Guide for Centres to Achieve and Maintain OPITO Approval – Standards

December 2024

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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) accreditation or any other OPITO programmes requiring OPITO Approval.

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.

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.

Suspended Approval: Significant and/or safety critical aspects of the OPITO requirements were not met in relation to a single Product or a number of Products. When the recommendation is confirmed by OPITO, delivery of these suspended Product(s) as specified in the report is not possible. The Suspended Approval status will be reviewed when all the formal actions identified are closed. Additional site visits may also be required. Any Products 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 of the Approvals held. When the recommendation is confirmed by OPITO, no approved training and/or assessment can take place. The Non-Approval status will be reviewed when all the formal actions identified are closed. Additional site visits may also be required.

Centre: An OPITO approved organisation, or an organisation engaged in the OPITO Approval Process.

SME: SME is an abbreviation for Subject Matter Expert. An SME is a person who provides specific knowledge or expertise to OPITO in an area in which they specialise.

Learners: For the purpose of this document and in relation to Approvals held for any OPITO Products, those carrying out the training and/or assessment are referred to as learners.

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 Centre, prior to an OPITO Ongoing Site Visit. The ISA will allow the Centre 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 Centre to detail the steps to be taken to rectify these gaps.
Systems Criteria:	Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).
Product Criteria:	Product Criteria includes all the OPITO requirements which differ based on the relevant Product Approval(s). The information/evidence required to meet these requirements is specific to the individual Product specification(s).
Site Visits:	A site visit will be conducted by OPITO prior to initial Approval and on an ongoing basis thereafter. These visits will be conducted in-line with the risk-based approach and may be carried out either in person or remotely.
Pre-Approval Workshop:	A short workshop, building on the information in the relevant video, to allow those looking for their first OPITO Approval to gain a clear understanding of the steps required. Centres that currently hold OPITO Approval are not required to undertake this workshop.
Desktop Submission:	A Desktop Submission occurs when a new or existing Centre seeks to gain Approval for a Product for which it currently does not hold Approval. This occurs via a submission of evidence within The HUB to demonstrate and support the Centre's ability to meet the minimum requirements of the OPITO Approval Criteria and Product.
Existing Centre Seeking Additional Product Approval(s):	A Centre that currently holds OPITO Approval at the location in which the new Product is being sought.
New Centre Seeking Initial Approval:	A Centre that does not currently hold OPITO Approval.

The following terminology is specific to the use of OPITO's system, The HUB.

Forms:

Forms are used within The HUB to carry out and share processes with OPITO. There are several different Forms available, one for each process. These include:

- Appeals
- On-Location Training Requests
- Action Close-Outs
- Ongoing Site Visits
- Internal Self-Assessments
- Initial Centre Approval (available for OPITO Standards, CMS and Global Qualifications)
- Additional Product Approval Application
- Additional Product Initial Approval(s)
- Product Feedback

Sections:

These Forms contain sections, which altogether form the full process. For example, for a new Approval this would cover all steps from the OPITO pre-screening questionnaire through to the conduct of an Initial Site Visit and close-out.

Each section contains the information required, before moving on to the next stage of the process.

Buttons:

Once all the sections required to move to the next stage of the process have been completed, this is confirmed through the use of buttons. The button will also then return the form to OPITO for review.

Latest Stage:

Upon completion of all relevant sections, the user is required to move to the next stage and, following confirmation of this using the relevant button, the Form's Latest Stage will be updated. The Latest Stage reflects where in the overall process the user is. For example, *"further information requested"* tells the user that OPITO is waiting for the submission of further information.

Form Reference:

The Form Reference is a unique number assigned to that particular process. For example, each Ongoing Site Visit Form would have its own identifiable number.

Form Title:

The Form Title will tell the user which process the Form relates to.

Public/Private Comments:

The comments feature within each section of the forms allows users to leave messages for one another. Public comments are shared with OPITO, and private comments are only shared internally. More information on these can be found throughout the guidance videos.

OPITO Centre Score:

A score which measures the Centre's ability to meet the OPITO requirements.

Associated Centre:

Another Centre operating within the same organisation.

2.0 CHAPTER 2: APPROVAL INFORMATION

2.1 INTRODUCTION

The purpose of this document is to provide information and guidance on fulfilling the requirements for the achievement of OPITO Approval. It is intended for use by Centres coming forward for Approval for the first time, as well as Centres currently in possession of OPITO Approval status. The guide to the OPITO Approvals Process has been specifically designed to focus on the details required for the achievement and maintenance of OPITO Approval and to facilitate the Desktop Review Process. This process is carried out, in full, within the OPITO online system referred to as The HUB.

2.2 PRE-APPROVAL SCREENING QUESTIONNAIRE

Prior to commencing the Approval Process, OPITO will request the completion of a pre-screening questionnaire within The HUB. This questionnaire allows the new Applicant to provide information for pre-screening and evaluation purposes, and to certify compliance with all applicable laws and regulations.

OPITO will review the information provided within the pre-screening questionnaire and advise the next steps accordingly. OPITO may, under the Pre-Screening Approval Policy, decide not to proceed to the Approval stage with any Centre completing this questionnaire.

2.3 INITIAL APPROVAL

OPITO uses a risk-based approach to obtaining Approval which covers new applicants and existing Centres. The following steps outline the complete process. If a third party is involved in the delivery of Training and/or Assessment, a joint application may need to be submitted. For specific information on how this risk-based Process applies, please see Appendix 2.

