

Strategy for Centre Assessment Standards Scrutiny (CASS)

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Policy Authorised by Responsible Officer

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Introduction

OTHM has consistently sustained rigorous processes to approve centres for delivering our qualifications and to ensure continuous quality assurance of our centres' delivery of internally assessed qualifications, including those regulated by Ofqual. The implementation of the Centre Assessment Standards Scrutiny (CASS) strategy in 2021 allowed us to enhance these processes, particularly by expanding the range of data we utilise to identify risks linked with qualifications and centres, and by detailing the procedures we use to mitigate identified risks. Since then, we have continuously enhanced our processes. This updated version of the CASS strategy encompasses these advancements.

Section 1 Overall Approach and Core Values

OTHM's approach to Centre Assessment Standards Scrutiny (CASS) forms part of an overall strategy applicable to qualifications where assessment is marked by a centre (Condition H2).

Centres are subject to a wide range of centre controls and quality assurance activities, including the centre approval procedure, centre re-approval procedure, annual CQR (Centre Quality Review). Reviews and other activities consisting of on-going monitoring of centres' performance and observance of OTHM's quality standards in addition to CASS. Three core values continue to be at the heart of all decision-making in the design, development, delivery, award and quality assurance of OTHM qualifications:

1. Fairness to all learners
2. Safe and secure certification of qualifications
3. Maintaining the integrity and reliability of the qualification system, confirming that standards are preserved.

In support of this, OTHM requires all centres to deliver high quality learning and teaching (where applicable) and to provide valid, reliable, practical, equitable and fair assessment practices.

The key role of OTHM is to safeguard standards for those qualifications we certificate. As part of our obligation to quality assuring standards we aim to provide guidance and support to help Centres and their learners to achieve learning and development goals. We also ensure that any regulatory requirements are met, and in turn we support Centres to meet those necessities.

Section 2 Allowing Centres to Mark Assignments

To offer OTHM qualifications, an organisation must undergo our approval process to become an accredited OTHM centre. All prospective OTHM Centres must agree to a due diligence check. This procedure provides us with a level of assurance regarding a potential centre's viability and business values. A Centre's delivery history offers an indication of its capability to deliver OTHM qualifications in accordance with our standards.

The Centre application process includes several checks to be carried out prior to the Centre being approved to deliver and assess OTHM regulated qualifications:

- We verify that tutors/assessors have the appropriate level of qualifications and credentials prior to approving the Centre to deliver the qualifications.
- We ensure the Centre has all mandatory policies and procedures in place to protect the interest of learners.
- We require evidence that the Centre has the appropriate Internal Quality Assurance (IQA) and Assessment procedures in place to verify the assessment decisions made by the Centre staff

2.1 Pre-approval and Approval by OTHM Centre Approval Board

We conduct a pre-approval visit/virtual meeting with all new Centres and again for re-approval of the Centre, to discuss the requirements surrounding becoming an approved Centre and how to maintain compliance with the requirements set by OTHM and the regulators.

Prior to the pre-approval meeting, OTHM will discuss the qualification requirements and assessment criteria, ensuring the Centre Co-ordinator is fully aware of the responsibilities and has the appropriate workforce in place. At this point we may set actions for the potential Centre to address to raise the standards. Once a potential Centre has met all our Centre approval and has been approved by OTHM Approval Board, OTHM award time limited approval for a **maximum of five years**.

Our Centre approval criteria detail the staff, processes and records new Centres will need to meet our requirements. We expect Centres applying to OTHM for Centre approval to meet all Centre approval criteria as stated in our Centre approval application form and additional Centre resource requirements if applying to deliver any of our specialist qualifications.

This approach ensures we are satisfied that Centres have the capability, systems, and resources in place to operate effectively as an OTHM-approved Centre offering assignment based internally assessed qualifications.

2.2 Centre Support

To help Centres understand our assessment and internal quality assurance requirements, we provide a range of resources.

These include:

2.2.1 A Guide for Centres

A reference tool for OTHM approved and/or prospective Centres. It sets out what is required of the Centre to deliver our qualifications. It also contains information specific to managing and delivering the qualification(s) including specific quality assurance requirements.

