to be** implicit in the candidate's practice

- ii) allow knowledge, not possible to extract from observation of practice/witness testimony, to be evidenced and
- iii) ensure that the knowledge evidenced is appropriate for the level of N/SVQ being assessed.

From scrutiny of the unit knowledge specification at each level, the assessor has identified individual numbered statements that relate to

- i) legislation & policy
- ii) associated workplace procedures

These would be recorded in the first left hand column of example (one).

S(he) has developed a two part question for each N/SVQ level which she can apply to each piece of relevant legislation which has not been evidenced in any other way. S(he) has also recorded a set of possible responses/pointers as to the answers she is seeking.

Example 1 of Differentiated Questioning for N/SVQs Evidenced at Levels 2, 3 and 4

Knowledge Specification	Level 2 Questions	Responses/Pointers	Level 3 Questions	Responses/Pointers	Level 4 Questions	Responses/Pointers
Enter K.S. numbers taken from the standards for specific N/SVQ being assessed e.g. Health & Social Care N/SVQ Level 2: K..S.5 Level 3: K.S.4 Level 4: K.S. 3,4,5	Question 1 i) What is the point/purpose of the following pieces of legislation? (The assessor would identify all /each of the relevant pieces of legislation here)	1) Can recall and explain the overarching aim of the legislation	Question 1 i) What is the purpose of and what are your responsibilities as a Senior Team Leader/Supervisor, for ensuring the organisational policy for implementing each of the following pieces of legislation?	In addition to the level 2 responses, a level 3 candidate should be able to: 1) give more detail about the impact of the legislation/policy on practice and procedures, 2) describe their role, in not only ensuring the adequacy of their own practice, but also for monitoring the practice of others, and where necessary, taking appropriate action should problems arise. 3) describe the legal requirements for reporting.	Question 1 i) What are your responsibilities, as a manager, for ensuring that all legislation and organisation policy in relation to health, safety and security is applied fully in the workplace?	A level 4 candidate should be able to identify their responsibility for and means of : 1) knowing about all the legislation and its impact on procedures and practice, 2) producing policy for procedures and practice which ensure all legal requirements are fully implemented. 3) inducting all new staff into the requirements 4) updating existing staff. 5) reviewing procedure and practice and where necessary taking remedial action.
	ii) What does each piece of legislation and the associated organisational policy mean you have to do in your daily work practice?	2) Can list actions necessary in daily working life to uphold the aim	ii) Provide examples/illustrations from your work practice relating to each piece of legislation and associated organisational policy.		ii) Give examples of policy, procedures / practices you have devised/implemented to ensure the requirements of the following acts/regulations have been fully met. <i>(The assessor would only identify those they felt still need evidencing)</i>	For each piece of legislation selected, the candidate should be able to identify a match between the legal requirements and the organisational policy devised to ensure implementation in their workplace.

Example 2 (Questions and Responses identified for Level 2 relating to the Reporting of Injuries, Diseases and Dangerous Occurrences 1995)

The assessor would then develop sets of questions related to each piece of relevant legislation. S(he) would prompt candidates where necessary, to **contextualise their responses** by relating them to the identified procedure in their workplace, e.g. Level 2 Question (below).

Question Level 2

Reporting of Injuries, Diseases and Dangerous Occurrences 1995

What is the point/purpose of this piece of legislation?

What does this piece of legislation and the associated policy mean you have to do in your daily work practice?

Contextualised prompts

Explain what you would do if you:

- felt ill at work
- felt ill before coming in
- knew/noticed someone else was ill

Response Level 2

Point/Purpose To make sure that no accident/illness is overlooked when knowledge of it would

- a) ensure necessary/timely treatment is sought
- b) minimise its potential to spread
- c) reduce the risk of it happening again

Action Report all accidents, illnesses or incidents to my line manager immediately..

The candidate should be able to:

- explain the guidelines we use at induction about the sorts of symptoms which must be reported.
- identify the name/position of the individual they should report to and what to do if they are not available.
- explain our "safe return to work" procedures

N.B. Each of the four countries in the United Kingdom will have a body of legislation which underpins work practice. Assessors and verifiers will need to ensure their knowledge of this remains current.

Consistency evidenced via long standing knowledge of candidate practice

A work based assessor(WBA) who has worked alongside an N/SVQ candidate over a significant period of time, may have sufficient detailed knowledge of a candidate's usual practice to allow them to use this background knowledge as the basis for a decision about consistent candidate practice.

Once **all** the unit evidence requirements have been completely met, a work based assessor could decide not to ask the candidate to collect supplementary evidence to demonstrate the consistency of their practice because the evidenced activities equal the candidate's normal practice.

In such situations the WBA must be able to justify their decision by stating:

- their work relationship to the candidate
- length of work practice knowledge
- detail of daily/regular contact
- records which exist in the work place to evidence their claim to have "knowledge of practice over time".

Handouts and information leaflets presented as knowledge evidence

Candidates should be strongly advised by their assessor not to include collections of handouts, information leaflets etc. in their portfolios unless they:

- relate directly to the evidence requirements and

- have been annotated to demonstrate how the assessor has ensured that the information/knowledge has been retained, understood and can be applied to practice by the candidate.

An information leaflet or handout, on its own, is evidence of nothing more than the candidate's ability to collect information. Indiscriminate collections can be a time wasting activity for the candidate and result in bulky portfolios full of items that do not meet the evidence requirements.

Minimum requirements for evidence

Unless it is made explicit in the specific N/SVQ guidance or unit evidence requirements there is no set minimum number of evidence pieces which must be presented for either the full N/SVQ or unit or performance criteria with the Community & Society portfolio of qualifications.

However, assessors must ensure they:

- use any required evidence assessment methods, most usually observations or expert witness testimony.
- use appropriate/valid means to ensure any gaps in the evidence are complete where they have not been met by observed/witnessed activities.
- ensure they have sufficient evidence to justify a decision about the candidate's ability to work to the standards **consistently**.

