



Guide for Centres to Achieve and Maintain OPITO Approval – Competence Management System (CMS) Organisations

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1.0 CHAPTER 1: GLOSSARY OF TERMS

OPITO Product:	An OPITO Product is defined as OPITO Industry Standards, OPITO Global Qualifications, Competence Management System (CMS) Approval or any other OPITO programmes requiring OPITO Approval.
OPITO Competence Management System (CMS):	OPITO Approval of an organisation's Competence Management System (CMS) ensures that all approved CMS Organisations meet a minimum industry standard. The CMS Approval Criteria focuses on the key aspects of a CMS including; a robust assessment and Internal Verification Process, sufficient resources to administer, manage and maintain the CMS, supporting documentation, management commitment, appropriate Competence Standards and continuous improvement. The OPITO CMS Approval Criteria is divided into four sections: 1 – Management Systems, 2 – Competence Assessment, 3 – Internal Verification and 4 – Observation of Assessment and Records Review. These sections ensure Competence best practice is demonstrated along with robust and quality processes.
OPITO Standard:	An OPITO Industry Standard is defined as being a programme of learning that defines the knowledge and/or practical outcomes which successful learners need to achieve to be certificated. There are a number of OPITO Standard types, these are as follows: Training Standard, Competence Standard and Workplace Competence Assessment Standard.
Centre – CMS Organisations:	An organisation that holds or is working towards OPITO CMS Approval or Workplace Competence Assessment Approval.
Procedure:	A document which identifies; the steps to be taken to carry out a particular process, the scope/limit of the process and the person(s) responsible. It would be expected to be part of a controlled system. The document may take the form of written instructions and/or be of a flowchart type. A procedure should contain purpose, scope, responsibilities, defined steps and a control/revision status.
Approval Outright:	All OPITO requirements have been met and no formal Actions were identified, and no Action response is required.
Approval with Corrective Actions:	Aspects of the OPITO requirements were not met and formal Action(s) were identified and Action response(s) are required.
Suspend Approval:	Significant aspects of the OPITO requirements were not met in relation to the Approval held. The Suspended Approval status will be reviewed when all the formal Actions identified are closed. Additional site visits may also be required. Any Products (if applicable) not covered by the suspension may be delivered as usual.

Non-Approval:	Significant and/or safety critical aspects of the OPITO requirements were not met resulting in a systematic breakdown. When the recommendation is confirmed by OPITO, the Approval will be removed. The Non-Approval status will be reviewed when all the formal Actions identified are closed. Additional site visits may also be required to reinstate the Approval.
Findings/Actions:	A finding is documented when OPITO identify there is a clear gap in meeting the OPITO requirements. An Action is raised by OPITO to allow the Centre to address the gap identified in a finding.
Internal Self-Assessment (ISA):	A document completed within The HUB by the CMS Organisation, prior to an OPITO Ongoing Site Visit. The ISA will allow the CMS Organisation to demonstrate how OPITO requirements are being met or exceeded. If it is identified that OPITO requirements are not being met, the ISA provides the opportunity for the CMS Organisation to detail the steps to be taken to rectify these gaps.
Job roles (Scope):	The defined job roles that are included within the OPITO Approved CMS. Changes to these job roles should be communicated to OPITO.
Locations:	The workplace locations that are included within the OPITO Approved CMS. These could include offshore locations and other worksites for example, such as workshops or offices. Changes to these locations should be communicated to OPITO.

2.0 CHAPTER 2: THE ADDED VALUE OF A COMPETENCE MANAGEMENT SYSTEM

A Competence Management System (CMS) is based on a set of Standards, each defining the competences applied to a particular job role. These occupational Standards define how a task is performed, the necessary underpinning knowledge, and the understanding required to perform the task to the Standard. Individual competence is measured by assessment(s) conducted in the workplace and the quality of the assessment system is maintained by a process of internal quality assurance called Internal Verification.

Competence relates to the work and operational tasks employees carry out; therefore, it is a business-critical issue. An effective CMS is linked to several business processes including quality management, health and safety management, performance management, human resource management and the development and revision of operating systems and procedures. A CMS therefore adds both internal and external value to an organisation.

An effective CMS encompasses the performance and development of all personnel into a structured, measured system, allowing organisations more control over risk and cost at every step of the competence management lifecycle – selection, training and development, staff deployment, assessment and carrying out the job role.

The benefits attained by an effective CMS include:

- **Adding value to business processes**
- **Providing a cost-effective robust system giving recognition of skills attained**
- **Meeting safety criteria through confirmation of processes**
- **Encouraging compliance with safe working practices**
- **Increasing employee skills levels**
- **Providing measure for recruitment of new employees**
- **Improving working practices**
- **Enabling more focused training**
- **Providing recognition and development opportunities**
- **Improving employee motivation through formal recognition of abilities**
- **Ensuring compliance with external quality assurance requirements**

3.0 CHAPTER 3: PRE-APPLICATION INFORMATION

3.1 INTRODUCTION

The Guide for Centres to Achieve and Maintain OPITO Approval – Competence Management System (CMS) Organisations provides information and guidance on fulfilling the requirements to achieve OPITO CMS Approval. It is intended for use by organisations coming forward for OPITO CMS Approval for the first time, as well as organisations who hold OPITO CMS Approval. The guide to the OPITO CMS Approval Process has been specifically designed to focus on the details required to achieve and maintain OPITO Approval and to facilitate the Desktop Review Process. This process is carried out, in full, within the OPITO online system, The HUB.

3.2 APPROVAL PRE-SCREENING QUESTIONNAIRE

Prior to the Approval Process, OPITO may request the completion of a pre-screening questionnaire within The HUB. OPITO will review the information provided within the pre-screening questionnaire and advise next steps accordingly. For further information, please contact the relevant regional OPITO office.

3.3 INITIAL APPROVAL – CMS ORGANISATIONS AND WORKPLACE COMPETENCE ASSESSMENT CENTRES

The Initial Approval Process includes stages that will support CMS Organisations through to OPITO Approval, including a Pre-Approval Workshop, Desktop Review, and Initial Site Visit. The process ensures that OPITO has reviewed the fundamental requirements and has witnessed the Assessment Process.

CMS Approval

OPITO has developed best practice criteria by which an organisation may have its existing CMS evaluated and approved. OPITO provides value to an employer by conducting an objective third party measurement against a range of key processes associated with an effective CMS. This is referred to as the OPITO CMS Approval Criteria (which can be found in Section 5.1).

It is also possible for OPITO Approved CMS Organisations to deliver OPITO Workplace Competence Assessment Standards; this can be added on to an existing OPITO CMS Approval or included during the initial application for OPITO CMS Approval. For further detail on these different options, please contact your regional OPITO office.

Workplace Competence Assessment Approval

OPITO has created separate Approval Criteria for CMS Organisations (Centres) that wish to solely deliver OPITO Workplace Competence Assessment Standards. This criteria will allow a Centre to undertake these assessments in the workplace on behalf of an employer. Organisations that are only approved to deliver OPITO Workplace Competence Assessment Standards will not be approved to carry out assessments against their own internal Competence Standards, because of this, a reduced criteria is applied to this stand-alone Approval. This is referred to as OPITO Workplace Competence Assessment Approval.

3.3.1 Pre-Approval Workshop

Each new applicant will have access to the Pre-Approval Workshop video, before attending a workshop facilitated by OPITO. This workshop is provided free of charge and covers the OPITO CMS Approval Process and how to meet the requirements of the Product specification(s), when applying for Workplace Competence Assessment Approval. In addition to gaining an understanding of the CMS Approval Process, the workshop will provide information on how to use The HUB system and what is expected at each stage. It is therefore important that the nominated personnel attending the workshop are best placed for the role. It is worth considering who is responsible for collating the evidence for the Desktop Submission and who will be predominantly involved in the Initial Site Visit, for example, those managing and implementing the organisation's CMS and related processes.

Prior to attending the Pre-Approval Workshop, it is important that all attendees review the relevant OPITO Criteria and the relevant Product specification(s), if applying for Workplace Competence Assessment Approval.

3.3.2 Systems Health Check

OPITO offers applicants the opportunity to access evaluation support to conduct a baseline review, known as a Systems Health Check of their existing system and procedures in line with the requirements to achieve OPITO CMS Approval. The Systems Health Check will provide the organisation with an objective assessment of their current arrangements against the relevant OPITO Approval Criteria. Applicants should note that this is offered as additional support to gaining OPITO Approval and is not a mandatory part of the Application Process.

The Approval Process is then conducted in two stages:

- **Desktop Review**
- **Initial Site Visit**

3.3.3 Desktop Review

OPITO will review all materials submitted by the organisation, against each relevant criteria. The organisation will submit their Desktop Review materials via The HUB. Once the information is submitted to OPITO, a Quality Assurance Specialist will review the information and either confirm that the evidence submitted meets requirements, or requests further information.

Actions raised from the Desktop Review are shared with the applicant within The HUB. The Action Response Process allows the applicant to send further evidence to OPITO and, upon closure of the actions by OPITO, the applicant will then move on to the next stage of the process.

Note: All documentation must be in English for the Desktop Review.

3.3.4 Initial Site Visit

The next step is conducted at the location where the CMS is managed and administered and, where applicable, at agreed operational sites where assessments take place. The Initial Site Visit verifies that the Assessment Process is carried out in line with organisational procedures and observes the Assessment Process. A Quality Assurance Specialist or a team of Quality Assurance Specialists will review a fully functioning CMS, in line with the requirements of the relevant criteria.

This will include observation of one or more elements of the following stages, part of the Assessment Process:

- **Assessor planning an assessment with the candidate**
- **Assessment activity in line with the organisation's procedures (e.g., observation, Q&A session etc.)**
- **Assessor review of evidence generated by the candidate**
- **Assessor providing assessment feedback to the candidate**

The scope of the CMS Approval may apply to one or more job roles and/or locations across the organisation. OPITO must be notified if any additional job roles/locations/Standards require to be added to the scope of the CMS Approval. Depending on the scale of the amended scope, this may require further review prior to the additional scope items being accepted as part of the OPITO Approval. It should be noted that every job role within the system must have documented Standards which underpin the core competences of the job role.

It is recommended that the organisation's CMS has been operational for at least three months prior to the Initial Site Visit. However, this could be reduced if there is sufficient assessment and Internal Verification activity for the Quality Assurance Specialist to review.

The findings of the Initial Site Visit will be recorded in a report, which is shared with the applicant in The HUB. Actions raised from the visit will also be shared within The HUB and implementation of these verified by OPITO. The report will also contain the Quality Assurance Specialist's recommendation, which will also be shared at the time of the visit. This recommendation will then be subject to review by the relevant Quality Assurance Manager and the final outcome will be shared with the Applicant in The HUB. Once Corrective Actions have been closed out (if any), an Executive Summary is created, which goes through an internal quality assurance process before final approval is awarded.