It is intended for tutors, assessors, internal quality assurers and administrative staff within Centres and should be read in conjunction with the Qualification Specifications for the qualifications a Centre is or intends to offer.

2.2.3 Assessment Materials

Guidance on assessment is provided in the relevant Qualification Specification and Assignment Brief. The performance of qualifications and assessment models is kept under review. Centres are advised of any updates when they are made and are invited to comment on them. Where significant changes are being implemented, OTHM consults Centres prior to implementation; guidance on changes and subsequent requirements relating to qualification management/assessment is provided as appropriate.

2.2.4 Training support activities

OTHM recognises that reliability and comparability of standards for the assignment method is a challenge. OTHM therefore provides training for Centres, assessors and External Quality Assurers (EQAs).

OTHM also provide specific guidance on:

- the make-up of the assignment.
- the evidence that needs to be generated by the learner.
- the marking criteria used by the assessor.

2.2.5 Additional support

An additional level of support will be offered to explain in detail how assessments must be marked and verified prior to certification and through a central repository of centre resources.

OTHM will communicate the CASS requirements with all approved Centres via email, website update, and the quarterly newsletter to ensure the information has been shared amongst all who are approved to deliver, assess, mark and verify assessments.

The cycle of quality assurance and EQA allows OTHM to systematically gather and evaluate Centre performance data in relation to our quality assurance criteria. The outcomes of these evaluations:

- support general and sector-specific guidance development
- inform qualification and EQA Team activities
- inform training and webinar development

2.2.6 OTHM approach to assessment design

OTHM will include a clear outline of the assessment method required for each unit within the qualification specification. Where a particular assessment method can be delivered across a range of units this will be highlighted.

The approach is as follows:

1. OTHM will develop at least one assignment brief for each unit (or unit range). This will assist Centres to get started with delivery of its selected qualifications and provide Centres with examples of good practice.
2. It is recommended that the OTHM authorised assignment briefs are used by the Centre.

3. Centres that wish to devise their own assignment briefs need to first provide them to OTHM for approval and they must be quality assured by OTHM prior to implementation.
4. OTHM will limit or remove the use of the Centre-devised option where it deems appropriate for a specific qualification due to issues of comparability, reliability, delivery method, or regulatory compliance.
5. Guidance for marking and assessing assessment outputs will be provided to Centres in the qualification documents, in training and during EQA guidance. Additional guidance documents and/or specialised training may be developed for individual qualifications as deemed appropriate. The [Assessment Policy](#) should be referred to for further guidance.

Section 3 Monitoring

OTHM recognises that internal assessment may bring a level of risk for the awarding organisation, particularly in terms of ensuring that evidence presented is at the correct level and that marking/assessment at a higher level is appropriate. To mitigate these risks and to ensure a balance between flexibility for Centres and robust quality assurance checks prior to the issue of certificates, OTHM does not provide a Direct Claims Status (DCS) arrangement for Centres offering OTHM qualifications.

The OTHM approach to Centre Assessment Standards Scrutiny (CASS) includes Centre Standardisation, External Quality Assurance of every qualification and every assessment decision, annual monitoring activities, training for EQAs and Centres as well as risk assessment of Centres and qualifications.

OTHM's approach to the monitoring of risk for a Centre is driven by an **Enhanced RAG Rating System** (see section 3.1). The level of risk that is applied to the Centre following an EQA monitoring activity will determine in what timescale the Centre's next monitoring activity will take place. Where immediate risk to the integrity of OTHM qualifications or to the interest of learners is identified, the EQA in liaison with OTHM may recommend a Sanction against a Centre.

3.1 Enhanced RAG Risk Rating System for Centres

A red, amber, weak amber or green (Enhanced RAG Rating System) rating is applied to each Centre following an EQA activity.