This last point is where the assessor has to make decisions on an individual basis as to how much evidence is needed to be confident of consistent practice. The alternative of working to a formula could result in either the under or over assessment of some candidates.

Professional discussion

Professional discussion must be conducted by the candidate's assessor and is most appropriately used in the Community & Society portfolio of N/SVQs to elicit underpinning knowledge, explain how to deal with contingencies and clarify or expand on evidence presented in the portfolio. Professional discussion should be planned for and recorded in the candidate's assessment records and thereby agreed in advance with candidate. The assessor should not use professional discussion merely to ask a set of prescribed knowledge questions. Its value at level 2, and possibly at level 3, is limited given that observation is the prime assessment method requirement within the N/SVQ listed above. It would be more appropriately used at level 4 where there is a heavier reliance on work product evidence. However it is for the assessor to decide on whether its use is appropriate.

The outcomes must be recorded either in writing or by using audio/visual means. If the latter it must be of a good enough quality to be clearly heard; tapes must be referenced and marked to allow external verifiers quick access to the evidence they have planned to sample. The evidence must be trackable, accessible, audible and auditable.

The use of "what if" questions to provide performance evidence

The most valid and reliable assessment method for gathering performance evidence is observation. For this reason it is commonly identified as a required assessment method on an element or unit basis. It is not usually identified as a required method for each performance criteria and therefore, so long as the assessor has met the unit/element observation requirements, some performance criteria may be evidenced by the application of other acceptable assessment methods.

Assessors will therefore need to select valid methods which will result in reliable assessment decisions.

The use of questioning, particularly when related to fictitious scenarios, is the most insecure method for gathering performance (can do) evidence and should therefore only be used for contingencies or rarely occurring activities where no other more reliable evidence source exists e.g. witness testimony, product evidence etc.

4 Assessment

4.4 Observation Requirements

Observation difficulties

Where observation is identified as an assessment requirement for any particular element/unit within any N/SVQ qualification, it cannot be waived by the Awarding Body because the assessment requirements are determined by the relevant SSCs and QCA.

It is recognised that some health/care/community contexts may pose particular difficulties for observations to take place. Assessors will need to negotiate a way to meet the observation requirements so as not to infringe the privacy of children or individuals or disturb their care. The availability of a work-based assessor rather than the use of peripatetic assessors provides the best solution.

Also, most N/SVQs in the Community & Society sectors do not require every single performance criteria within an element/unit to be observed. The requirement is, most usually, that there is observation of some part of the element/unit and that the assessor can also identify other evidence gathering methods to cover any outstanding performance criteria e.g. witness testimony. In most units there are often 'more public' performance criterion which could be identified and observed. Where unit evidence guidance exists which states 'the following PCs may be difficult to observe' it does not by implication mean that all other PCs must be observed or that those identified must not be observed.

The use of audio/video digital recording as an observational tool

Direct observation is usually the prescribed and standard method for meeting N/SVQ observational requirements. It most easily meets the evidence requirements for ensuring reliability and authenticity. However, it is accepted that, very occasionally, direct observation may be inappropriate or difficult to obtain in some contexts.

In such cases, indirect observation by means of audio/video digital recording operated by someone other than the assessor may be used provided that the centre seeks and gains approval from their External Verifier who will need to be completely satisfied as to:

- why direct observation is considered impracticable and/or inappropriate for some aspects of specific unit requirements.
- how the centre will ensure that audio/visual evidence meets the quality requirement for authenticity and reliability.
- how the centre will ensure that individual's privacy/confidentiality is in no way compromised. This should include information about how audio/visual records will be securely stored and access limited.

Under no circumstances should audio/visual digital recording be considered for aspects of children's or individuals' personal care e.g. bathing, toileting. The same principles of practice apply to the use of audio/visual recording as to direct observation i.e. where an assessor would not normally participate in the service personal care they must not intrude solely in order to obtain evidence for assessment purposes.

- how informed consent will be sought and recorded and what checks will be made to ensure that any initial consent gained is confirmed immediately prior to the event.

4 Assessment

4.5 Peripatetic assessment

Establishing consistency in candidate practice

Peripatetic assessment poses additional challenges to assessors in establishing that a candidate's performance is consistent.

Peripatetic assessment is not completely natural and therefore, within the period of assessment, a candidate may over-perform. The assessor will therefore need to check that the performance observed on the assessment day/s is consistent with the candidate's normal practice e.g. testimony from a credible and competent witness.

The principle of consistency entails consideration of practice over time. Peripatetic assessors will need to record how they have satisfied themselves that the candidate's practice has been consistent over a reasonable period of time. One day is insufficient regardless of how many service users/activities the candidate was observed working with.

Peripatetic assessors should also identify someone in the workplace who will provide support and encouragement to the candidate and liaise with the peripatetic assessor, particularly if problems should arise.

4 Assessment

4.6 Service users

Minimum number of individuals (service users) required

Where the number of children and individuals, with whom candidates must work, is unspecified within the N/SVQ qualification, a minimum of 2 will normally be required. It is sufficient to demonstrate this over the full qualification and not necessarily in every unit.

However, prior to registration, assessors, and potential candidates, who work with a limited number of children and individuals will need to explore the extent to which they can evidence the full requirements and demonstrate consistent practice. It may be possible to extend candidates' opportunities by planning in such things as relief work or by considering any past experience which can be evidenced.

Where difficulties are identified, e.g. specialist foster carer working with one child, centres should refer to their external verifier for advice and/or to confirm the suitability of any proposed role extensions.

5 Internal verification/Quality assurance

Interim unit sampling

It is good practice for Internal Verifiers to include some sampling of units which are not yet complete. Holistic assessment may also encourage this approach. Where this is the case IVs should sign and date the evidence sampled, complete an IV report but they should not sign and date the Unit Assessment & Verification Declaration Form (Form N/SVQ 11) until the unit is complete. To avoid any potential misunderstanding a note could be written on the Unit Assessment & Verification Declaration Form to indicate interim unit sampling had been used.