It is important to note that OPITO do not "approve" the technical content of non-OPITO Competence Standards used within an organisation's CMS. The Approval Process confirms that the system is robust and functioning in line with the OPITO Approval Criteria.

Note: Assessment(s) must be delivered in English during the Initial Site Visit, without the use of an interpreter or translator. Following formal confirmation of Initial Approval, assessment in other languages may be permitted. However, assessment records need to be available in English. Please contact your regional OPITO office for more information.

3.4 COSTS ASSOCIATED WITH THE INITIAL APPROVAL PROCESS

The costs associated with OPITO Initial Approval include:

- **An initial fee for Desktop Review**
- **A fee prior to the Initial Site Visit**

Additional costs may be applicable for offshore days and site visit days. All costs incurred by the Quality Assurance Specialist(s), namely travel expenses, accommodation, and subsistence will also be recharged.

Further information may be obtained from the regional OPITO office.

3.5 ONGOING QUALITY ASSURANCE AND RISK-BASED APPROACH

Once OPITO CMS Approval has been awarded, OPITO will carry out Ongoing Quality Assurance. This process will be managed using a risk-based approach, scoring the organisation's ability to comply to the OPITO requirements. Ongoing Site Visits will be carried out between 6 and 24 months. The following areas will be scored to ascertain each CMS Organisation's individual ability to adhere to and manage their OPITO Approval(s):

- **Accuracy of the Internal Self-Assessment**
- **Evidence of ability to meet or exceed the Management Systems section of the relevant OPITO Criteria**
- **Evidence of ability to meet or exceed the Competence Assessment section of the relevant OPITO Criteria**
- **Evidence of ability to meet or exceed the Internal Verification section of the relevant OPITO Criteria**
- **Evidence of ability to meet or exceed the Observation of Assessment and Records Review section of the relevant OPITO Criteria**

This process is designed to ensure that CMS Organisations, who may require additional support from OPITO, are identified. Ongoing Quality Assurance is conducted in the following ways:

- **Internal Self-Assessment (ISA)**
- **Ongoing Site Visits (In Person)**
- **Ongoing Site Visits (Remote)**

3.5.1 Internal Self-Assessment (ISA)

Approximately 3 months prior to an OPITO Ongoing Site Visit, an ISA Form will be issued to the CMS Organisation within The HUB, alongside a deadline date for submission and the Product(s) subject to review within the form. Completion of the ISA will allow the CMS Organisation to review their ability to meet the OPITO Criteria and the Product specification(s) requirements prior to the Ongoing Site Visit.

The completed ISA will be reviewed by the Quality Assurance Specialist at the Ongoing Site Visit and the accuracy of the review will contribute towards the overall organisation score and therefore the frequency of future site visits. Where findings have been raised in the ISA, the Quality Assurance Specialist will observe how these have been rectified, implemented, and lessons learned.

An accurate ISA identifies that an organisation has the knowledge and ability to successfully manage the OPITO Approval and will contribute towards the overall score. Where a CMS organisation has failed to complete an ISA or where the ISA is not an accurate reflection of how the Approval is managed on-site, the CMS Organisation will score lower in this area, and this will contribute towards the frequency of the next site visit. OPITO will provide support where applicable.

3.5.2 Ongoing Site Visits (In Person)

All locations where assessment takes place may be subject to Ongoing Site Visits as part of OPITO's ongoing Quality Assurance Process and to ensure consistent implementation of the CMS against the relevant OPITO Approval Criteria. OPITO will carry out an Ongoing Site Visit at a sample of workplace locations where assessments take place. The duration and location of Ongoing Site Visits will be determined by the scope of initial CMS Application.

Upon completion of the visit, the reviewed information and any actions raised are shared with the CMS Organisation, alongside a summary and the Quality Assurance Specialist's recommendation.

Where access to a location cannot be made, the relevant element of the CMS Approval may be held in suspension until such time as the Ongoing Site Visit has been completed.

Please note: OPITO may nominate SME's from its industry partners to support site visit activity.

3.5.3 Ongoing Site Visits (Remote)

OPITO may carry out an Ongoing Site Visit remotely. OPITO will provide a detailed visit plan which will specify what documentation to prepare and submit. This will allow the CMS Organisation to identify personnel to be part of the remote session. Documentation will also be provided to explain how this information should be referenced and shared with OPITO. Where elements of assessment delivery are requested, this is to be submitted using video footage. The video footage should allow the Quality Assurance Specialist to clearly view the assessment delivery and evidence. It is important that the sound and film quality is clear, and that staff are introduced at the beginning of each video.

Further information on remote visits, and how to submit video footage, is available from your regional OPITO office.

3.6 SITE VISIT OUTCOMES

Following the completion of either an Initial or Ongoing Site Visit, the Quality Assurance Specialist will make an approval recommendation. This recommendation is then reviewed by the Quality Assurance Manager and a final decision is made.

The possible outcomes of a site visit are; Approval Outright, Approval with Corrective Actions, Suspension of Approval or Non-Approval.

As part of the OPITO requirements for approval, certain criteria have been identified as being "absolute" to maintain OPITO Approval. If certain aspects of these criteria are identified as a major concern, the site visit outcome may be Suspension of Approval or Non-Approval.

This applies to the following:

CMS Criteria

1.4 Competence Standards

1.5 CMS Documents and Assessment Records

2.1 Assessors

2.3 Assessment Process

3.1 Internal Verifiers

3.2 Internal Verification Process

Workplace Competence Assessment Criteria

1.2 CMS Documents and Assessment Records

2.1 Assessors

2.3 Assessment Process

3.1 Internal Verifiers

3.2 Internal Verification Process

3.7 REGISTERING AND CERTIFICATION OF CANDIDATES (WORKPLACE COMPETENCE ASSESSMENT STANDARDS ONLY)

Candidates successfully completing assessments for OPITO approved Workplace Competence Assessment Standards are registered onto the Vantage database. This database is industry owned and is used to track and manage the movement and transportation of personnel to and from work sites. Employers and others can verify the training and competence records of personnel via the Vantage database which is internet-based and globally accessible.

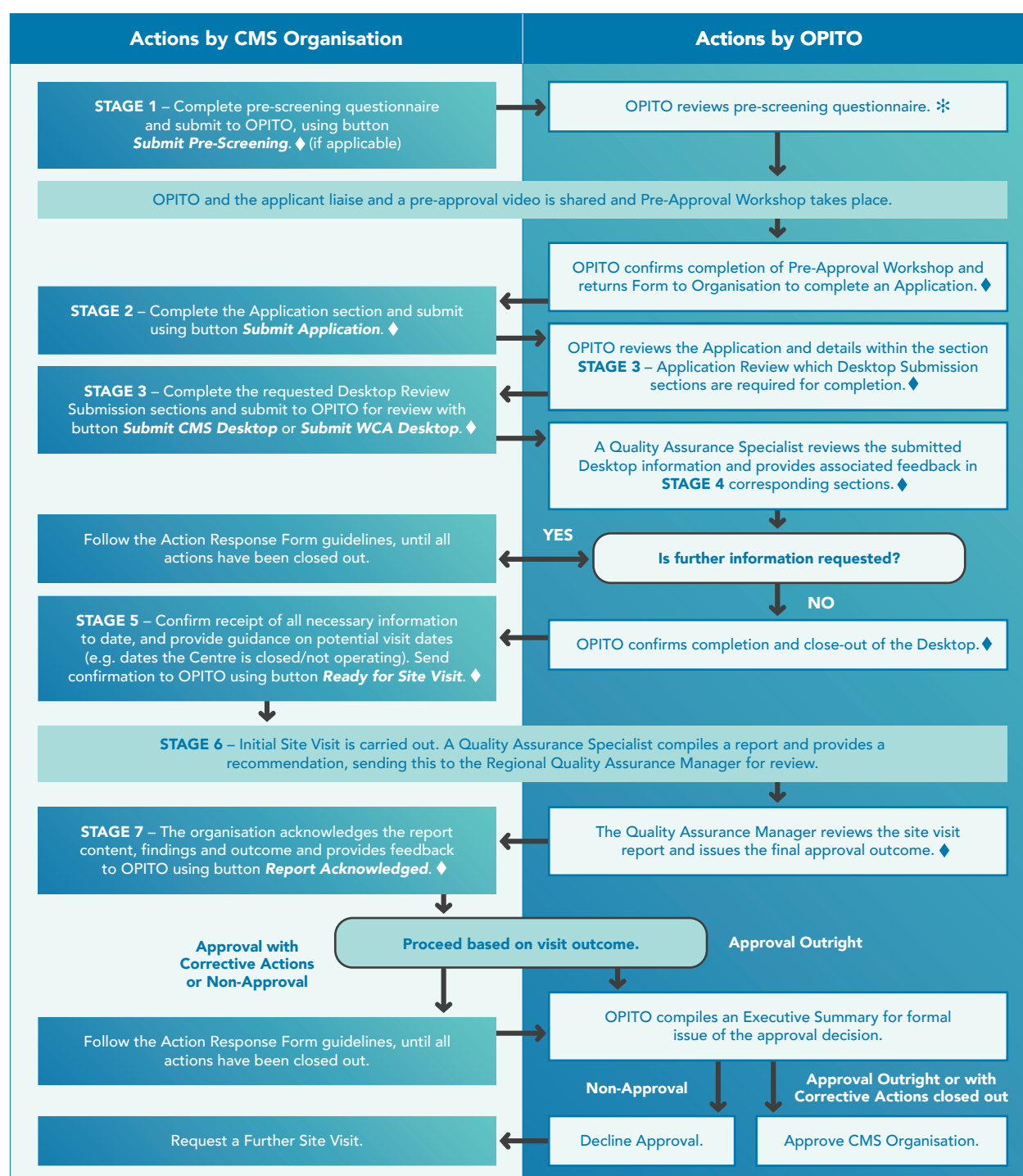
Candidates being deemed competent against OPITO Approved Workplace Competence Assessments must be registered with OPITO in line with the registration requirements.

The Registration Policy and information on fees can be obtained from the relevant regional Quality Assurance Coordinator. Regional office contact information can be found on the OPITO website.

4.0 CHAPTER 4: APPROVALS PROCESS PATHWAY

4.1 INITIAL COMPETENCE APPROVAL(S)

CMS Organisations seeking OPITO CMS Approval will start the process using The HUB. The table below shows the stages to be followed to gain OPITO CMS Approval. The CMS organisation will receive training in The HUB and ongoing support will be provided as required.