These are summarised as follows:

RAG rating	Criteria
RED [high risk]	Critical quality issues are present that threaten the successful completion or performance of the centre. Immediate corrective action is required to resolve these significant problems.
Amber [moderate-high risk]	Moderate quality concerns are identified that, if not addressed promptly, could

	escalate into more severe issues. Mitigation plans should be implemented to manage and resolve these concerns.
Weak Amber [moderate-low risk]	Minor quality issues that do not pose an immediate risk but should be monitored to prevent escalation. Routine attention is necessary to ensure these concerns do not worsen.
Green [low risk]	The centre is performing well, meeting quality standards and objectives without any notable issues. Continuous monitoring is maintained to sustain high-quality performance. Minor recommendations may be given for continuous development

The Enhanced RAG rating is judged by the EQA based upon evidence within their report and recorded on the EQA report.

The failure to address previously identified actions by the EQA to meet or strengthen compliance with the Approval Criteria may result in an escalation of the risk level assigned and an increase in the level of future monitoring the Centre will receive.

Any Sanctions recommended will be proportionate to the risk identified and range from levels 1 to 5, increasing in severity. The [Sanction Policy](#) should be referred to for further guidance.

Dependent on their level, the application of a Sanction may affect the Centre's registration and certification rights. The application of a Sanction may also trigger additional monitoring for corrective action by the Centre to be reviewed by the EQA.

3.2 Risk Descriptors for Enhanced RAG Rating

The scale of OTHM risk ratings, with their corresponding indicative Sanction level and timeframe of next monitoring activity, is detailed below:

Enhanced Risk rating (Rag)	Risk Descriptor	Sanction Level
Red [high risk]	<ul style="list-style-type: none"> The centre is a new centre, and this is their first EQA review There may be major inconsistencies in how assessments are marked and evaluated. Discrepancies in the application of assessment criteria can lead to unfair or unreliable outcomes. The centre may show significant areas where policies and procedures are not adhered to. 	Level 3 and above

	<ul style="list-style-type: none"> • Non-compliance can result in serious issues that require immediate corrective actions. • Documentation related to assessments and learner progress may be incomplete or poorly maintained. • Records may be missing critical information or not updated regularly. • Feedback provided to learners may be insufficient, lacking in detail, or not constructive. • Staff may require substantial training to understand and implement best practices. • There may be significant gaps in knowledge or skills among assessors and other staff members. • The centre may encounter frequent and systemic issues that impact the overall quality of education and assessment processes. • These issues may require comprehensive interventions to address. • Learner support mechanisms may be inadequate, failing to meet the needs of students. • Urgent and significant action is required. 	
Amber [moderate -high risk]	<ul style="list-style-type: none"> • There may be noticeable inconsistencies in marking and evaluation across different assessments. • Irregular application of assessment criteria can lead to unfair or unreliable outcomes. • The centre may show significant areas where policies and procedures are only partially adhered to. • There may be a need for corrective actions to ensure full compliance. • Documentation related to assessments and learner progress may lack thoroughness and consistency. 	Level 2

	<ul style="list-style-type: none"> Records may not be maintained regularly or comprehensively. Learner feedback may vary in quality, sometimes lacking detail or constructive elements. Staff may require substantial training to improve understanding and implementation of best practices. Gaps in knowledge or skills among assessors and educators may be evident The centre may encounter both isolated incidents and systemic issues that require attention. These issues can impact the overall quality of education and assessment processes. Learner support systems may exist but require enhancements to be fully effective 	
Weak Amber [moderate-low risk]	<p>Moderate risk, some criteria unmet.</p> <p>This rating applies when notable problems or deficiencies are identified, but they are not critical enough to disrupt overall operations or integrity of qualifications.</p> <ul style="list-style-type: none"> There may be occasional inconsistencies in how assessments are marked and evaluated. Some variability in the application of assessment criteria might be observed. The centre may exhibit partial compliance with established policies and procedures. Minor deviations from standard practices may be identified during reviews. Documentation of assessment processes and learner progress may be adequate but could lack detail or thoroughness in some areas. Records may be incomplete or not updated regularly 	Level 1

