

(Co-Production Associate Training) Internal Verification Policy.

Name of responsible party	Claire Connor, Interim Head of Corporate Services
Date PCC EMT approved policy	
Date policy was equality screened	
Date policy last went to Business Committee	
Date version was recommended by The Business Committee	
Date to be reviewed	One year

The content of this document should be read in conjunction with any COVID-19 guidance and other PCC policies and procedures. For further information contact the Head of Development and Corporate Services on 028 9536 2548.

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1.0 Introduction

Internal Verification

The Patient and Client Council (PCC) recognises and accepts that Internal verification is a key part of the organisation's responsibility as an OCN Learning Centre. This policy outlines the required action to be taken in order to put in place quality assurance arrangements which contribute significantly to quality improvement.

2. Scope of Policy

This policy applies to any staff that have appointed responsibility as an Internal Verifier of any PCC OCN accredited/endorsed training provision.

3. Key Principles

3.1 Definition

Effective internal verification is the process by which the OCN Learning Centre, in this case the PCC, ensures that the standard of assessment remains consistent over time and that there is consistency and standardization in the assessment decisions made by different assessors. This in turn ensures that learners are treated fairly and equally in the assessment of their work.

The purpose of the internal verification procedure is to:

- Evaluate assessment practices and decisions;
- Ensure the validity of assessment decisions;
- Ensure the standardization of assessment decisions, and
- Identify good practice and areas for improvement.

4.0 Roles and Responsibilities

To achieve effective Internal Verification the Head of Operations will;

- Consider and appoint internal verifiers who are sufficiently qualified and experienced to undertake the role.
- Allow the appointee time for training and/or support to enable them to complete their work effectively.

- Ensure that accurate internal moderation records are kept in line with the section 2 of the OCN terms and conditions for centre recognition (retention of regulatory records and access to records, people and premises)
- Ensure appointed Internal Verifiers are made aware of the organisations Internal Verification Plan which includes a systematic approach to sampling assessment activities and documentation across PCC's provision and specifies how and when assessor's assessment practices and decisions will be reviewed.

The Internal Verifier will;

- Ensure the model of internal verification applied and sampling strategy adopted are appropriate for the context and circumstances.

The Tutor/Assessor will;

- Ensure that internal moderation is planned prior to a course commencing.

4.2 Internal Verification Plan

The Programme Manager must prepare an internal verification plan which includes a systematic approach to sampling assessment activities and documentation across PCC's training provision and specifies how and when assessor's assessment practices and decisions will be reviewed.

The internal verification plan should include:

- the sampling of verifiable evidence i.e. completed assessment records and related documentation/products,
- the observation of assessment practices and
- a brief discussion with one or more of the learners,
- a professional discussion with the tutor/s.

The plan should specify the sampling strategy being used. The sampling strategy will take account of the following variables (as appropriate) to ensure it is representative;

- Delivery- number of sites, methods of delivery
- Tutor/assessors- number of tutors, assessment experience, prior performance
- Learner groups- number of groups, mode of attendance (f/t, p/t, online)
- Assessment- different methods of assessment, different forms of evidence
- Learners- assessment performance, reasonable adjustments, borderline assessments

The verification plan will be issued by the Internal Verifier to assessors and the dates of observations and professional discussions should be agreed.

4.3 Reporting

The internal verifier will complete a written Internal Verification report for each cycle of activity. This report will identify good practice, remedial action required, and any opportunities for making improvements. Where remedial action is required the Internal Verifier will agree actions for improvement with the tutor/assessor.

The following records will be maintained in accordance in line with the section 2 of the OCN terms and conditions for centre recognition (retention of regulatory records and access to records, people and premises).

- Internal Verification plan
- Internal Verification reports
- Appeal documentation (if applicable).

5. Internal Verification Appeals Procedure

In the event that an individual disagrees with an internal verification decision they are entitled to appeal against it following the procedure prescribed below. The PCC will aim to resolve the issue within 14 working days after it has been raised or as soon as is reasonably practical.

The tutor/assessor should raise any problems, questions or queries with the Internal Verifier (IV) concerned within 5 working days of the IV decision being taken or as soon as is reasonable practicable, to discuss and attempt to resolve the issue at the earliest opportunity.

In the event that the issue remains unresolved or the tutor/assessor feels unable to discuss this with the IV concerned, they should complete the appeal documentation and forward it to the OCN Quality Manager.

The OCN Quality Manager will review all the relevant documentation and if necessary discuss the matter with the IV and the tutor/assessor. The OCN Quality Manager may consult with the External Verifier prior to making a decision. The IV and tutor/assessor will be issued with the decision, in writing.

At the point of External Verification, the External Verifier appealed decisions will be highlighted for inclusion in the review sample.

The Quality Manager will retain all documentation pertaining to the appeal in line with the Retention of Learner Records Policy.

6.0 Equality Statement

Review

This policy will be reviewed no later than one year from its implementation.

Equality Impact

This policy has been screened for an equality implication as required by Section 75 of the NI act 1998 and is assessed as having no serious impact on the Section 75 groups. However, it is recognised that it might bring to attention learners that may be identified as having particular assessment requirements in relation to, for example, disability, dependant status or ethnicity where English is a second language. The tutor/assessor will endeavour to provide the appropriate support in their development to help them meet the required standard. Whilst taking care to ensure that any proposed assessment methods are of equal quality and rigour to those being used for all learners in order to demonstrate that the learner with special assessment requirements has achieved the standard expected. Where adjustments are made, they will be reflected during internal verification in sampling assessment activities and documentation.