Internal Verifier's requirement for unit achievement signatures

A well planned sampling strategy allows the internal verifier to verify the assessment practice of a named assessor without scrutinising evidence for every unit. It follows that if, as a result of the sampling activity, the assessor's practice is sound, the internal verifier may verify/sign off units in addition to those sampled.

Therefore, in order to distinguish between units sampled and those verified additionally in consequence of sampling, the following guidance should be followed:

All qualification Unit Summary Sheets (where these are still provided in the qualification documentation) must be signed by the internal verifier.

Newer N/SVQs provide two records for the use of internal verifiers.

The Summary of Achievement Form (N/SVQ12) which must be signed against each unit by the internal verifier. Units **sampled** should have the internal verifier signature recorded in an agreed colour, e.g. red, as should the actual piece(s) of evidence scrutinised.

Units **not sampled** but verified should have the internal verifier signature recorded in **black/blue**.

The Unit Assessment and Verification Declaration Records (N/SVQ11) needs to be signed by the internal verifier for units sampled only. Therefore following the above principle the signature should be in red or another agreed colour.

This practice, which is common in most Community & Society centres, gives an easily accessible and visual record of a key aspect of the sampling strategy. Internal verifiers will also need to record what they have sampled **within** a unit. Again where assessment practice is sound it is not expected that the totality of the unit will be considered by the internal verifier. Internal verifiers will need to indicate, on their sampling records, exactly what has been considered on each internal verification occasion. The internal verifier's signature or initials and date can be recorded **in the agreed colour** directly **onto** the actual piece/s of evidence considered. Again, this acts of an effective visual check.

External verifiers use the same approach when sampling assessment/evidence but use a **green** pen. This colour is not an option for centre use.

Minimum sampling activity for N/SVQs

Within the Community & Society sector it is good practice that internal verification sampling includes all candidates. Therefore some aspect of every candidate's assessment/evidence should be sampled at least once during their period of assessment so long as internal verification is not 'end on'.

This is because these sectors rely very heavily on peripatetic assessment and/or assessors in dispersed assessment sites where the centre may not necessarily be the employer or have influence on the work setting. Coupled with the fact that there is increased pressure for candidates to achieve N/SVQs in order to meet regulatory qualification requirements, quality assurance needs to be strengthened to safeguard the possibility of invalid candidate certification.

Centres receiving positive feedback from their External Verifiers on their assessment and internal verification may vary from this guidance so long as the sampling plan is sufficient to ensure that all certificates claimed are for candidates reliably demonstrating achievement against the national occupational standards. It is the centre's responsibility to ensure that any variation from this guidance does not compromise the Quality Assurance process.

6 External Verification

External Verifiers noting questionable practice

Awarding bodies do not have any direct influence on, or responsibility for, workplace practice. This remains the responsibility of the employer.

There are, nonetheless, situations where awarding bodies, most probably in the form of external verifiers, may come into direct contact with questionable practice, such as:

- a) External Verifiers noting centres' inadequate understanding of the need to carry out suitable person checks on those who will have contact with children/service users e.g. candidates, assessors etc.
 - Employers must reflect statutory requirements designed to ensure the protection of certain vulnerable individuals/children accessing services. Further guidance can be obtained from the relevant regulators for each of four countries e.g. General Social Care Council.
 - At the approval stage, external verifiers may look for a caveat in the centre's Access Policy which reflects the need to screen candidates prior to registration.

- b) External Verifiers observing illegal/unethical behaviour during monitoring visits.

External verifiers should not be in this position where they have direct contact with children or individuals in receipt of services. If, unwittingly, they do find themselves in this position, then they may feel, morally and ethically, bound to draw the centre's attention to any incident or concern, verbally, during their visit and subsequently in writing to the Quality Assurance Co-ordinator.

- c) External Verifiers discovering illegal/unethical behaviour during review of candidate evidence

The responsibility of the external verifier is confined to issues surrounding the competence of candidates. Where behaviour compromises competence, the external verifier should bring the issue to the attention of the Quality Assurance Co-ordinator and

- recommend that certification is not claimed
- request to meet candidates and assessors at the next monitoring visit, to re-verify the evidence
- identify the concern on the action plan and ask to be kept informed of developments.

However, in more serious situations, as an individual member of the public and, as required by some professions e.g. nursing, external verifiers might wish to bring this issue to the attention of the QAC and make a record of this fact on their report and ask to be advised of developments. Again this concern should be followed up formally, in writing to the QAC.

7 VRQ Qualification Guidance

Assignment submissions and grading

Unless alternative guidance is provided in the specific qualification handbook candidates may normally resubmit assignment(s) once, after receiving a refer grade. Centres should discuss any need to extend these opportunities for individual candidates with their External Verifier.

The grade criteria are pass/refer/fail.

Pass	The candidate has demonstrated all the skills and knowledge required to meet all the assessment tasks/outcomes.
Refer	Some tasks/outcomes of the assignment need reworking in order to meet the required standards.
Fail	The candidate has been referred once already and the rework still shows significant gaps in meeting the standards.

Qualification/experience requirement for Trainers/Assessors & Internal Verifiers

Trainers and learning providers should be occupationally knowledgeable in the areas which they are delivering and should also have experience in training and/or teaching. Whilst vocational and training/teaching qualifications are not currently a requirement they are valued.

Assessors should have sufficient relevant experience in the specific area they will be assessing to establish their credibility.

Assessors need to have a greater level of experience and understanding than those they are assessing. Assessors must also demonstrate the ability to mark assignments using externally set criteria.

Internal Verifiers will operate the required internal centre quality assurance systems. Existing N/SVQ centres, with established verification processes in place will find that this meets the needs of these qualifications.

Centres that do not already have developed verification processes will need to demonstrate a quality assurance system that meets the requirement described in the document Providing City & Guilds Qualifications.

Internal Verifiers will therefore need to demonstrate that they can meet the same qualifications/experience requirements as assessors and in addition demonstrate knowledge and/or experience of successfully operating a quality assurance system. This must incorporate an understanding of how to operate a sampling strategy in order to check that assessors are appropriately interpreting and imposing the assignment marking criteria. The person carrying out the checks must be completely independent of the assessment judgement. All the roles associated with the internal quality assurance system, of centre and qualification coordination, and of checking assessment decisions by the imposition of an agreed sampling strategy may be carried out by one person or a team.