	<ul style="list-style-type: none"> • Feedback provided to learners may sometimes lack depth or specificity • Opportunities for improvement may be missed due to generic or insufficient feedback. • Staff may require additional training to fully understand and implement best practices in assessment and risk management. • There may be gaps in knowledge or skills among assessors and other staff members 	
Green [low risk]	<p>The Centre does not pose a risk to OTHM qualifications or to learners. Centre is fully meeting its obligations and undertaking assessments and associated tasks to the required standards</p> <ul style="list-style-type: none"> • There may be occasional, minor inconsistencies in marking and evaluation. • These inconsistencies are typically minimal and do not significantly impact overall fairness. • The centre generally adheres to established policies and procedures. • Any deviations are usually minor and easily correctable. • Documentation related to assessments and learner progress is generally adequate and up to date. • There may be occasional gaps in documentation, but these are not significant. • Feedback provided to learners is generally consistent and constructive. • There may be opportunities to further enhance the detail and usefulness of feedback. • Learner support systems are generally effective, providing adequate resources and assistance. • Audit trails ensure that all activities and decisions are documented, making it easier 	Level 0

	<p>to demonstrate compliance with regulatory requirements and maintain accountability.</p> <ul style="list-style-type: none"> • The centre meets internal quality standards, ensuring reliable and valid assessments. • A focus on internal quality allows the centre to identify and address potential issues before they become significant problems 	
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3.3 Overall Risk Monitoring of Centre

In addition to the Enhanced RAG Risk rating, OTHM has other processes in place to identify and mitigate risks in relation to the delivery of its qualifications and assessment.

3.3.1 Determining qualification and centre risk

The first set is qualification risk factors, as follows:

- New qualifications in a new subject area, or with a new mode of delivery or mode of assessment
- Qualifications recognised by regulatory/standard-setting bodies as requiring enhanced quality assurance arrangements
- Qualifications that have been updated, e.g. because of change of professional standards/increased breadth/depth/level
- Qualifications with a pattern of reported maladministration and/or malpractice
- Qualifications in sectors with known risk factors

The second set is centre risk factors, as follows:

- A new centre, or one which is offering qualifications for the first time
- The length of time since the last Quality Assurance event (centre may also have been inactive)
- A pattern of Red Enhanced Risk ratings including where marking criteria are not being applied consistently
- Centres with a pattern of reported maladministration and/or malpractice
- Centres which have submitted inaccurate results

3.4 Mitigating risks

3.4.1 Centre Standardisation

Standardisation is a process to ensure that the assessment criteria for a qualification or unit are applied consistently by assessors and verifiers. It is undertaken through a range of activities whereby the assessed work of learners within a unit or qualification is systematically compared to confirm standards. Effective standardisation processes ensure that standards

are comparable within Centres (across all sites), across different types of Centres, across different sector subject areas and over time.

OTHM is committed to ensuring that assessment and internal quality assurance decisions are accurate and consistent. Our Standardisation process has been designed to ensure that learners, Centres, employers, and regulators can be confident about the validity of certificates achieved through OTHM Qualifications.

OTHM safeguards standards ensuring they are consistent across all Centres by:

- confirming that all approved Centres' internal quality assurance procedures incorporate processes for proposed tasks to be pre-verified prior to delivery. Where a course has been previously delivered, Centres must review issues raised by learners, assessors, internal quality assurers and OTHM and make changes accordingly.
- ensuring that standardisation occurs within Centres as part of a rigorous internal quality assurance process through the Centre recognition process, and ongoing monitoring conducted by OTHM.
- guaranteeing that Centres monitor and maintain the quality and integrity of assessment practices and decisions within their Centre.
- planning and delivering standardisation events that enable internal quality assurers, and OTHM quality staff to compare outcomes of assessment.
- making certain that all OTHM quality staff adopt a consistent approach in quality assuring the delivery of qualifications and units at approved Centres.

3.4.2 Standardisation activities

These allow OTHM to:

- Provide an opportunity to ensure the consistency of award to learners which encompasses different verifiers, assessors, and Centres to agree the standards to be achieved.
- Ensure that the assessment strategy is fit for purpose and allows to produce evidence which demonstrates:
 - achievement against assessment criteria for the level, type and complexity of the learning.
 - the evidence is attributable to the learner.
 - relevancy to the specifications of the qualification for which achievement is being claimed.
 - consistent standards operating in awarding learner achievement within and between Centres, across different sector subject areas and over time.
 - the assessment strategy and the assignment task(s) do not prevent any unintended barriers to achievement for a particular learner and pays due respect to any issues of equality and diversity.