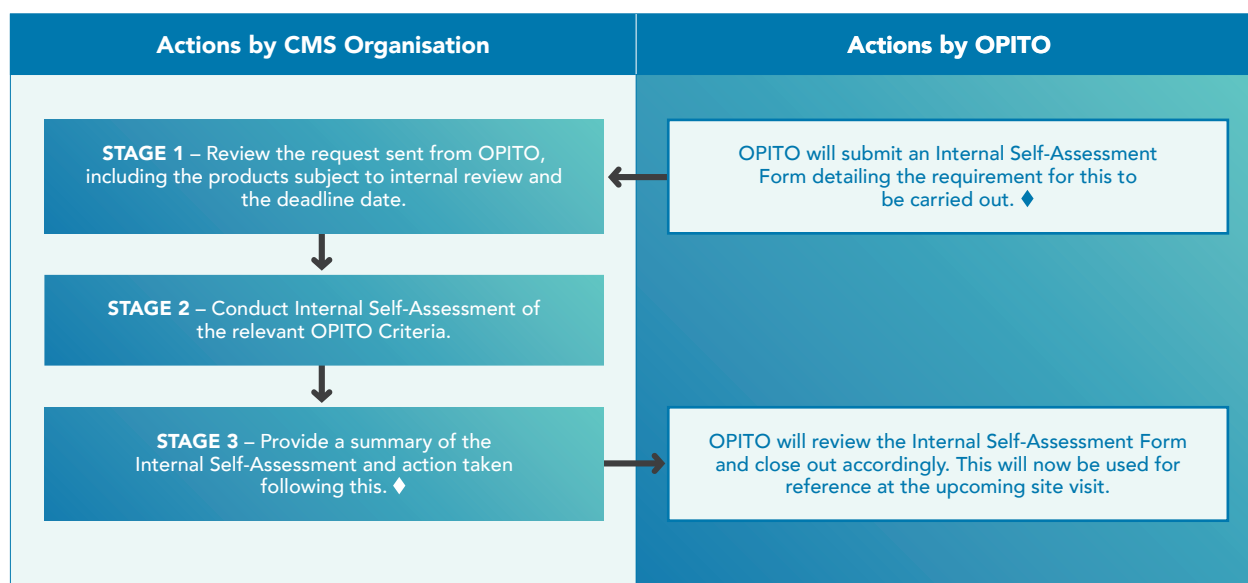
✱ At this point OPITO may decide not to progress.

♦ Signifies where the form is transferred between OPITO and the organisation.

4.2 EXISTING CENTRES AND ONGOING REVIEW

4.2.1 Internal Self-Assessment (ISA)

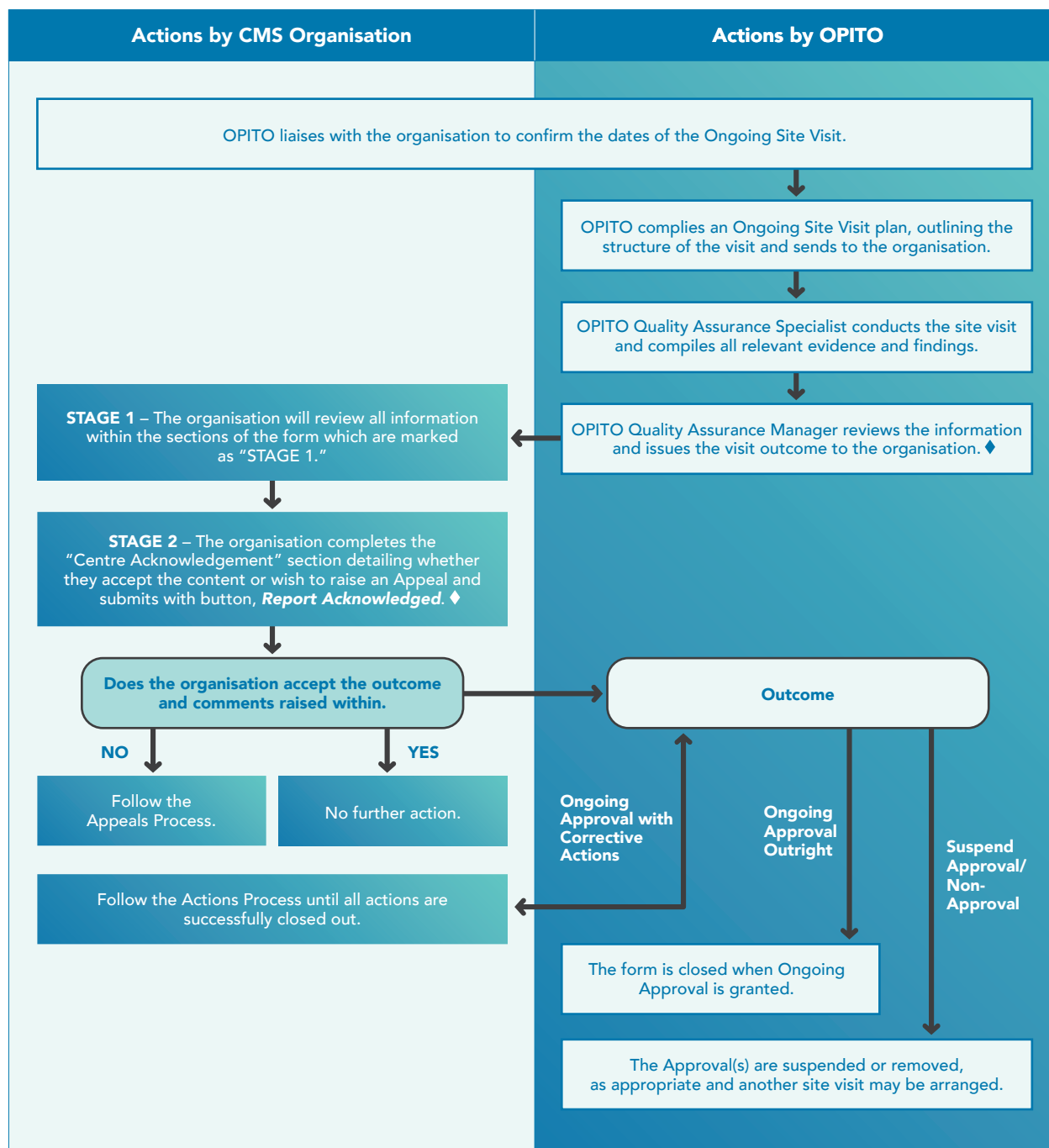
Prior to a site visit an ISA Form will be issued to the CMS Organisation through The HUB. The table below highlights the stages to be followed to complete the process.



♦ Signifies where the form is transferred between OPITO and the organisation.

4.2.2 Ongoing Site Visits

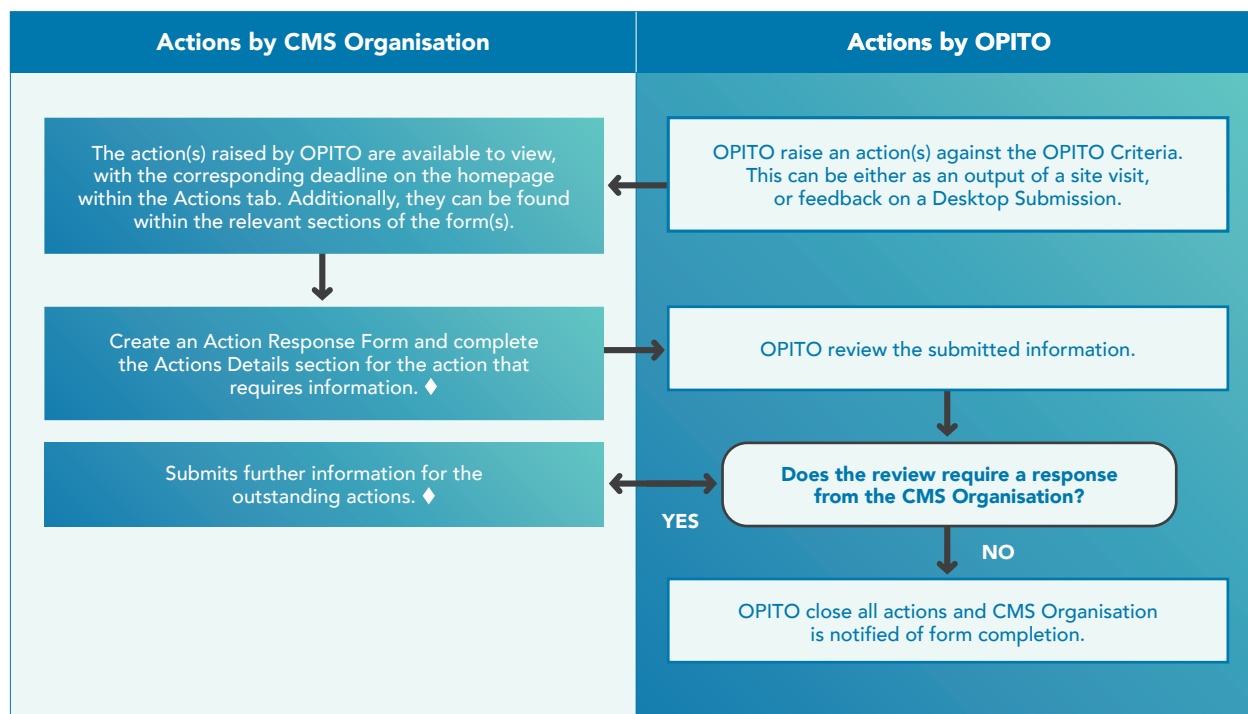
Once an Ongoing Site Visit has taken place the report will be generated through The HUB. The table below shows the stages to be followed to review and acknowledge the report.



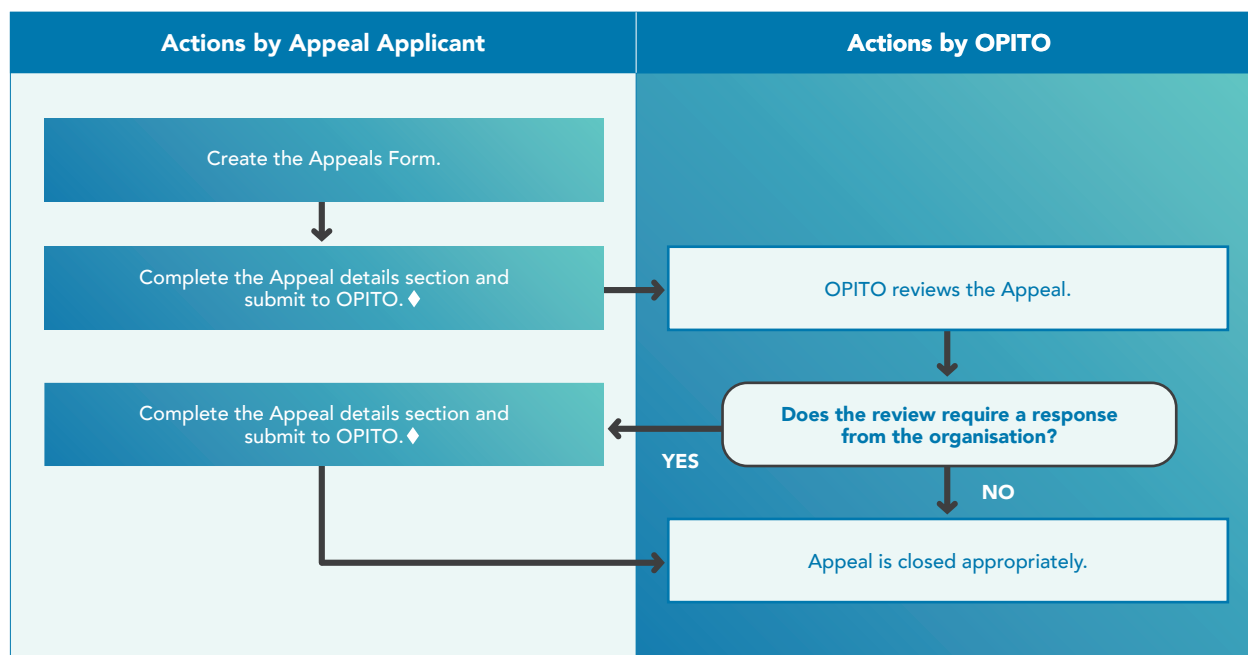
♦ Signifies where the form is transferred between OPITO and the organisation.