8 Individual N/SVQ Unit Additional Guidance & Clarification

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Unit B3 Obtain venous blood samples using invasive techniques

Element B3.2 Collect venous blood samples

Range 1b Non evacuated sampling systems”

Skills for Health have advised that where this method is not used by an organisation, performance evidence may be gained from alternative evidence gathering methods e.g. simulation perhaps using a ‘practice arm’.

Unit B4 Obtain and test capillary blood samples

This is a generic unit with application to a wide spectrum of settings. Therefore the equipment used to obtain the blood sample will vary as to what is appropriate within the particular setting and the amount and purpose of the sample collected.

If there are any particularly unusual situations, centres should refer to their external verifier for advice and guidance.

“Element B4.1 Prepare individuals and equipment for the collection and testing of capillary blood samples

Range 1 environments in which collection and testing takes place:
a) permanent clinical environment e.g. wards and clinics
b) non-clinical environments (e.g. individual’s home, blood collection venues)”

It is likely that candidates will only work in one environment (i.e. clinical or non-clinical). Therefore evidence from observation should be obtained from the candidate’s normal working role. Other evidence collecting methods may be used to cover the other environment.

“Element B4.2 Obtain capillary blood samples

PC 9 If the sample is not to be tested immediately, it is labelled clearly and accurately, and put in the appropriate place for transport or storage, together with relevant records or documents.”

This could be covered by:

- testing for blood gases
- testing for bilirubin (jaundice) in babies
- a ‘quality control’ test for diabetes testing where the blood is put into a capillary tube, then transferred to a tube containing anti-coagulant properties

However, the first two above would be carried out in hospitals only and in emergency situations only (therefore storage and transporting would not be appropriate), the third could be done in GP surgeries but is only to test the **system** not the blood itself. Guidance given in ‘Special Considerations’ identifies that simulation is permissible as are the use of methods other than observation.

This should support candidates to evidence this PC where real work opportunities do not occur.

“Element B4.3 Test capillary blood samples

Range 1b non-electronic blood testing.”

Non-electronic blood testing is not used in many acute NHS settings. The use of other evidence collecting methods may assist in covering this requirement e.g. APEL or questioning. Battery operated equipment could be used as a suitable alternative.

Endorsed by Skills for Health

Unit B103 Contribute to developing awareness and community action in relation to crime

Element B103.2 Promote awareness and community action in relation to crime

Range 3 Support
a) education and training
b) counselling and support
c) advocacy and representation
d) interpretation
e) information provision
f) accessing expertise”

The Community Justice National Training Organisation [CJNTO] have advised that candidates are only required to evidence ‘three out of the six types of support’.

Endorsed by CJNTO.

Unit CU1 Promote, monitor and maintain health, safety and security in the workplace

There is recognition in the unit summary guidance that this unit has very wide contextual applications, covering at one end of the spectrum those working in their own and others homes (foster carers and domiciliary carers) to those working in acute settings at the other (various hospital settings including operating theatre departments).

As a result, the performance criteria, range and knowledge requirements have been written in sufficiently generalised terms to enable their application to the immense variety of situations in which workers function.

The fact that many workers act alone, in isolated and unsupported situations, is also acknowledged by the requirement that the candidate must be able to demonstrate that (s) he can competently and without panic, cope with an emergency situation which (s)he is the first person to encounter, while at the same time **demonstrating awareness of their own limitations**, up to and including the point where, if appropriate, more qualified support is summoned and is available to take over responsibility for the situation. Examination of the PCs indicates the level of action and intervention required e.g. ‘Action appropriate to the condition is begun’.

Therefore, appropriate help is sought as soon as is practicable, immediate safeguarding actions are undertaken to ensure the situation does not deteriorate further and reassurance is given to the individual.

Possible examples could include:

- A foster carer coping with a suddenly choking child
- A domiciliary worker entering a house to find a client collapsed
- A health support worker escorting a patient who falls and is in a precarious situation

N.B. If a candidate has a physical limitation or disability which means they cannot carry out the task themselves, they may **instruct** others on the appropriate action to be taken.

“Element CU1.3 Minimise the risks arising from health emergencies”

Performance criteria/range requirements

There is recognition, clearly identified in the Evidence Requirements that all the performance criteria and all aspects of range for this element might not be observed by the assessor in naturally occurring, real work activities and therefore some simulation is allowed (see Special Considerations).

Section 2 Other types of evidence of your performance and knowledge confirms this point and states that:

‘Your assessor will want to see other evidence to feel confident that you can consistently repeat this standard of work... They will also want to see evidence that you know, understand and can apply in practice the knowledge which is listed in the specification....’

Also in the ‘Summary’ section there is detailed guidance of the extent of the appropriate level of involvement in the minimising of health emergency risks as follows:

‘...The third element relates to minimising risks from health emergencies. To achieve this element, the worker must be able to undertake the appropriate initial action for the full range of health emergencies listed up to that point in time when they are able to hand over the care of the person involved to someone more competent in that area of practice. First aid training and certification may be a useful route of development to consider for this element.’

The content of this guidance does therefore not allow for this element to be evidenced solely by questioning.

It is likely there will be some ‘performance’ component on which an assessor can make a reliable judgement regarding consistent, competent practice.

Most candidates will have had involvement in an emergency situation, albeit perhaps a minor one, e.g. an individual feeling faint or someone choking on a piece of food.

The assessor might not have observed the situation. A witness or records might be available, or the candidate can describe and be questioned in detail about their intervention.

All of these sources can be reviewed by the assessor who will then make their judgement as to sufficiency of evidence.

At the very least an assessor should be able to observe simulated activities on appropriate dummies etc. in order to be satisfied that the candidate can actually carry out the techniques, the knowledge of which might well have been demonstrated by questioning.