- assessment decisions made by the assessor and confirmed by the quality assurers are consistently “safe” (i.e. made against specified criteria, valid, sufficient, reliable and fair).
- consistency in the assessment judgements that are being made based on the available evidence.
- the standard of the feedback provided to learners is detailed, specific, identifies strengths and highlights areas for improvement.
- the adequacy of the feedback provided to assessors and the robustness of the internal verification of the assessment judgements is detailed, specific and incorporates SMART targets to address any aspects of assessor practice that needs improvement.
- the appropriateness and currency of the units and their fitness for purpose in the current context and make any necessary recommendations/ reviews.
- Identify and share best practice. If significant shortcomings are identified, this will be an area of enquiry for future OTHM quality reviews for the relevant Centre(s)/qualification(s). The [Centre Standardisation Policy](#) should be referred to for further guidance.

3.5 External Quality Assurance

OTHM monitor and review all quality assurance processes and procedures continually and formally at least annually. We provide mandatory training for EQAs at least annually and more frequently if required in addition to providing feedback and support on performance.

3.5.1 OTHM monitoring activities

These include:

- monitoring of Centre performance to inform EQA planning and selection
- monitoring of Centre performance during an EQA event
- monitoring of data recording in EQA reports

OTHM will appoint individuals who are occupationally and professionally competent to ensure accurate and consistent standards of assessment, across OTHM delivery Centres and over time. They are responsible for completing any External Quality Assurance (EQA) activities. The Quality Assurance Policy should be referred to for further guidance.

The purpose of such activities is to ensure Centres:

- Have appropriate levels of resources to support the delivery of the qualification, including both physical resources and staffing.
- Are using appropriate assessment methods and making appropriate assessment decisions according to OTHM requirements.
- Have appropriate internal quality assurance arrangements as outlined within the relevant qualification specification.
- Are using appropriate administrative arrangements to support the function of delivery and assessment.
- Feedback to Centres is given through the EQA report form which includes details on the above criteria and any areas where further development is required.

3.5.2 EQA Training

OTHM holds an annual EQA training event to ensure that each EQA is competent to carry out External Quality Assurance visits. These events can be held online or in person and include a thorough presentation, discussion and sample tasks that the EQA undertakes. The EQA identifies action points where the Centre can improve upon.

3.5.3 Sampling Strategy Face-to Face and Remote visits

Centres are required to provide a sample of portfolios based upon their current Enhanced RAG Rating, produced by learners, as selected by the OTHM and EQA (from the list of learners who are ready for certification) for quality assurance for every cohort of learners assessed by the Centre. The sampling approach, which directly targets the quality of assessment, is complemented by an External Quality Assurance expert who looks at systems and procedures and liaises directly with staff engaged in the assessment process.

External quality assurance sampling must include a sample of learners' evidence from:

- Assessment decisions made by each assessor
- Each assessment method
- Each assessment site, including employer's workplaces (where applicable)
- Where there is opportunity to observe an observed session, this should be taken. Centres are encouraged to use video evidence where this is appropriate.
- Claims for Recognition of Prior Learning (RPL), including exemptions and equivalencies and any borderline portfolios of concern to the Centre.
- Learner experience can be verified either face-to face or organised on a virtual platform.

Remote EQA activity is the desk-based sampling by an EQA of learner work, assessment and IQA records and other documentation. It is conducted at the request of OTHM when a site visit to a centre is cost-prohibitive or otherwise impractical.

3.5.4 Sampling strategy for external verification of qualifications

1. Purpose and Scope

- **Purpose:** To ensure the validity, reliability, and consistency of assessments across different centres.
- **Scope:** Applies to all qualifications offered by OTHM that require external verification.

Risk-Based Sampling: Focus on centres or qualifications with higher risks or previous issues.