4.3 OTHER PROCESS PATHWAYS

4.3.1 Action Response

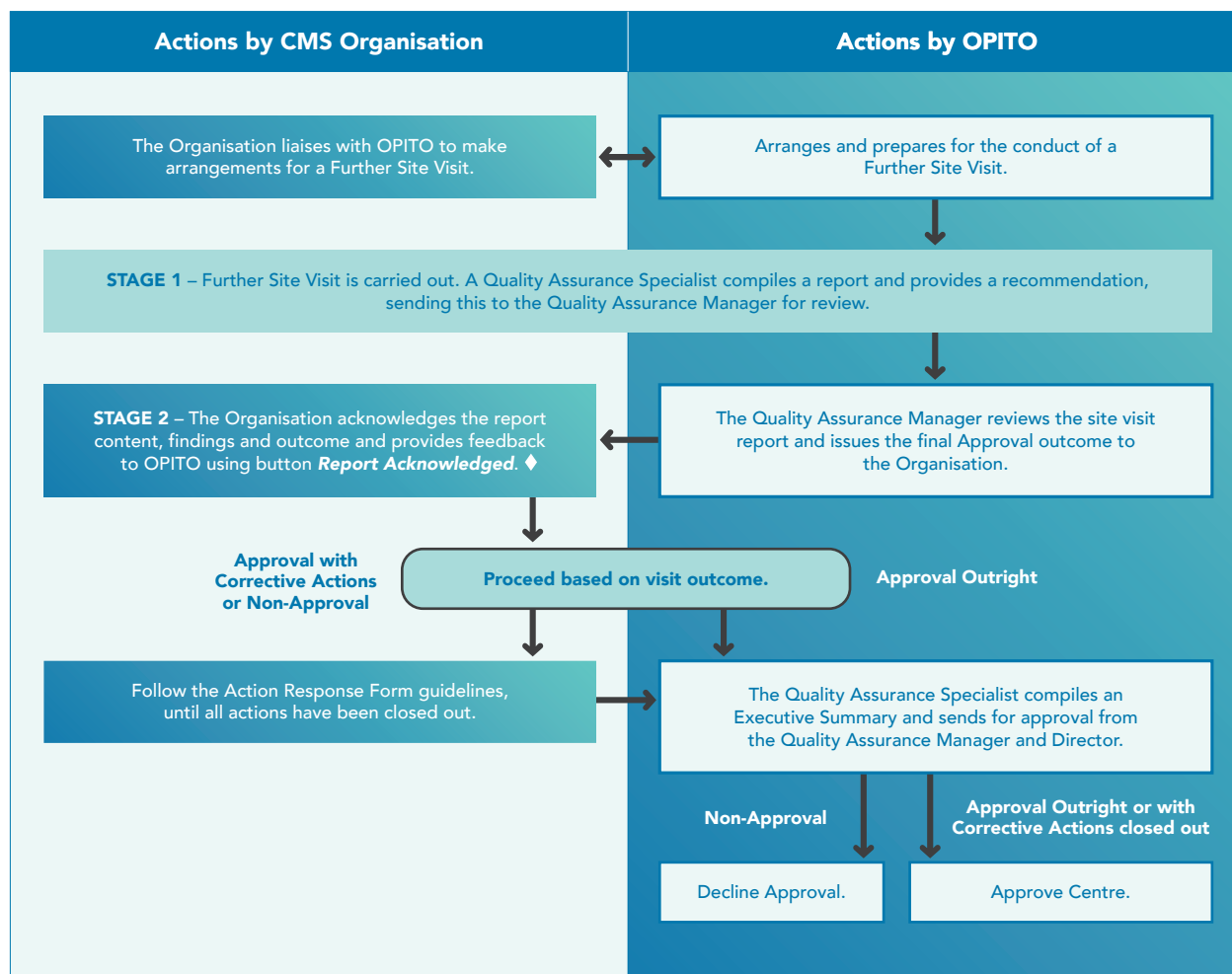


4.3.2 Appeals



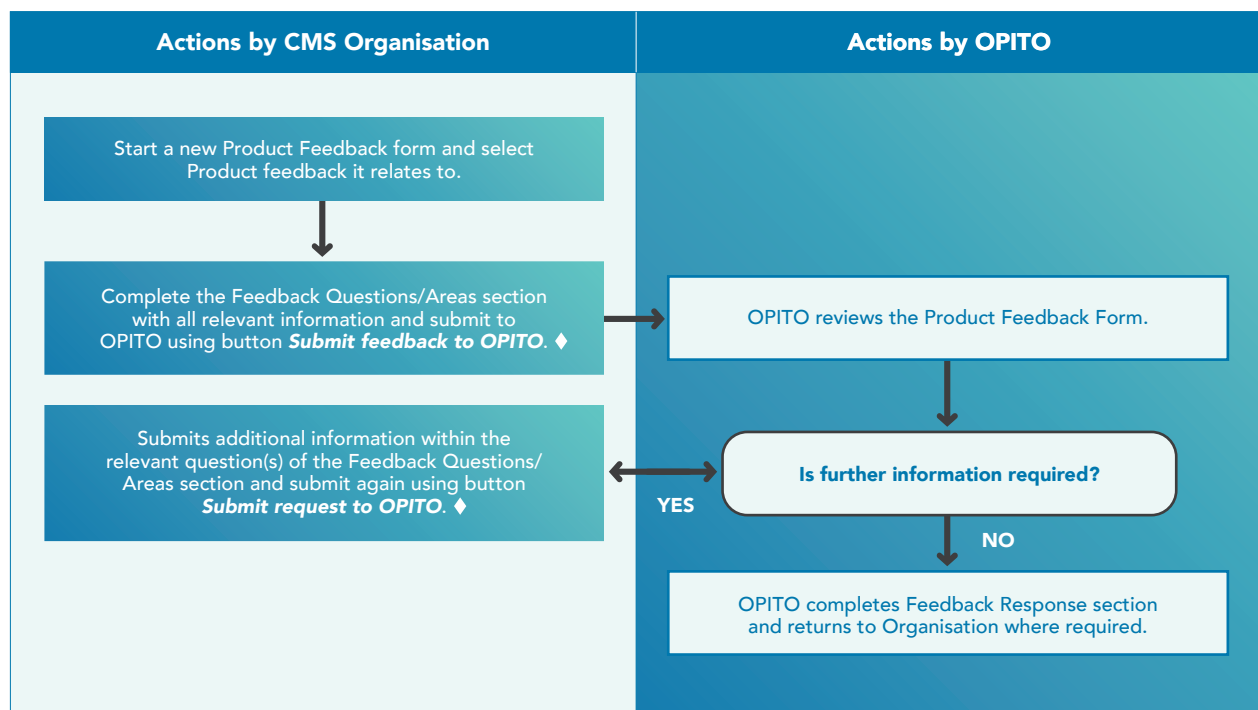
♦ Signifies where the form is transferred between OPITO and the organisation.

4.3.3 Further Site Visits



♦ Signifies where the form is transferred between OPITO and the organisation.

4.3.4 Product Feedback



♦ Signifies where the form is transferred between OPITO and the organisation.

5.0 CHAPTER 5: OPITO APPROVAL CRITERIA AND ASSESSMENT TOOL

There are two OPITO Criteria for CMS Organisations. These are dependent on the Product Approval being applied for:

- **OPITO CMS Approval Criteria – for OPITO Approval of an organisation’s Competence Management System across a defined scope**
- **OPITO Workplace Competence Assessment Criteria – for OPITO Approval to conduct Workplace Competence Assessment against one or more Workplace Competence Assessment Product specifications**

Each criteria consists of four sections:

- **Section 1 – Management Systems**
- **Section 2 – Competence Assessment**
- **Section 3 – Internal Verification**
- **Section 4 – Observation of Assessment and Records Review**

The categories outline what is required and what constitutes a minor and/or major concern to meet this requirement. Additionally, examples of how an organisation can exceed the requirements is provided.

The organisation scoring process outlined in chapter 3.5 is based around the following requirements. Any major concern recorded against an asterisked criteria may result in a Suspension of Approval/ Non-Approval.

5.1 CMS APPROVAL CRITERIA

The following details a summary of the CMS Approval Criteria. In addition, there is also a table that identifies the requirements, and the type of information that would qualify as a minor concern, major concern or exceeding the criteria.

MANAGEMENT SYSTEMS

The following details a summary of the CMS Approval Criteria. In addition, there is also a table that identifies the requirements, and the type of information that would qualify as a minor concern, major concern or exceeding the criteria.

- 1.1 **Purpose, Scope and Roles:** The organisation can demonstrate their commitment to ensuring the CMS is effective and has been endorsed by Senior Management. The organisation can also demonstrate that the CMS has a clearly defined purpose and scope. The roles, responsibilities, and authorities for those involved in the operation of the CMS are clearly defined.
- 1.2 **Organisational Goals and Competence Targets:** The organisation has goals in relation to CMS that take into consideration the maintenance, ongoing development, and delivery. The organisation also has CMS specific Competence targets that are progression based and time bound. The Competence targets must be clearly identified, communicated, monitored, and reported to all relevant levels of the organisation. Organisational goals and competence targets should be reviewed on a regular basis to ensure they are still effective and relevant to the organisation.