This does not mean that all candidates must undertake a full first aid training programme, although many employers/assessment centres permit access to basic first aid training as a development opportunity and evidence of good practice.

A recent first aid training programme and certificate is **one** way that candidates can gain evidence of the knowledge requirements and of simulated performance. It is not sufficient on its own to cover the complete performance component.

Assessors are making the judgement that the candidate can respond appropriately in an **actual emergency situation**, not a simulated, pre-planned episode. A candidate who could competently demonstrate first aid techniques, or answer questions effectively, might panic in a real event.

Summary

CU1 is an essential component of the qualification it constitutes. Individuals involved with candidates are all to some extent vulnerable. Their health and safety is a vital consideration. They should be able to rely on the competence of workers (within the limitations of their job role) with whom they come into contact, often in isolated situations.

Candidates are therefore required to provide evidence that they:

- know what to do (First aid training is one way to demonstrate this)
- can demonstrate this knowledge (Again first aid training that involves simulated activities can be useful in this respect)
- provide some evidence from real work activities that their practice is competent (while recognising that assessor observation of these interventions might not have been possible).

NB This guidance has been accepted and endorsed by TOPSS (UK).

First Aid Certificates

First Aid certificates from both known and unknown sources may provide potential evidence towards CU1.3. In both cases assessors will need to check the training/assessment content of the programme leading to certification, ensuring that it matches the N/SVQ unit requirements. This will be particularly important where performance evidence has been presented from training exercises and simulations. The currency of certificates should be established, as some do have 'expiry' dates attached to them. Where the certificate is from an unknown source, the assessor should also check the credibility of the organisation issuing the certificate.

Unit CU5 Receive, transmit and retrieve information

The range requirements in this unit seek to ensure that candidates can use some of the newer technologies used for the receiving and transmitting information. If candidates do not have access to these and it is not part of their job role another more suitable optional unit should be chosen. As technology advances some new 'electronic' means will become part of usual practice and can therefore be used to cover the range so long as the evidence remains auditable e.g. text messaging.

Unit CU7 Develop one's own knowledge and practice

Element CU7.1 Reflect on and evaluate one's own values, priorities, interest and effectiveness

Performance criteria

- | | |
|---------|--|
| (1) | one's own values, interests and priorities in relation to health and social well-being are identified |
| (3) | the factors which have influenced one's own health and social well-being are acknowledged together with how these have affected one's own values |
| Range 2 | Factors
a) life experiences |

- b) socio-economic background and status
- c) cultural background”

The underlying principles of the unit are very much encapsulated in the **Summary** notes on the initial page.

This unit describes the development of one’s own **knowledge and practice** – a key part of a worker’s role. Therefore in-depth reflection on candidates’ own very personal life experience is **not** a requirement of this unit

The first element is about reflecting on and evaluating one’s own values, interests, priorities and effectiveness in practice as it is only through knowing oneself that one can reflect on the effectiveness of one’s interaction with others. This is particularly the case in the health and social care sectors when so many areas of practice are inter-mixed with potentially conflicting values and priorities. This element is based upon the belief that to be effective in practice a candidate needs to know not only the starting point of the people with whom (s)he works but also be aware of the factors which affect his/her own beliefs and actions.

Individuals working in the health and social care sectors therefore have to frequently engage with service users and others whose belief, patterns of behaviour etc differ markedly from the candidate’s own.

Examples could include:

- a passionately non-smoking worker involved in the care of someone who continues to smoke despite the fact that they are dying from a smoking-related illness.
- a foster carer/ residential childcare worker interacting with those who may have abused the children of young people now in their care.

The candidate must retain genuine ongoing concern and non-judgemental acceptance of the individual without imposing their own beliefs etc.

One of the responsibilities required of the assessor when approaching this unit is to forewarn the candidate (before engaging in detailed assessment planning) that CU7 requires the candidate to review their approaches and belief systems in so far as they affect their work role.

The candidate is NOT required to enter into in-depth counselling sessions, which might reveal painful episodes in their own personal lives.

The candidate should be given the time and opportunity on her/his own consider which areas (s)he wished to discuss before beginning to plan the assessment of this unit.

“Element CU7.2 Synthesise new knowledge into the development of one’s own practice”

This element allows the candidate and the assessor to review developments in the candidate’s practice and knowledge over a period of time.

It is particularly useful for those candidates who have previously achieved a Level 2 qualification to reflect on further experiences and/or knowledge gained in those areas already covered by the units achieved at Level 2.

It does NOT mean the reassessment of any/all of the Level 2 units but should be an individualised appraisal of the particular candidate’s development since the achievement of their previous award.

This reappraisal may involve a candidate undertaking further observed practice or training in certain agreed areas which will in turn contribute evidence toward CU7.

Unit C24 Support the Development of Children’s Literacy Skills & Unit C25 Support the Development of Children’s Mathematical Skills

These units require the candidate to be working in an environment where mathematical and literacy Key Stage 1 National Curriculum activities are in place. The literacy and numeracy activities offered in a nursery/playgroup, as opposed to an infant/nursery **school**, are not likely to be at Key Stage 1. The presence of a qualified teacher is only of relevance to this unit if they directly supervise the candidate’s application of Key Stage 1 curriculum activities.

As this is an optional unit assessors should be certain that candidates can fully evidence the requirements before embarking on it. Candidates must be working with children of an appropriate age, in a setting where Key Stage 1 National Curriculum Mathematical/Literacy activities are provided under the direct supervision/direction of a qualified teacher.

Unit CC025 Control and restrain individuals

Evidence for this unit must come from performance in the candidate’s own place of work, however, it is recognised that in some locations Control and Restraint (C & R) of individuals may not occur therefore simulation may be used (as specified in the standards).

Assessors are advised to look at the evidence guidance in the standards, which makes it quite clear that **the assessor is required to confirm competence**. If performance evidence is not available, then evidence from simulation may be used along with questioning to ensure that the candidates understand the process, knowledge and skills.

This is especially important if some time has elapsed since the candidate undertook the simulation.