Sample Size Determination, based on enhanced RAG risk rating:

Centre category	Sampling size
Red Centre [High risk]	Minimum of 20% of learner portfolios or at least 15 learner portfolios, whichever is greater
Amber Centre [Moderate-High Risk]	Minimum of 15% of learner portfolios or at least 10 learner portfolios, whichever is greater
Weak Amber Centre [moderate- low risk]	Minimum of 12% of learner portfolios or at least 8 learner portfolios, whichever is greater
Green Centre [Low Risk]	Minimum of 10% of learner portfolios or at least 5 learner portfolios, whichever is greater

3.5.5 Sampling for a limited amount of learners

In some circumstances, particularly in centres which provide distance learning (online learning) and have different start and completion dates for learners, there may not be enough learners to warrant a full external quality assurance sampling as described above. In these cases where there is only one learner the EQA will sample a minimum of 50% of the 'units' from one portfolio and the judgements of assessors.

Where there are claims for certification below 5 learners there is a requirement to conduct a review of all available assessments instead of sampling.

3.6 EQA Process

Assessment within the Centre

Assessment Components: The EQA ensures all components of the qualification (e.g. Practical tasks, projects) are included in the sample.

Assessor Involvement: The EQA ensures assessments from different assessors are included.

Sampling Plan: The EQA ensures centres supply a sampling plan as an audit of their Internal Quality processes and sampling activity.

Component Breakdown: The EQA will sample each component of the assessment (e.g., written, practical, project, PPT, observation).

Assessor Feedback: The EQA scrutinises learner feedback and grading provided by assessors to ensure consistency and fairness.

Internal quality process within Centre

Documentation Review: EQA will examine related documentation, including assessment feedback, marking schemes, sampling plans, IQA records, declaration forms, policies on English Language Proficiency, Malpractice, Prior learning, minutes of standardisation meetings, Reasonable Adjustments, Special Considerations and learner submissions.

Learner Feedback: Gathering learner feedback from centres regarding their course experiences is essential. An External Quality Assurer (EQA) may need to conduct a virtual meeting or face-to-face meeting. Also, the Internal Quality Assurer (IQA) holds responsibilities within the centre to ensure that learner feedback on their experiences is accessible and accurately documented for the EQA, through mid-programme, or end of programme surveys.

The EQA will also consider:

- Any potential or actual conflicts of interest which could lead to adverse effects within the performance of markers and/or assessors and internal moderators, their ability to maintain standards and submit accurate, fair and consistent examination results and assessment decisions
- Any reasonable adjustments and special considerations which may have been made for individual candidates, or groups of candidates.

Support and Improvement

Provide Guidance: The EQA and OTHM offer detailed feedback and guidance to the centre based on the review findings.

Training Recommendations: OTHM and EQA will suggest any necessary training for assessors/IQAs to improve future assessments.

Reporting

Detailed Report: EQA's will prepare a detailed report summarising the findings, highlighting strengths and areas for improvement. The EQA report is shared with the Centre and includes details on internal quality assurance criteria and any areas where further development is required as noted in the **Enhanced RAG rating**. The report is stored in the EQA Learner Verification folder for the Quality Assurance and Compliance Team to review Centre performance and update the risk ratings and records according to the evidence provided. This data is then used to schedule future monitoring activities according to the level of risk.

Action Plan: The EQA develops an action plan for the centre to address any identified issues. Decision on Enhanced RAG rating is made.

Continuous Improvement

Review and Update: OTHM will regularly review and update the sampling policy to reflect best practices and regulatory requirements.

Stakeholder Feedback: OTHM gathers feedback from centres, assessors, and learners to improve the process.

3.6. Additional components of the role and responsibilities of the EQA

3.6.1 Conflict of interest

There is a Conflicts of Interests policy in place which requires all OTHM employees and associates to declare any actual and potential conflicts of interest they may have on an annual basis. There is a requirement to bring any emerging conflict of interest to the attention of managers within OTHM. Identified conflicts are reviewed and measures put in place to mitigate such conflicts. Centres are also required to have a Conflicts of Interest policy that includes a process to identify and manage conflicts.