- 1.3 **Inductions:** The organisation has a process for inducting new candidates into the CMS.
- 1.4 **Competence Standards:** The organisation has a process that details how the Competence Standards are designed, reviewed, and approved. The organisation has Competence Standards for the full scope of their CMS Approval.
- 1.5 **Documentation and Records:** The organisation has a robust process that details the control and maintenance of all CMS documents and assessment records.
- 1.6 **Appeals and Complaints:** The organisation has a process to follow should a candidate wish to raise an Appeal against an assessment decision. This should include the process to follow should a candidate wish to raise a complaint.
- 1.7 **Internal Audit and Self-Assessment:** The organisation has a process that ensures the CMS is subject to an internal audit at least once per year, against the OPITO Approval Criteria. The organisation has a process in place for carrying out the Internal Self-Assessment against the OPITO Approval Criteria. The Internal Self-Assessment should be completed prior to the assigned deadline date.
- 1.8 **Management Review:** The organisation holds a Management Review Meeting at least once per year and has a process detailing how this will take place.

COMPETENCE ASSESSMENT

- 2.1 **Assessor Resource:** The organisation can demonstrate that it has sufficient, suitably trained Assessors to carry out assessment decisions across the scope of the CMS.
- 2.2 **Expert Witness Resource:** The organisation must demonstrate that Expert Witnesses utilised in the Assessment Process are occupationally competent and trained in the assessment techniques required in the Expert Witness role (where utilised).
- 2.3 **The Assessment Process:** The organisation has an Assessment Process, that includes how the consistency of assessments are maintained and the requirements for the outputs of assessment decisions. The organisation should also have a process detailing what happens in the event of a Not Yet Competent (NYC) assessment decision.
- 2.4 **Ongoing Confirmation of Competence:** The organisation has a process that ensures the ongoing confirmation of competence for candidates included in the organisations scope of approval.

INTERNAL VERIFICATION

- 3.1 **Internal Verifier Resource:** The organisation can demonstrate that it has sufficient, suitably trained Internal Verifiers to carry out verification on assessment decisions.
- 3.2 **The Internal Verification Process:** The organisation has a process that quality assures the assessment process through Internal Verification.

OBSERVATION OF ASSESSMENT AND RECORDS REVIEW

- 4.1 **Observation of Assessment:** The organisation can demonstrate that assessments are conducted in accordance with their documented procedures and the OPITO Approval Criteria.
- 4.2 **Records Review:** The organisation can provide a range of completed assessment and Internal Verification records for job roles included in the scope of Approval.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 1 – Management System	1.1 Purpose and Scope, Roles and Responsibilities	The organisation can demonstrate its commitment to ensuring the CMS is effective and has been endorsed by Senior Management. The organisation can indicate the value the organisation places on the competence of its people and the importance of the CMS to the business. The organisation can also demonstrate that the CMS has a clearly defined purpose and scope. The organisation can ensure it is clear how the CMS is aligned to the core purpose of the organisation and definitive in terms of where the CMS will apply and what job roles it will apply to. The roles, responsibilities, and authorities for those involved in the operation of the CMS are clearly defined. There are documented roles and responsibilities for those involved in the operation of the organisation's CMS. This should include management, administration staff and assessment personnel.	The organisation clearly demonstrates that the purpose statement/policy document is implemented and understood at all levels of the organisation. The purpose and scope are understood by everyone with responsibilities within the CMS. The CMS is clearly linked to operations. Roles and responsibilities are reflected in an accurate and up-to-date organisation chart. Discussions with personnel confirm they are aware of all their roles and responsibilities and how they link to others in the organisation relating to CMS.	The purpose statement/policy document has been formally accepted and is being adhered to however it does not reflect the most up-to-date Senior Management situation on-site. The scope is mostly accurate but does not reflect all job roles and locations included in the CMS. There are defined roles and responsibilities, however not all are current and up-to-date.	The organisation does not have a way of demonstrating senior management commitment to safe implementation and maintenance of OPITO Products is available. There is no defined purpose and scope. There are no defined roles and responsibilities for anyone involved in the operation of the CMS.
	1.2 Organisational goals and competence targets	The organisation has goals in relation to CMS that take into consideration the maintenance, ongoing development, and delivery of the CMS. The organisation also has CMS specific competence targets which are progression based and time bound. The competence targets are clearly identified, communicated, monitored, and reported to all relevant levels of the organisation. Organisational goals and competence targets are reviewed on a regular basis to ensure they are still effective and relevant to the organisation. The organisational goals define measurable achievements within the scope of the CMS as it applies to the functions of the business within the CMS. It is clear how the organisational goals will be measured, by whom and when. There is evidence that relevant senior management are continually informed of the performance of the CMS.	The organisation sets goals and competence targets and regularly reviews their progress and effectiveness. The organisational goals are linked directly to operations, and it is clear how they are communicated and monitored. Competence targets are progression based and progress is regularly reported to assessors and candidates. There are tracking systems in place to review competence targets and provide current data.	Although there are organisational goals and competence targets in place, there is no process for reporting progress or communicating progress to relevant people within the organisation. Competence targets are set but they are not progression based or based on candidates working through their CMS. Organisational goals do not fully define measurable achievements within the scope of the CMS.	There are no organisational goals or competence targets in place relating to the CMS. There is also no way of the organisation tracking or reporting on competence targets. There is no process for setting and reviewing organisational goals.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 1 – Management System	1.3 Inductions	The organisation has a process for inducting new candidates into the CMS. The process details the key components of the CMS and the candidate's responsibility within the CMS. Induction records are completed following inductions and are maintained.	Inductions are carried out by someone with an understanding of the CMS and with an induction presentation/learning programme to support. Electronic records of inductions are maintained. The induction process includes a detailed overview of the CMS, what the organisation's expectations are and how competence is managed.	Although there is an induction process in place, there are no supporting documents/ presentation/learning plan. There are no records of inductions maintained.	There is no induction process in place and records are not maintained.
	1.4 Competence Standards*	The organisation has a process that details how the Competence Standards are designed, reviewed, and approved. The organisation has Competence Standards for the full scope of its CMS Approval. The organisation can demonstrate: – Roles and responsibilities – Who determines the standards to be used – Who sets the standards and is responsible for their technical content – Who ultimately approves the standards – How the standards are made available in the workplace/ or other places where work scopes are assigned – How issue of the standards is controlled – How is change managed, i.e. document control, availability of current standards in the workplace/or other places where work scopes are assigned – How are changes to the standards managed in relation to whether candidates have completed the unit/ element the change relates to – The Competence Standards include a range of performance and knowledge criteria that clearly define what the candidate is expected to demonstrate and have knowledge of	The Competence Standards are designed, reviewed, and approved in a robust way with clear timescales. All changes and reviews are tracked and recorded with a clear process in place to capture what happens to any candidates who have already completed the changed units/elements. The standards are available to candidates and assessors electronically.	There is a process for reviewing standards, but it is not followed in full and timescales/review periods are not adhered to. There are Competence Standards available for the scope of the organisation's CMS, however the performance and/or knowledge criteria is not defined clearly enough.	There is no process for the design, review, and approval of the organisation's Competence Standards. There are no Competence Standards available for the full scope of the organisation's CMS and it does not contain clearly defined performance and knowledge criteria.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 1 – Management System	1.4 Competence Standards* (continued)	– It is clear how allocation of standards is managed, and the organisation should be able to demonstrate how standards are assigned to candidates Note: During Desktop and site visits, OPITO will review the Criteria of the Competence Standards along with the assessment methods to ensure the organisation possesses comprehensive and fit for purpose Competence Standards.			
	1.5 CMS Documents and Assessment Records*	The process details as a minimum: – Roles and responsibilities – Approval and ownership – Review and management of change – Version control – Communication and issue – Retention periods and the removal of obsolete documents and assessment records – Dissemination – Storage/security – Protection – Retrieval and access All staff (Assessors/Verifiers/Administrators) working within the management of the CMS are knowledgeable of the control of assessment procedure and effectively comply with it.	The organisation demonstrates and ensures a high degree of control for all documents and records required for OPITO Approval. There are proactive measures taken to ensure only current documentation is used and it is clearly demonstrable that assessment records are highly organised and retrievable. Assessment records are stored in line with the procedure in an electronic format.	Although processes and procedures are in place for document and record control, they fail to meet at least one of the elements outlined in the requirement. There are deviations between actual practice carried out on-site and those detailed within the corresponding procedure.	There is no procedure and/or process in place which covers how all relevant documents and records required for the OPITO CMS Approval(s) are controlled and securely stored. There is no process being followed for the secure storage, appropriate backup and suitable retention periods of records, or the process being followed significantly deviates from the corresponding procedure.
	1.6 Appeals	The organisation has a procedure that details the process to be followed should a candidate wish to raise an Appeal against an assessment decision. The procedure also details the process to be followed should a candidate wish to raise a complaint. The process details as a minimum: – Roles and responsibilities	The organisation ensures candidates are aware of the Appeals Process and of the key stages. The organisation has a way of documenting and tracking Appeals to ensure all timescales are adhered to.	Although a procedure is in place it is not effectively communicated to candidates. The process being followed on-site does not accurately reflect that of the corresponding procedure.	No Appeals Procedure and/or process is in place. No documentation is available to support the Appeals Procedure nor is its availability communicated to candidates.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 1 – Management System	1.6 Appeals (continued)	– How a candidate raises an Appeal – How an Appeal is processed and fairly judged – How the outcome of the Appeal is recorded and maintained			
	1.7 Internal Audit	The organisation has a process that ensures the CMS is subject to an internal audit at least once per year, against the OPITO Approval Criteria. The process should detail as a minimum: – Roles and responsibilities – Audit plan and schedule – Audit locations covering all sites within the CMS scope – Internal audit findings are recorded and disseminated within the organisation structure – How corrective and preventive actions are identified, recorded, and closed out Audits are carried out by suitably qualified personnel who are independent of the process. The organisation has a process in place for carrying out the OPITO Internal Self-Assessment against the OPITO Approval Criteria. The Internal Self-Assessment is completed and returned to OPITO by the specified deadline date. The process should detail: – Who is responsible for completing the Internal Self-Assessment – How any findings are recorded and actioned – How relevant personnel with responsibility for the CMS are made aware of any findings from the Internal Self-Assessment	A proactive approach to internal audit of the OPTIO Criteria and Products is evident and supersedes the OPITO requirement. The internal audits form a fundamental part of the organisation's continuous improvement, Corrective Actions are closed out with a quick turnaround and regularly add value to its operations.	A process is available however it fails to meet the OPITO requirement in at least one area. An audit plan is available however fails to meet the OPITO requirement in at least one area. Supporting evidence is available of internal audits taking place at least once per year, however, it fails to meet the requirements of the OPITO Criteria in at least one area. A procedure is available for the completion of OPITO Internal Self-Assessment Forms, however, it fails to meet the OPITO requirement in at least one area. An OPITO Internal Self-Assessment is carried out however, it is not a true reflection of current circumstances found on-site and/or are not submitted prior to the deadline date.	No internal audit process is available. No audit plan is available. No supporting evidence of the conduct of internal audits is available (where appropriate). No OPITO Internal Self-Assessment Procedure is available and/or no Internal Self-Assessment has been completed upon request from OPITO.
	1.8 Management Review	The organisation holds a Management Review meeting at least once per year and has a process detailing how this will take place.	Management Review meetings covering all agenda items are used as a proactive way of	Although Management Review is being conducted and a procedure is in place, it does	No Management Review Procedure and/or Process is in place.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 1 – Management System	1.8 Management Review (continued)	The process includes as a minimum: – Review of current policies, objectives, and procedures – Review of the overall effectiveness and performance of the CMS – Analysis of competence target progression and organisation goals – Resource analysis (including Assessors, Internal Verifiers and personnel to manage and maintain the CMS) – Audit reports (internal and OPITO) – Agreed actions and timelines for implementation Minutes of the meeting are recorded and disseminated to all personnel involved with the management of the CMS.	managing the OPITO Approval(s) held. The meetings are a core part of the organisation's strategy to ensure ongoing compliance and there is evidence that decisions made at these meetings are actioned and lessons learned are communicated effectively throughout the organisation.	not meet all the areas outlined within the requirements. Minutes are unavailable from meetings which have been conducted or have not been appropriately distributed. While meetings have been taking place and there is corresponding documentation, actions are not being enacted or closed.	No suitable agenda is available. No evidence of Management Review being conducted.
	2.1 Assessors*	The organisation can demonstrate that it has sufficient, suitably trained Assessors to carry out assessment decisions across the scope of the CMS. A register of Assessors is maintained. The organisation can demonstrate how Assessors have been trained. If the training has not been carried out to a nationally/industry recognised qualification, the organisation provides evidence of the training syllabus used. The organisation ensures that as a minimum, assessors receive training that encompasses all theory elements of the OPITO Competence Assessor Training Standard. Assessors are able to provide verifiable evidence that they are occupationally competent – unless a technical authority/subject matter expert has been used. In this case evidence of occupational competence is provided for the technical authority/subject matter expert. Where "Candidate Assessors" are to be used, the organisation has a process in place to manage how they will be used and tracked. The organisation also ensures there is a timeframe set for the "candidate assessor" to be used and that any assessments are countersigned by a fully trained Assessor.	The organisation can demonstrate that it has the following in place: A detailed register that includes discipline, type of training and standards/units that can be assessed. A way of demonstrating occupational competence through the organisation's own CMS. A CPD programme is in place. A robust process for using technical authorities/SMEs and Assessor candidates.	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale e.g.: – Not all Assessors are included on the register – Technical discipline is not identified – A process is not in place to manage "Candidate Assessors"	The organisation cannot demonstrate compliance in the majority of areas: – No Assessor list is maintained. – Assessors do not hold any qualification/have not been trained – Occupational competence cannot be demonstrated – There are not enough assessors to carry out assessments within the organisation's scope