Prime Sources of Performance Evidence

- Performance from the work place identifying relevant documentation.
- If the assessor does not observe this, the assessor should validate any witness testimony.
- The assessor should also inspect the documentation referred to by the candidate.
- As it is unlikely that the candidate will meet all the range through performance, any range not met should be covered with questioning.

(Control and Restraint certificates would also strengthen the evidence).

Alternative evidence, if performance evidence is not available:

- The Control and Restraint certificate along with the course content mapped to the NVQ unit may be used.
- The annual refresher Control and Restraint certificate if some time has elapsed since the original course again mapped to the NVQ unit
- Questioning/professional discussion with the assessor to ensure the candidate understands the process, knowledge and skills required.
- Completed exemplars of documentation that would be used whilst using Control and Restraint would also strengthen the evidence.

The assessor is in effect using an APL process against the C & R course. As with any other APL’d evidence the assessor must confirm competence which can only be confirmed by questioning and mapping of the course to the NOS.

It should not be assumed that just because the candidate has undertaken the C & R course that this proves competence.

This unit should not be the first completed by the candidate if simulation is used as the main method of assessment. It is important to allow candidates to make use of any potential C & R that they may come across in their workplace/role whilst working toward achievement of their NVQ before simulation is used as the assessment method.

Issued by CCNTO.

Unit DN12 (Mandatory Unit) Offer information to individuals on the protection of their oral health and support them in doing so.

Some centres have reported that it is unlikely that a trainee would be entrusted with the provision of such in depth knowledge to patients. The evidence requirements are for observation of real work activity and do not allow for simulation.

This activity has been identified as central to a Dental Nurses role. It is vital that centres discuss, at the outset, any barriers to candidates' progress which may exist and develop a strategy to overcome these.

It is recognised that a 'trainee' N/SVQ candidate requires supervision when carrying out this activity and that until competence is confirmed, the need for supervision will continue. This is one reason why there is a strong emphasis on the 'observation' of performance in a real work environment, in that an occupationally competent person is present at information giving sessions.

It is further recognised that when peripatetic assessment is being used, the present observation requirements may prove to be overly demanding on assessors' time. The observation requirements have been modified, as recorded below, to overcome this problem.

'The candidate must be observed on at least one occasion. The assessor observing the candidate must be occupationally competent and have achieved, or be registered and working towards, D32/33/A1 or A2 All other occasions where the candidate provides performance evidence to cover the performance criteria and range requirements must be either observed by their assessor or witnessed by a person who is occupationally competent in the area of work concerned and who is familiar with the standards.'

Unit DN14 Process dental radiographs or support their production

Range	Intra oral films
Range	Extra oral films"

Some candidates, working in dental surgeries may have difficulty evidencing both aspects of the range requirements when the equipment for processing extra oral films is rarely on site.

In such cases the range requirements, as related to the above elements, may be varied so that candidates can demonstrate competence against the type/s of film used in their assessment location eg intra oral film and/or extra oral film. Where the candidate is only able to present performance evidence for one type of film they must present knowledge evidence for the outstanding film type. This may be via candidate explanation of process records and/or responses to assessor devised questions.

Endorsed by Skills for Health.

“Range Instant Processing”

Instant processing means self-processing dental radiographs which are neither polaroids nor lasers. They are a self-contained pack with their own developer and fixer and are often used in mobile clinics where there are not the necessary facilities for processing.

The guidance given above for DN14 applies equally to this range item.

“Range Processing Methods
1a) manual
1b) automatic
1c) instant processing”

The range requirement to cover at least one out of the three processing methods from real work activity is problematic for dental practices that only use digital imaging.

Therefore, where digital imaging is the only method used in the candidate’s worksite, the currently recorded range can be interpreted more widely to include digital imaging. Candidate explanation of process, responses to assessor devised questions or simulation may be used to cover all the outstanding p.c’s/range where there are no other work based opportunities for evidence generation.

Endorsed by Skills for Health

Unit DN15 (Mandatory Unit) Provide chair-side support during the prevention and control of periodontal diseases, oral care and the restoration of cavities.

Element DN15.3 Support the oral health care team in the preparation and restoration of cavities.

Range 2 Patients
2a Adults
2b Children”

Candidates must demonstrate that they can work competently with children and adults equally. Candidate must demonstrate their competence for each of the four restorative treatments. However, they do not have to provide evidence from both children and adult for each restorative treatment. Therefore the candidate might cover **provisional restorations** and **amalgam restorations** with children and **composite restorations** and **glass ionomer** restorations with adults.

Endorsed by Skills for Health

Unit DN20 Provide chair-side support during prosthetic dental treatment.

Element DN20.3 Support the oral health care team in the design construction and fitting of removable prostheses.

Range 2a Children”

This range requirement may be varied to allow the candidate to demonstrate their competence with either children or adults or both as appropriate to cover the removable prostheses range requirement. Where a candidate can only provide performance evidence for either children or adults the assessor should question the candidate to ensure they can differentiate between the process used for children and adults.

Endorsed by Skills for Health

Unit DN21 Provide chair-side support during endodontic treatment

Element 21.1 Prepare equipment, instruments, materials and medications for endodontic treatment.

Range 1 Endodontic Surgery
a) Root Canal treatment
b) Pulp capping
c) Apicectomy
d) Pulpotomy
e) Pulpectomy”

The above range requirements have been varied to assist those candidates experiencing barriers to the completion of this unit because the events occur rarely.

Candidate performance evidence must now cover Range 1a and 1b and **at least** one further aspect of root canal treatment (1c Apicectomy, 1d Pulpotomy, 1e Pulpectomy). Any outstanding range requirements may be evidenced by candidate explanation of process reports and/or responses to assessor devised questions where the opportunity to provide naturally occurring evidence from the workplace is unlikely to occur during the candidates period of assessment.

“Element DN21.3 Provide close assistance to the team and support patients during surgical endodontic treatment.

Range 1 Endodontic Surgery
a) Apicectomy
b) Pulpotomy
c) Pulpectomy”

The above range requirements have been varied to assist those candidates experiencing barriers to the completion of this unit because the events occur rarely.