OTHM requires:

- each EQA to declare any conflict with a centre or any staff working at a centre that is approved by OTHM
- a Conflict-of-Interest declaration to be reviewed annually. EQAs are required to declare any conflict should it arise outside of the annual review.
- the allocations of EQAs to centres will consider any conflict of interest that has been identified.

Any conflict of interest will lead to an alternative EQA being allocated to the centre.

3.6.2 Malpractice

EQAs are required to be vigilant for instances of centre and / or learner malpractice including plagiarism, and to report this to OTHM so that established, published procedures can be implemented to investigate the matter. OTHM uses this approach together with its whistleblowing procedures and in-house quality assurance processes to identify centre and learner malpractice. There is an established Malpractice and Maladministration policy that clearly lays out the procedure for investigation of malpractice in its Investigation Policy.

3.6.3 Centre Assessor Decisions

Where an EQA disagrees with the centre assessor decision for a particular learner, the EQA may change the grade or fail the work appropriately. The EQA must ensure that the reasons for changing the grade or failing are clearly documented within the EQA report, so that the centre is provided with feedback, so the Centre understands why the grade has been changed. The EQA may have a conversation with staff at the centre to explain the outcomes of the moderation/verification. This will allow the centre to take action to ensure similar erroneous judgements are not repeated. OTHM requires centres to read the EQA report and provide feedback to its assessors and IQAs on the feedback from the EQA. Centres are required to take action to ensure the feedback and action points raised by the EQA in the report are acted upon.

Where it is discovered that centres are not assessing in accordance with the qualification requirements OTHM will seek to develop centre practice through support, guidance, and training. In addition, OTHM will, and has, withdrawn centre approval and transferred learners

to a different centre or taken action to prevent further registration of learners until issues around assessment have been resolved.

Section 4 Taking Action and making adjustments

OTHM requires all Centres to agree to the terms laid out in the Centre Agreement. Section 6.7 of the Centre Agreement details the requirements in relation to malpractice and maladministration and that it is the Centre's responsibility to report such cases to OTHM immediately. Malpractice reported to OTHM by Centres is dealt with by the OTHM's Quality Assurance Team

4.1 Malpractice and Maladministration

Centre Malpractice:

- Failure to meet OTHM's centre and qualification approval requirements.
- Influencing the assessment or certification process.
- Failure to report malpractice allegations to OTHM.
- Failure to co-operate with a malpractice investigation.

Learner Malpractice:

Learner malpractice refers to any activity or practice by a learner that deliberately contravenes regulations and undermines the integrity and validity of assessments or qualifications

- Breaching assessment regulations.
- Inappropriate conduct during an assessment
- Falsifying records, plagiarism, using AI tools to generate work without proper acknowledgment, and submitting AI-generated content as one's own.

At the approval stage Centres are expected to produce and maintain their own internal policies for the identification of malpractice and maladministration, as well as written procedures for reporting and investigating incidents internally. Centres must also develop, manage and maintain their evidence retention policies/procedures in line with OTHM requirements and make all documents available as part of the Annual Compliance Monitoring by OTHM.

4.1.1 Learners' work authentication

Centres must have robust systems in place to ensure that they do all that is possible to identify and minimise opportunities for learner malpractice. Through rigorous assessment and internal quality assurance processes, Centres must take all reasonable steps to ensure that:

- evidence submitted by each learner for assessment is authentic.
- where an assessment is required to be completed under specified conditions, learners complete the assessment under those conditions (other than where any Reasonable Adjustments or Special Consideration require alternative conditions).
- a declaration of authenticity is signed by learners and assessors for each submitted assessment.
- evidence of authenticity is made available to OTHM as part of the External Quality Assurance process. EQAs require Centres to show through their practices that procedures are being followed to ensure the authenticity of candidates' evidence and safeguard integrity of achievement.

EQAs require evidence to be retained to enable all selected assessment and IQA decisions to be scrutinised. EQAs will flag up to OTHM, through their EQA reports, where they feel there are issues with assessment or IQA procedures.