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 2 – Competence Assessment	2.2 Expert Witnesses	The organisation demonstrates that Expert Witnesses used in the Assessment Process are occupationally competent and trained in the assessment techniques required in the expert witness role (where used). Expert Witnesses are occupationally competent in the discipline they are being an expert witness for. Expert Witnesses can provide verifiable evidence that they are occupationally competent. Expert Witnesses are trained in assessment techniques and methods relevant to their role. As a minimum, this details how to conduct an objective observation against the organisation's Competence Standards and produce corresponding evidence. Prior to conducting assessment activity an expert witness is formally approved at an appropriate level prior to being used. A register of Expert Witnesses is maintained.	Expert Witnesses are being used effectively to support the Assessment Process while being managed and tracked. It is clear at the assessment planning stage how Expert Witnesses are involved in the Assessment Process.	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale e.g.: – A register is not maintained – Evidence is not available to demonstrate Expert Witnesses are trained in assessment techniques – Expert Witnesses are not formally approved	The organisation cannot demonstrate compliance in the majority of areas: There is no procedure in place to manage Expert Witnesses. Additionally, there is no register maintained or evidence of how they are trained in assessment techniques. There is no formal approval for Expert Witnesses or control of occupational competence.
	2.3 Assessment Process*	The organisation has a process that details the Assessment practice to be followed, how the consistency of assessments is maintained and the requirements for the outputs of assessment decisions. The organisation also has a process detailing what happens in the event of a Not Yet Competent (NYC) assessment decision. There is a process which details as a minimum: – Roles and responsibilities – How Assessors are assigned to candidates – How assessments are planned – What assessment methods and documents are used – What evidence should be gathered – How assessment decisions are made (e.g. Competent Not Yet Competent)	The organisation's Assessment Process is easy to follow and follows the key principles of the CMS. A system is in place that stores assessment records and tracks assessment decisions. It is clear how Assessors are assigned to candidates and how subsequent assessments are carried out. Observation and Q and A are used as the primary evidence methods; however, these can be captured in a number of ways. NYC decisions are managed effectively and in a way that encourages development.	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale.	The organisation fails to meet the OPITO requirements in several key areas and has no clear and defined Assessment Procedure in place.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 2 – Competence Assessment	2.3 Assessment Process* (continued)	– The process for NYC decisions including how future assessments are planned and how NYC decisions are communicated to Line Managers – How assessment decisions are communicated to the candidate – How assessment decisions are recorded – How resources are made available for candidates with individual or particular assessment requirements – What locations are included in the scope of the CMS and how OPITO is updated if there are any changes			
	2.4 Ongoing Confirmation of Competence	The organisation has a process that ensures the ongoing confirmation of competence for candidates included in the organisation's scope of approval. There is a process which details: – The process for managing ongoing confirmation of competence – Roles and responsibilities – How the organisation defines the criteria that ongoing confirmation of competence takes place against – How ongoing confirmation of competence is tracked and reported on	The organisation has risk-based its "units" and agreed suitable timescales. It is clear when re-assessments take place and what evidence is required. If re-assessment is not used, the organisation is able to show how it is demonstrating ongoing competence and that it is an effective tool.	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale.	The organisation has no process in place for ensuring the ongoing confirmation of competence for their personnel. A clear process is in place for how ongoing confirmation of competence is managed and executed, however actual ongoing confirmation of competence is not occurring in line with the procedure/process.
Section 3 – Internal Verification	3.1 Internal Verifiers (IV)*	The organisation can demonstrate that it has sufficient, suitably trained IVs to carry out verification on assessment decisions. A register of IVs must be maintained. There are sufficient qualified IVs to ensure Internal Verification of assessment activity across all job roles as defined within the scope of the CMS. The organisation is able to demonstrate how IVs have been trained. If the training has not been carried out to a nationally/industry recognised qualification, the organisation can provide evidence of the training syllabus used. The organisation can ensure that, as a minimum,	The organisation can demonstrate: A detailed register that includes discipline, type of training and standards/units that can be assessed. A CPD programme is in place. A robust process for using technical authorities/SMEs and IV candidates.	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale e.g.: – Not all Internal Verifiers are included on the register – Technical discipline is not identified – A process is not in place to manage "candidate IVs"	The organisation cannot demonstrate compliance in the majority of areas: – No IV list is maintained – IVs do not hold any qualification and/or have not been appropriately trained – Occupational knowledge cannot be demonstrated – There are not enough IVs to carry out assessments within the organisation's scope

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 3 – Internal Verification	3.1 Internal Verifiers (IV)* (continued)	internal verifiers receive training that encompasses all theory elements of the OPITO Internal Verifier Training Standard. Internal Verification decisions are made by occupationally knowledgeable IVs and/or by IVs supported by an appropriate technical authority/subject matter expert. In this case, evidence of occupational knowledge is demonstrated for the technical authority/subject matter expert. Where “candidate internal verifiers” are to be used, the organisation has a process in place to manage how they will be used and tracked. The organisation can also ensure there is a timeframe set for the “candidate internal verifier” to be used and that any assessments are countersigned by a fully trained IV.			
	3.2 Internal Verification Process*	The organisation has a process that quality assures the assessment process through Internal Verification. There is a process which details as a minimum: – Roles and responsibilities – How verification is planned – What documents are used during the verification – How verification is carried out and what the sampling rate is – How verification decisions are recorded within the system – How verification decisions are communicated to Assessors and actions closed out	The organisation has a sampling plan that has a rationale. It is clear if the organisation is meeting the sampling rate and IV decisions are reviewed to see if the rate is sufficient. IV reports are detailed and easily accessed. Outcomes of Internal Verification are effectively feedback to all relevant Assessors and IVs within the CMS.	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale.	The organisation fails to meet the OPITO requirements in several key areas and has no clear and defined Internal Verification Procedure in place e.g.: – No Internal Verifier (IV) records are available – The sampling rate has not been set – Verification is not carried out by suitably trained IVs
Section 4 – Observation of Assessment and Records Review	4.1 Observation of Assessment	The organisation can demonstrate that assessments are conducted in accordance with its documented procedures and the OPITO Approval Criteria. The observation of assessment will include the assessment planning, actual assessment and feedback being provided to the candidate.	An assessment takes place from planning to feedback and follows the organisation’s Assessment Process. Assessments are carried out in a way that fits in with operations	The assessment observed largely follows the organisation’s Assessment Process, however not all requirements are met/ followed. This is easily resolvable and can be rectified within an appropriate timescale.	The organisation’s Assessment Process is not followed at all and discussions with the Assessor and candidate confirm they do not understand the Assessment Process. This may include:

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 4 – Observation of Assessment and Records Review	4.1 Observation of Assessment (continued)	The assessments follow the processes outlined in the organisation's documented procedures. Discussions are held with the assessor and candidate involved in the assessment to discuss key components of the organisation's CMS and ensure roles and responsibilities within the CMS are understood.	and are reflective of the candidate's job role. Candidates and assessors demonstrate a comprehensive and detailed understanding of their role in the CMS.		– No assessment planning meeting – The Assessor not observing the performance criteria – Knowledge criteria not being documented – Feedback session not taking place
	4.2 Review of Records	The organisation can provide a range of completed assessment and Internal Verification records for job roles included in the scope of approval. The records follow the organisation's Assessment and Internal Verification Process and are stored in accordance with the document control procedure. Assessment records contain an assessment plan, auditable evidence, and feedback as a minimum. Internal Verification reports are documented clearly and against the company processes.	Documents are completed with relevant dates and signatures included. Observation reports are detailed and reference the specific task being completed. If questions are asked that are separate to a Q and A, these are detailed within the observation report. The assessments are not over evidenced and only contain evidence relevant to the unit/element. If evidence is cross mapped this is done clearly. Internal Verification is carried out on a designated form that ensures the VARCS principles are met.	Assessment and IV records are available; however, they contain minor errors, such as missing dates and signatures. This is easily resolvable and can be rectified within an appropriate timescale.	No assessment or Internal Verifier (IV) records are available to review. or Records are available however they do not follow the organisation's procedures or include the minimum primary evidence assessment methods.