Performance evidence gathered from observation is required for a minimum of one of the three activities identified in Range 1. The outstanding two range activities may be evidenced by candidate explanation of process reports and/or responses to assessor devised questions where the opportunity to provide naturally occurring evidence from the workplace is unlikely to occur during the candidate’s period of assessment.

Unit DN22 Provide chair-side support during the extraction of teeth and minor oral surgery

Element DN22.1 Prepare patients, environments, equipment and materials for the extraction of teeth and minor oral surgery

- Range 1
- Extraction of teeth and minor oral surgery
- a) extraction of erupted teeth
 - b) extraction of buried and unerupted teeth
 - c) removal of roots
 - d) investigation of soft tissues lesions

Element DN22.3 Provide close assistance to the team and support patients during oral surgery to remove roots, buried and unerupted teeth.

- Range 1
- Oral surgery relating to
- a) the removal of roots
 - b) the removal of buried teeth (permanent, third molar or deciduous)
 - c) the removal of unerupted teeth (permanent, third molar or deciduous)”

Some centres have difficulty in meeting the revised evidence requirements for at least one of the activities identified in Range 1 of both DN22.1 and 3 to be observed by the assessor.

As this is a competency based qualification there can be no relaxation of the requirement for candidates to provide performance evidence. However, in an effort to assist candidates who work in settings where these activities are non – routine and therefore difficult to plan in for observation, it has been agreed that assessors may use either observation **or** expert witness testimony. Assessors should also identify other supporting performance evidence to establish consistency in candidate practice, e.g. candidate reflective accounts.

Endorsed by Skills for Health.

Unit DN23 Prepare for and provide chair-side support during surgical periodontal therapy.

Element 1 Prepare equipment, instruments, materials and medicaments for surgical periodontal therapy.

Element 2 Provide chair-side support during and after periodontal therapy

- Range 1
- Surgical Periodontal therapy (both elements)
- a) flap surgery
 - b) pocket eradication
 - c) sulcus deepening
 - d) gingivectomy and gingivoplasty
 - e) free gingival grafting “

Some of the range requirements include some very specialist and uncommon procedures. Therefore observation is required for a **minimum** of one of the activities identified in both elements DN23.1 Range 1 and DN23.2 Range 1. The remaining range requirements in both elements may be covered by evidence gathered from expert witness testimony, work products and candidate explanation of process reports. Where candidates experience difficulty in providing performance evidence in all five range requirements **one** only may be evidenced by the presentation of knowledge evidence derived from responses to assessor or devised questions.

Endorsed by Skills for Health

Unit DN39 Provide chair-side support before, during and after the use of conscious sedation in oral health care treatment. (Option B)

Unit DN40 Support patients and anaesthetists before, during and after the use of general anaesthetics in oral health care treatments. (Option B)

Unit DN41 Determine the need for and perform verepuncture, intra-venous cannulation and intravenous infusion. (Option B)

Centres should not embark on the planning or assessment of these units. Discussion has taken place between Skills for Health, NEBDN and City & Guilds CHC and in consequence further guidance is being sought from the General Dental Council as to whether they are appropriate for continued inclusion in this qualification.

Unit F3 Manage Continuous Quality Improvement & Unit F6 Monitor compliance with quality system

In deciding which of the above two units is most appropriate for candidates to do assessors will need to establish with managers the exact nature of their management responsibilities for quality systems within their organisations. The summary overviews which precede the unit standards in the Registered Managers (Adults) Award Guidance & Record of Assessment provide guidance on the sort of activities and responsibilities that candidates will need to have in order to evidence the unit. Very broadly, individuals with responsibility for developing, implementing, maintaining and identifying necessary improvements to quality system should consider F3 Manage Continuous Quality Improvement.

Individuals with responsibilities for monitoring and reporting the organisations compliance with **existing** quality systems should consider **F6 Monitor compliance with quality systems**.

Once the area and breadth of the manager's responsibility is established, the centre should support the candidate to carry out a detailed matching of evidence generating opportunities arising from their work role to the standards (p.c., range & knowledge). This should ensure that there is a sufficient fit, for the candidate, to progress through the unit.

Unit NC12 Enable clients to eat and drink

The unit summary for NC12 states that:

'To comply with accepted good practice, it is expected that they (the candidate) will hold an appropriate level of food hygiene qualification, such as those approved by the Institute of Environmental Health officers and in – house certificated courses'

The critical word is 'expected' rather than 'required' or 'demanded'. This indicates that as many care candidates will be/have been expected to gain a Certificate of Hygiene to meet the requirements of their workplace they are likely to have this certificate available to present as evidence. It is not however an S/NVQ requirement and where candidates do not hold this qualification their assessor may identify alternative ways to evidence this unit.

Units 01, 02, 03 and CL1

It is possible for assessment of the above units to be undertaken as discrete separate entities.

It is likely, and probably preferable, that many assessors and candidates will continue to evidence the above units by a process of cross-referencing; as evidence for these units should naturally occur during everyday practice.

However, some candidates may elect to have them assessed separately, or even to achieve them as their first units, as assessors might, for example, wish to reassure themselves by this practice that candidates are sufficiently aware of the underlying care values.

If candidates have met all the requirements of the above units early in the assessment process (i.e. after only achieving 2 or 3 other units) then accreditation is appropriate.

Nonetheless assessors will still need to be reassured of a candidate's consistent competent practice throughout the course of the award. This competent practice will include application by the candidate of appropriate Care values. Assessors should therefore not make positive judgements regarding competence for ANY unit where a candidate has not applied these values.

Unit OD1 Contribute to the control of infection in clinical work areas

Element ODI.4 Decontaminate & sterilize clinical instruments"

The evidence requirements state that observation is required for all p.c.'s in this element with the exception of p.c. 8 and 10. Some centres are reporting that because of changes in working practice ODS staff are not likely to undertake this activity within a theatre environment. Instrument sets are frequently removed by either sub – contracted firms or to depots off site for decontamination and sterilization.