Where issues are identified via the EQA process, OTHM can halt the certification process for the whole cohort until the issue is resolved. Issues raised and subsequent actions taken may include:

Queries may be raised with the Centre: once clarification has been received and OTHM is content with the Centre's feedback, certification will go ahead

An investigation of the specific issues identified may be carried out: OTHM will ask the EQA to review all of the portfolios submitted by the Centre and to make a judgement as to whether or not any of the certificates may be progressed without further action e.g. where it appears that one or more assessment criteria has/have not been met by all/several candidates in the sample and therefore wider investigation is required as to whether or not other candidates in the cohort have also failed to meet the same criterion/these criteria.

The Centre may be required to submit additional evidence before certification can be progressed: this may require candidates to undertake further work e.g., to ensure that all the assessment criteria have been fully met at the correct level.

A wider investigation into Centre procedures and practices may be undertaken: this action will be taken where wider issues have been identified/suspected e.g., where OTHM identifies potential malpractice in the sample of candidate work reviewed and this has generated concerns that need wider investigation. As a result of the break point between Centre assessment and OTHM certification, OTHM can determine whether assessment decisions by the Centre can be accepted. OTHM will therefore be able to challenge and change assessment decisions and results submitted by Centres.

Where a case of potential malpractice has been identified during IQA and EQA monitoring activities this information will be escalated to the Quality Assurance Team to review the evidence and investigate accordingly in line with the OTHM Investigation Policy.

OTHM's Malpractice and Maladministration policy covers the definition and examples of learner and Centre malpractice, as well as information and contact details should Centres need to report suspected malpractice to OTHM. The [Malpractice and Maladministration Policy](#) should be referred to for further guidance.

Section 5 Ongoing Review

OTHM is committed to delivering an efficient, responsive, and supportive service to all our Centres and to maintain compliance with all regulatory requirements.

To achieve this, OTHM adopt an internal quality management system which ensures all processes remain fit for purpose. As part of this process, OTHM review the policies and procedures annually and update them where necessary. Review dates are allocated depending upon the type of process and its purpose.

5.1 Annual Centre Quality Review

Once approved each Centre will be monitored regarding its continued compliance with all OTHM requirements. OTHM is committed to having a transparent, fair, robust and risk-based approach to the quality assurance monitoring of its approved Centres.

To retain their Centre approval, Centres must consistently meet the OTHM Approval Criteria, and conditions of their Centre Agreement. By signing the Centre Agreement, Centres agree to comply with all OTHM requirements, including the responsibilities required under this policy.

The Approval Criteria covers all aspects of administering and delivering OTHM qualifications and is grouped into the following 'risk areas':

- a) Centre Governance and Systems.
- b) Resources, Equipment and Staff.
- c) Centre policies
- d) Assessment strategy
- e) Internal Quality Assurance.

The ongoing quality monitoring of Centres is managed by the Quality Assurance and Compliance Team, in conjunction with the Centre's assigned EQA. The Quality Assurance and Compliance Team will work closely with EQAs to review the Centre's level of compliance through:

- External quality assurance monitoring activities.
- Responding to information received from the Regulators and/or other external bodies, including regarding malpractice and maladministration.

- Responding to external feedback and/or complaints received from learners, Centre staff, whistle-blowers, other Awarding Organisations, members of the public or the media.
- Investigation into suspected or proven malpractice as defined in the OTHM Malpractice and Maladministration Policy and Procedure.

Policies and procedures will be reviewed, and any necessary changes will be made as follows:

- When new legislation, regulation or best practice indicates changes are necessary.
- There is evidence to suggest that the process is not being effectively implemented, or it does not adequately control the risks. This would be determined by IQA / EQA evidence / data or through procedural failure and implementing contingency planning.
- Lessons learnt from a malpractice investigation when the evidence suggests changes are required.
- New technologies, equipment or methods of working necessitate a change in procedure.

Useful Contacts

For more information on our qualifications and services visit: www.othm.org.uk

Alternatively, call at: +44(0)20 7118 4243 or email at: customerservice@othm.org.uk

Version History

Version Number	Date	Comments
1.0	September 2023	
2.0	March 2025	Reviewed and updated with changes including Enhanced RAG