5.2 WORKPLACE COMPETENCE ASSESSMENT CRITERIA

The following details a summary of the Workplace Competence Assessment Criteria. In addition, there is also a table that identifies the requirement and the type of information that would qualify as a minor concern, major concern, or exceeding the criteria.

MANAGEMENT SYSTEMS

The following details a summary of the CMS Approval Criteria. In addition, there is also a table that identifies the requirements, and the type of information that would qualify as a minor concern, major concern or exceeding the criteria.

- 1.1 **Purpose, Scope and Roles:** The organisation can demonstrate their commitment to ensuring the CMS is effective and has been endorsed by Senior Management. The organisation can also demonstrate that the CMS has a clearly defined purpose and scope. The roles, responsibilities, and authorities for those involved in the operation of the CMS are clearly defined.
- 1.2 **Documentation and Records:** The organisation has a robust process that details the control and maintenance of all CMS documents and assessment records.
- 1.3 **Appeals and Complaints:** The organisation has a process to follow should a candidate wish to raise an Appeal against an assessment decision. This should also detail the process to be followed should a candidate wish to raise a complaint.
- 1.4 **Internal Audit and Self-Assessment:** The organisation has a process that ensures the CMS is subject to an internal audit at least once per year, against the OPITO Approval Criteria. The organisation has a process in place for carrying out the Internal Self-Assessment against the OPITO Approval Criteria. The Internal Self-Assessment should be submitted prior to the assigned deadline date.
- 1.5 **Management Review:** The organisation holds a Management Review Meeting at least once per year and has a process detailing how this will take place.
- 1.6 **Administrative Requirements:** The organisation has a process in place that ensures the administrative requirements of the OPITO Workplace Competence Assessment Standards are met.

COMPETENCE ASSESSMENT

- 2.1 **Assessor Resource:** The organisation can demonstrate that it has sufficient, suitably trained Assessors to carry out assessment decisions across the scope of the CMS.
- 2.2 **Expert Witness Resource:** The organisation can demonstrate that Expert Witnesses utilised in the Assessment Process are occupationally competent and trained in the assessment techniques required in the Expert Witness role (where utilised).
- 2.3 **The Assessment Process:** The organisation has an Assessment Process to be followed, how the consistency of assessments are maintained and the requirements for the outputs of assessment decisions. The organisation should also have a process detailing what happens in the event of a Not Yet Competent (NYC) assessment decision.

INTERNAL VERIFICATION

- 3.1 **Internal Verifier Resource:** The organisation can demonstrate that it has sufficient, suitably trained Internal Verifiers to carry out verification on assessment decisions.
- 3.2 **The Internal Verification Process:** The organisation has a process that quality assures the Assessment Process through Internal Verification.

OBSERVATION OF ASSESSMENT AND RECORDS REVIEW

- 4.1 **Observation of Assessment:** The organisation can demonstrate that assessments are conducted in accordance with their documented procedures and the OPITO Approval Criteria.
- 4.2 **Records Review:** The organisation can provide a range of completed assessment and Internal Verification records for job roles included in the scope of approval.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 1 – Management System	1.1 OPITO Policy, purpose and scope, roles and responsibilities	The organisation can also demonstrate that the OPITO Approval has a clearly defined purpose and scope. The organisation ensures it is clear how the OPITO Approval is aligned to the core purpose of the organisation and definitive in terms of where the approval will apply and what job roles it will apply to. The roles, responsibilities, and authorities for those involved in the operation of the approval are clearly defined. There are documented roles and responsibilities for those involved in the operation of the organisation's approval. This includes Management, Administrators and Assessment Personnel. The documented roles and responsibilities are reflected in an organisational chart (including any third parties, where used).	The purpose and scope is understood by everyone with responsibilities within the approval, and is clearly linked to operations. Roles and responsibilities are reflected in an accurate and up-to-date organisation chart. Discussions with personnel confirm they are aware of all their roles and responsibilities and how they link to others in the organisation relating to approval.	The scope is mostly accurate but does not reflect all job roles and locations included in the OPITO Approval. There are defined roles and responsibilities, however not all are current and up-to-date and are not accurately reflected in an organisational chart.	There is no defined purpose and scope. There are no defined roles and responsibilities for anyone involved in the operation of the OPITO Approval.
	1.2 Documents and Assessment Records*	The organisation has a robust process that details the control and maintenance of all approval documents and assessment records. The process details as a minimum: – Roles and responsibilities – Approval and ownership – Review and management of change – Version control – Communication and issues – Retention periods and the removal of obsolete documents and assessment records – Dissemination – Storage/security – Protection – Retrieval and access All staff (Assessors/Verifiers/Administrators) working within the management of the approval are knowledgeable of the control of assessment procedure and effectively comply with it.	The organisation demonstrates and ensures a high degree of control for all documents and records required for OPITO Approval. There are proactive measures taken to ensure only current documentation is used and it is clearly demonstrable that assessment records are highly organised and retrievable. Assessment records are stored in line with the procedure in an electronic format.	Although processes and procedures are in place for document and record control, they fail to meet at least one of the elements outlined in the requirement. There are deviations between actual practice carried out on-site and those detailed within the corresponding procedure.	There is no procedure and/or process in place which covers how all relevant documents and records required for the OPITO Approval(s) are controlled and securely stored. There is no process being followed on-site for the secure storage, appropriate backup and suitable retention periods of records, or the process being followed significantly deviates from the corresponding procedure.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 1 – Management System	1.3 Appeals	The organisation has a process that details the process to be followed should a candidate wish to raise an Appeal against an assessment decision. The process also details the steps to be followed should a candidate wish to raise a complaint. The process details as a minimum: – Roles and responsibilities – How a candidate raises an Appeal – How an Appeal is processed and fairly judged – How the outcome of the Appeal is recorded and maintained	The organisation ensures candidates are aware of the Appeals process and of the key stages. The organisation has a way of documenting and tracking Appeals to ensure that all timescales are adhered to.	Although a procedure is in place this is not effectively communicated to candidates. The process being followed on-site does not accurately reflect that of the corresponding procedure.	No Appeals procedure and/or process is in place. No documentation is available to support the Appeals procedure nor is its availability communicated to candidates.
	1.4 Internal audit	The organisation has a process that ensures the Approval is subject to an internal audit at least once per year, against the OPITO Approval Criteria. The process details as a minimum: – Roles and responsibilities – Audit plan and schedule – Audit locations covering all sites within the Approval scope – Internal audit findings are recorded and disseminated within the organisation structure – How corrective and preventive actions are identified, recorded and closed out Audits are carried out by suitably qualified personnel who are independent of the process. The organisation has a process in place for carrying out the pre monitoring audit Self-Assessment against the OPITO Approval Criteria. The Self-Assessment is completed four to six weeks prior to the monitoring audit. The process should detail: – Who is responsible for completing the Self-Assessment – How any findings are recorded and actioned	A proactive approach to internal audit of the OPTIO Criteria and Products is evident and supersedes the OPITO requirement. The internal audits form a fundamental part of the company's continuous improvement, Corrective Actions are closed out with a quick turnaround and regularly add value to the business operations.	A procedure is available, however fails to meet the OPITO requirement in at least one area. An audit plan is available however fails to meet the OPITO requirement in at least one area. Supporting evidence is available of 12 monthly internal audits, however, fails to meet the requirements of the OPITO Criteria in at least one area. A procedure is available for the completion of OPITO Internal Self-Assessment Forms, however, fails to meet the OPITO requirement in at least one area. OPITO Internal Self-Assessment is carried out, however, is not a true reflection of current circumstances found on-site and/or is not submitted prior to the deadline date.	No Internal Audit procedure is available. No Audit Plan is available. No supporting evidence of the conduct of internal audits is available (where appropriate). No OPITO Internal Self-Assessment Procedure is available and/or no Internal Self-Assessment has been completed upon request, from OPITO.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 1 – Management System	1.4 Internal audit (continued)	How relevant personnel with responsibility for the Approval are made aware of any findings from the Self-Assessment			
	1.5 Management Review	The process includes as a minimum: - Review of current policies, objectives and procedures - Review of the overall effectiveness and performance of the Approval Process - Analysis of key performance indicator results and organisational objectives - Resource analysis (including assessors, internal verifiers and personnel to manage and maintain the Approval) - Audit reports (internal and OPITO) - Assessment results - Complaints and Appeals - Agreed actions and timelines for implementation Minutes of the meeting are recorded and disseminated to all personnel involved with the management of the Approval.	Management Review meetings covering all agenda items are used as a proactive way of managing the OPITO Approval(s) held. The meetings are a core part of the organisation's strategy to ensure ongoing compliance and there is evidence that decisions made at these meetings are actioned and lessons learned are communicated effectively throughout the organisation.	Although Management Review is being conducted and a procedure is in place, it does not meet all the areas outlined within the requirements. Minutes are missing from meetings which have been conducted, or have not been appropriately distributed. While meetings have been taking place and there is corresponding documentation, actions are not being enacted or closed.	No Management Review procedure and/or process is in place. No suitable agenda is available. No evidence of Management Review being conducted.
	1.6 Administration Requirements	The organisation has a process in place that ensures the administrative requirements of the OPITO Workplace Competence Assessment Standards are met. The process includes as a minimum: - Candidate registration and forwarding of candidate registration details to OPITO on a weekly basis - Certificate issue - Verification of candidate pre-requisites (where required)	The organisation has a robust process for ensuring the administration requirements have been met for the OPITO Workplace Competence Assessment Standards. Paperwork is stored and verified electronically.	A process for administration requirements exists, however some aspects are not in line with the OPITO Workplace Competence Assessment Standards, such as not forwarding details on a weekly basis, or all certification requirements being met.	There is evidence of a systematic break down in administration requirements. Candidate registration information is not captured. Candidates are not registered with OPITO on a weekly basis. Delegates are not issued with certificates. There is evidence that candidates have completed the assessment without verification of pre-requisites, including instances where the candidate does not have the required pre-requisites.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 2 – Competence Assessment	2.1 Assessors*	The organisation can demonstrate that it has sufficient occupationally competent assessors trained to national/industry recognised standards to carry out assessment decisions across the scope of the Approval. A register of assessors is maintained. The organisation is able to demonstrate how assessors have been trained. Assessors are able to provide verifiable evidence that they are occupationally competent. Where “candidate assessors” are to be used, the organisation has a process in place to manage how they are used and tracked. The organisation ensures there is a timeframe set for the “candidate assessor” to be used and that any assessments are countersigned by a fully trained assessor.	The organisation can demonstrate that it has the following in place: – A detailed register that includes discipline, type of training and standards/units that can be assessed – A way of demonstrating occupational competence through the organisation’s own CMS – A robust training programme if a national/industry recognised qualification is not used – A CPD programme is in place – A robust process for using technical authorities/SMEs and assessor candidates	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale.	The organisation cannot demonstrate compliance in the majority of areas: – No assessor list is maintained – Assessors do not hold any qualification/have not been trained – Occupational competence cannot be demonstrated – There are not enough assessors to carry out assessments within the organisation’s scope
	2.2 Expert Witnesses	The organisation demonstrates that Expert Witnesses used in the Assessment Process are occupationally competent and trained in the assessment techniques required in the expert witness role (where used). There are sufficient occupationally competent expert witnesses to support assessment activity for all relevant job roles and workplace locations as defined within the scope of the approval. Expert witnesses are trained in assessment techniques relevant to their role. Expert witnesses are able to provide verifiable evidence that they are occupationally competent. Prior to conducting assessment activity an expert witness is formally approved at an appropriate level. A register of expert witnesses is maintained.	Expert witnesses are being used effectively to support the assessment process while being managed and tracked. It is clear at the assessment planning stage how expert witnesses are involved in the Assessment Process.	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale.	The organisation cannot demonstrate compliance in the majority of areas: There is no procedure in place to manage expert witnesses. Additionally, there is no register maintained or evidence of how they are trained in assessment techniques. There is no formal approval for expert witnesses or control of occupational competence.
	2.3 Assessment Process*	The organisation has a process that details the Assessment Process to be followed, how the consistency of	The organisation’s Assessment Process is easy to follow and	The organisation fails to meet the OPITO requirement in at least one area, however this is	The organisation fails to meet the OPITO requirements in several key areas and has no