Therefore where there are no work practice opportunities available to evidence the p.c. and range requirements, assessors may use candidate explanation of process or responses to assessor devised questions as an alternative assessment method.

Endorsed by Skills for Health.

Unit SPRITO PB23 Promote children's development through play

Unit SPRITO PC12 Promote positive relationships in the play environment

The range requirements demand that candidates produce evidence from two out of three age groups:

- 5-8 years
- 9-12 years
- 13-15 years"

These units are imported from the Playwork N/SVQ and the national occupational standards are owned by SPRITO (NTO) and not EYNT0.

SPRITO have advised that the age range **cannot** be varied as the SPRITO units were introduced to provide a 'Playwork Management' strand which would attest to the candidate's ability to manage play settings and services where the above age ranges would be catered for.

SPRITO endorsed

Unit RMI Manage a service which achieves the best possible outcomes for the individual

Element RMI.4 Manage and monitor systems for the administration of medication”

This unit is mandatory and simulation is not allowed.

Prior to registration for this qualification centres need to complete a skills audit with candidates to ensure their job role will allow them to present sufficient evidence to complete the unit. Every workplace should have a medication policy and even if it is not part of the managers’ responsibility to dispense medication, they will be responsible for devising, implementing and monitoring the policy. Records of this activity would count as product evidence gained from real work activity. Where this is not possible, candidates should be advised that they can opt to undertake the unit route or to undertake a qualification that more appropriately reflects their job role.

Unit SC14 Establish, sustain and disengage from relationships with clients

Element SC14.3 Disengage from relationships with clients”

Many foster carers with long-term placements have experienced difficulty in providing performance evidence during the period of their assessment for this element.

Where performance evidence is not available the assessor can identify alternative evidence collection methods, including ‘what if’ situations, short case studies, APEL etc.

Unit TC1 Record and evaluate an ECG at rest

Concern has been expressed about the use of the word ‘evaluate’ in

“Element TC1.1 Prepare the patient and equipment for an ECG at rest

Element TC1.2 Monitor and evaluate the patient’s condition and performance of equipment during and after an ECG at rest

Element TC1.3 Produce, evaluate and despatch an ECG at rest”

This concern stems from worries that the candidate might be required to evaluate the recordings which is an activity they are not qualified to undertake.

The requirements of this unit are clear and it is the responsibility of the candidate to ensure that:

- the equipment is actually working correctly and is making an appropriate recording;
- (s)he is able to recognise where the equipment is indicating **serious or life threatening conditions** so that **advice is sought without delay**.

It is therefore not a requirement that the candidate would actually evaluate either the patient or the recording in any further depth or detail.

“Range Types of Patient
Adult
Child”

Evidence from candidate work practice should be used to cover one aspect of the above range unless they are working with both adults and children when they should evidence both. Assessors should then question candidates to ensure they understand the difference in procedure when working with the group they have not evidenced from work practice.

“Range Single channel”

In contexts where this equipment is not used assessors may question candidates to cover this aspect of the range.

Unit X9 Support others in the implementation of physiotherapy programmes and treatments

Element X9.2 Implement physiotherapy treatments

Range 1e Intermittent compression”

Where intermittent compression is no longer practiced in the candidate’s work environment, assessors may use alternative methods for gathering performance evidence. Assessors must be aware that candidates may move to different contexts where this technique is still used and therefore must be confident that the candidate could completely transfer their skills and knowledge to another setting.

Unit X12 Support clients during clinical activities

Element X12.3 Assist clients to recover from treatments, investigations and procedures”

Performance criteria (2) following the activity, the client is correctly informed of any clinical need for refreshment

A ‘clinical need for refreshment’ could be:

- the administration of a litre of fluid given to a patient after a Barium enema.
- the provision of food to a diabetic patient who had ‘nil by mouth’ because of tests etc.

Unit X19 Prepare and Undertake agreed clinical activities with clients in Acute Care settings

Element X19.3 Obtain and test specimens from clients”

Notes on this element Blood (Range 1e) would be obtained by a thumbprick or by venepuncture

Thumb pricking is no longer acceptable practice as it can cause damage to nerve endings. This issue will be referred to the NTOs.

The agreed interim guidance is that pricking should take place on the outer aspects of the forefingers.

“Range 1b) blood sugar analysis”

There is concern that the candidates are being asked to provide evidence of competence for blood sugar analysis when health care assistants are not allowed to carry out the procedure or make a judgement of the analysis (this procedure is only done by medically qualified staff). However this policy is not consistent throughout NHS Trusts.

Although performance evidence by observation is not required for all parts of the range of the element, some centres are not too keen to use other methods such as questioning/simulation as this would imply that the candidate is competent to carry out blood sugar analysis when in fact it is not good practice to do so.

This issue will be referred to the NTOs.

The agreed interim guidance is that where this practice is not acceptable, the candidate can be questioned as to knowledge of the process, with a clear indication this is not an expectation of their role.

Taking capillary blood from babies in a maternity unit is reported by some NHS Trusts to be appropriate to the midwife's role and not the HCA (Candidate). X19 is an optional unit and does not include babies in its range requirements. It is therefore necessary for the centre/assessor to check their own NHS Trust policy to identify whether this activity is part of a care worker's normal role on a maternity unit. These checks should be made prior to embarking on the assessment of this unit and, where the activity is in conflict with Trust policy, alternative units should be identified.

“PC6 Client behaviour and condition is observed and monitored throughout contact and any unexpected change or aspect which gives cause for concern is reported to an appropriate member of the care team without delay.”

Some NHS Trusts have expressed concern that this element implies candidate responsibility for monitoring patients without supervision. This is not the case. Candidates must demonstrate that they know what needs to be observed and monitored in order that they can contribute to the total team process and in particular, that they can observe and report unexpected or abnormal developments to appropriately qualified personnel.

Unit X22 Process, reproduce and assure the quality of permanent images

Element X22.2 Prepare and reproduce permanent images

Range Types of permanent image.”

Centres may interpret the range requirement 'permanent image' more broadly to include digital imaging where this has replaced other methods used in the candidates' workplace.

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