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 2 – Competence Assessment	2.3 Assessment Process* (continued)	assessments is maintained and the requirements for the outputs of assessment decisions. There is a process which details as a minimum: – Roles and responsibilities – How assessors are assigned to candidates – How assessments are planned – What assessment methods and documents are used – What evidence should be gathered – How assessment decisions are made (e.g. Competent Not Yet Competent) – The process for NYC decisions including how future assessments are planned and how NYC decisions are communicated to line managers – How assessment decisions are communicated to the candidate – How assessment decisions are recorded – How resources are made available for candidates with individual or particular assessment requirements – What locations are included in the scope of the CMS and how OPITO is updated if there are any changes – That re-assessment is planned and conducted as per the OPITO Workplace Competence Assessment Standard	follows the key principles of the CMS. A system is in place that stores assessment records and tracks assessment decisions. It is clear how assessors are assigned to candidates and how subsequent assessments are carried out. Observation and Q&A are used as the primary evidence methods; however, these can be captured in a number of ways. NYC decisions are managed effectively and in a way that encourages development.	easily resolvable and can be rectified within an appropriate timescale.	clear and defined Assessment Procedure in place. There is also evidence that candidates have undergone assessment without the required pre-requisites.
Section 3 – Internal Verification	3.1 Internal Verifiers*	The organisation can demonstrate that it has sufficient, suitably trained internal verifiers to carry out verification on assessment decisions. A register of internal verifiers is maintained. There are sufficient qualified internal verifiers to ensure Internal Verification of assessment activity across all job roles as defined within the scope of the Approval. The organisation is able to demonstrate how internal verifiers have been trained. Internal Verification decisions are made by occupationally knowledgeable internal verifiers and/or by internal verifiers	The organisation can demonstrate: – A detailed register that includes discipline, type of training and standards/units that can be assessed – A robust training programme if a national/industry recognised qualification is not used – A CPD programme	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale.	The organisation cannot demonstrate compliance in the majority of areas: – No IV list is maintained – IVs do not hold any qualification/have not been trained – Occupational knowledge cannot be demonstrated

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 3 – Internal Verification	3.1 Internal Verifiers* (continued)	supported by an appropriate technical authority/subject matter expert. In this case, evidence of occupational knowledge can be demonstrated for the technical authority/subject matter expert. Where “candidate Internal Verifiers” are to be used, the organisation has a process in place to manage how they will be used and tracked. The organisation ensures there is a timeframe set for the “candidate internal verifier” to be used and that any assessments are countersigned by a fully trained internal verifier.	– A robust process for using technical authorities/SMEs and IV candidates		– There are not enough IVs to carry out assessments within the organisation’s scope
	3.2 Internal Verification Process*	The organisation has a process that quality assures the Assessment Process through Internal Verification. There is a process which details as a minimum: – Roles and responsibilities – How verification is planned – What documents are used during the verification – How verification is carried out and what the sampling rate is – How verification decisions are recorded within the system – How verification decisions are communicated to assessors and actions closed out	The organisation has a sampling plan that has a rationale. It is clear if the organisation is meeting the sampling rate and IV decisions are reviewed to see if the rate is sufficient. IV reports are detailed and easily accessed.	The organisation fails to meet the OPITO requirement in at least one area, however this is easily resolvable and can be rectified within an appropriate timescale.	The organisation fails to meet the OPITO requirements in several key areas and has no clear and defined Internal Verification procedure in place.
Section 4 – Observation of Assessment and Records Review	4.1 Observation of Assessment	The organisation can demonstrate that assessments are conducted in accordance with its documented procedures, the OPITO Approval Criteria and the relevant OPITO Workplace Competence Assessment Standard. The observation of assessment includes the assessment planning, actual assessment and feedback being provided to the candidate. The assessments follow the processes outlined in the organisation’s documented procedures. Discussions are held with the assessor and candidate involved in the assessment to discuss key components	An assessment takes place from planning to feedback and follows the organisation’s Assessment Process. Assessments are carried out in a way that fits in with operations and is reflective of the candidate’s job role. Candidates and Assessors demonstrate a comprehensive and detailed understanding of their role in the CMS.	The assessment observed largely follows the organisation’s Assessment Process, however not all requirements are met/ followed. This is easily resolvable and can be rectified within an appropriate timescale.	The organisation’s Assessment Process is not followed at all and discussions with the assessor and candidate confirm they do not understand the Assessment Process.

Criteria		Requirement	Example of exceeding	Example of minor concern	Example of major concern
Section 4 – Observation of Assessment and Records Review	4.1 Observation of Assessment	of the organisation's approval and ensure roles and responsibilities within the approval are understood.			
	4.2 Review of records	The organisation can provide a range of completed assessment and Internal Verification records for job roles included in the scope of approval. The records follow the organisation's Assessment and Internal Verification process and are stored in accordance with the document control procedure. Assessment records contain an assessment plan, auditable evidence and feedback as a minimum. Internal Verification reports are documented clearly and against the company processes.		Assessment and IV records are available, however they contain minor errors such as missing dates and signatures. This is easily resolvable and can be rectified within an appropriate timescale.	No assessment or IV records are available to review. or Records are available however they do not follow the organisation's procedures or include the minimum primary evidence assessment methods.

6.0 CHAPTER 6: SUPPORTING DOCUMENTATION

6.1 VIDEO GUIDES AND GUIDANCE NOTES

Flow charts are available alongside step-by-step guidance notes on how to carry out each of the OPITO Processes. Accompanying these guidance notes are videos for each of the processes involved in achieving and maintaining OPITO CMS Approval. These notes will allow the organisation to successfully navigate The HUB and can be found within the Documents section.

6.2 CLARIFICATION DOCUMENTS

Additional documents are available to operate alongside the OPITO Criteria and the process of achieving/maintaining OPITO Approval:

- **Individual Product specifications located within the Products section of The HUB.**
- **The Terms and Conditions, and Underpinning Policies**
- **Scoring Information for CMS Organisations**

APPENDIX 1: COMPETENCE MANAGEMENT SYSTEM ORGANISATIONS SCORING

1.0 INTRODUCTION

The purpose of this appendix is to provide clarity and showcase the system utilised by OPITO to determine the frequency of a Competence Management System Organisation's (Including Workplace Competence Assessment) Ongoing Site Visit. The system itself assigns value to several key areas, at which point an average is taken to arrive at a single-digit number. This number, when rounded to the nearest whole, then determines the visit frequency. This system is designed to provide a standardised and transparent means to gauge how frequently all OPITO Approved CMS Organisations need to be visited, as well as highlights that incentives are available to CMS Organisations who routinely show that they are capable of exceeding the various requirements as per the OPITO Approval Criteria. A CMS Organisation's score will not be shared with the wider community, and can be found in The HUB.

2.0 PROCESS

The below illustrates the scoring matrix utilised by OPITO to determine Ongoing Site Visit frequency. An example scenario has been populated below to allow numerical value to be assigned to the various fields and displayed in boxes, which will make up the score.

	Section 1 – Management System	Section 2 – Competence Assessment	Section 3 – Internal Verification	Section 4 – Observation of Assessment and Records Review	Self-Assessment
1	1 or more safety critical Concern(s) or findings showing a systematic breakdown	1 or more safety critical Concern(s) or findings showing a systematic breakdown	1 or more safety critical Concern(s) or findings showing a systematic breakdown	1 or more safety critical Concern(s) or findings showing a systematic breakdown	Failure to complete, or new Centre
2	The majority of the Criteria reviewed failed to meet the requirements	The majority of the Criteria reviewed failed to meet the requirements	The majority of the Criteria reviewed failed to meet the requirements	The majority of the Criteria reviewed failed to meet the requirements	Completed after the deadline and has been completed poorly, omitting areas of the Criteria and failing to close out findings
3	The majority of the Criteria reviewed meet the requirements with minor findings identified	The majority of the Criteria reviewed meet the requirements with minor findings identified	The majority of the Criteria reviewed meet the requirements with minor findings identified	The majority of the Criteria reviewed meet the requirements with minor findings identified	Completed, however no findings had been closed out prior to OPITO's visit. Some findings had been omitted from the Self-Assessment
4	Meets all of the OPITO requirements, potentially exceeding in some areas	Meets all of the OPITO requirements, potentially exceeding in some areas	Meets all of the OPITO requirements, potentially exceeding in some areas	Meets all of the OPITO requirements, potentially exceeding in some areas	Completed and all findings had been resolved prior to the OPITO visit. Some findings had been omitted from the Self-Assessment
5	The majority of the Criteria reviewed exceed the requirements	The majority of the Criteria reviewed exceed the requirements	The majority of the Criteria reviewed exceed the requirements	The majority of the Criteria reviewed exceed the requirements	Completed and all findings had been resolved prior to the OPITO visit. No areas of the OPITO requirements missed
Individual Scores	3	2	2	3	1
Total	11				

The organisation received a total of 11, This number would then be divided by the total number of available fields, which is 5. That would give a score of 2.2 which, when rounded to the nearest whole number, is 2. That then corresponds with the table below to determine visit frequency.

Score	Visit Frequency
1	3 – 6 months
2	7 – 10 months
3	11 – 14 months
4	15 – 24 months (emphasis on lower-end of scale)
5	15 – 24 months (emphasis on higher-end of scale)

Utilising the approach above, OPITO hope to ensure a consistent approach to the conduct of Ongoing Site Visits. This also allows for CMS Organisations, who regularly exceed the requirements, to be recognised accordingly with fewer site visits. Additionally, this process will identify CMS Organisations who require more regular quality assurance and support.



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