2.3.1 Pre-Approval Workshop

Each new Applicant will be directed to the Pre-Approval Workshop video and will then be invited to attend a workshop facilitated by OPITO. This workshop is provided free of charge and covers the OPITO Approval Process and how to meet the requirements of the Product specification(s).

There are a number of benefits to attending an OPITO Pre-Approval Workshop. Alongside gaining understanding of the Approvals Process, the workshop will provide information on how to use The HUB system and what is expected at each stage.

It is therefore important 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 site visit, for example, those managing the Applicant's Management System and those heavily involved with developing the training and/or assessment.

Prior to attending the workshop it is important that the attendees review thoroughly the relevant Product specification(s), Guide for Centres to Achieve and Maintain OPITO Approval, the Medical Emergency Response and Planning Requirements and the Maintenance and Inspection Policy.

The Approval Process is then conducted in two stages:

2.3.2 Desktop Review

Following submission of the required information, the next stage of the process is to conduct a Desktop Review of the Applicant's Management System documentation and training materials. This is carried out by OPITO.

The objectives of the Desktop Review are to:

- **Verify that the Applicant has the resources in place to safely deliver training and/or assessment to the requirement of the OPITO Product specification(s).**
- **Verify that the applicant has Management Systems in place which comply with the OPITO Approval Criteria. This criteria is designed to assure quality delivery of the OPITO Product(s) and a copy is contained within this document.**

Actions may be raised from the Desktop Review and are shared with the Applicant within The HUB.

The Action Response Process allows the applicant to send evidence to OPITO and, upon verification from OPITO, the Applicant will move to the next stage of the process. All documentation must be in English.

2.3.3 Initial Site Visit

After the Desktop Review an Initial Site Visit is carried out, which includes observation of Training and/or Assessment being delivered against the relevant OPITO Product(s) and the OPITO Approval Criteria. This may be conducted either in person or remotely.

The visit will be carried out by an OPITO Quality Assurance Specialist (Specialist) or a team of OPITO Specialists, depending on the scope of the Approval. If a team is used, then one member of the team will be nominated Team Leader and this person will be responsible for the conduct of the site visit and the reporting of any actions/findings. OPITO may nominate SMEs from its industry partners to support these activities.

The findings of the site visit will be recorded in a report which is shared between OPITO and the Applicant within The HUB. Actions raised from the site visit will also be shared within The HUB and reviewed by OPITO. The report will also contain a recommendation from the Specialist who conducted the visit, which will 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, following this review, within The HUB.

Once corrective actions have been closed out (if any), an Executive Summary is created and goes through an Internal QA Process before final Approval is given.

Training and/or Assessment must be delivered in English during the initial Site Visit, without the use of an interpreter or translator. Following formal confirmation of the Initial Approval, and in line with OPITO's requirements, course delivery in other languages may be permitted. Please contact your regional office for more information.

2.4 RECOGNITION OF PRIOR APPROVAL

During the Application section of the Approval Process the Applicant will have the ability to evidence any relevant Approvals/accreditations that they may hold. This can be both OPITO Approvals held at other sites and/or relevant Approvals/accreditations from other awarding bodies.

Where a related Approval/accreditation is held with another applicable awarding body, evidence of this can be submitted. Where OPITO Approval is held on another site, information can be provided on what similarities this holds, for example where staff and/or a management system is used/shared across these sites.

OPITO will review this information and may be able to reduce the Desktop requirements for review and/or the duration of the site visit. Please contact your regional office for further information.

2.5 COSTS ASSOCIATED WITH THE INITIAL APPROVAL PROCESS

The costs associated with OPITO Initial Approval include:

- **An Initial Approval fee for Desktop Review, per Product (where applicable)**
- **An Initial Approval fee for conduct of the site visit, per Product (where applicable)**
- **The costs incurred by the Specialist(s) for the conduct of the site visit, namely travel expenses, accommodation, security and subsistence (where applicable).**

Further information regarding the fee structure for the various OPITO Products may be obtained from the regional Quality Assurance Coordinator. Contact details can be found on the OPITO website.

2.6 ONGOING QUALITY ASSURANCE AND RISK BASED APPROACH

Once Initial Approval has been awarded and the company has been recognised as an OPITO Approved Centre, OPITO will carry out ongoing quality assurance. The Quality Assurance Process will be managed using a risk-based approach. This system will score the Centre's ability to comply with the OPITO requirements. Ongoing Site Visits will be carried out anywhere between three and 24 months. The following areas will be scored to ascertain each Centre's individual ability to adhere to and manage its Approval(s):

- **Accuracy of the Internal Self-Assessment**
- **Evidence of ability to meet or exceed the Management Systems and Health and Safety and sections of the OPITO Criteria, against the relevant Product Approval(s)**
- **Evidence of ability to meet or exceed the Staff Resources section of the OPITO Criteria, against the relevant Product Approval(s)**
- **Evidence of ability to meet or exceed the Physical Resources section of the OPITO Criteria, against the relevant Product Approval(s)**
- **Evidence of ability to meet or exceed the Training and Assessment section of the OPITO Criteria, against the relevant Product Approval(s).**

Note: OPITO may also carry out unannounced visits where there are concerns about the ongoing maintenance of the Approval.

This process is designed to ensure that Centres which may require additional support from OPITO are provided with this.

Quality assurance is conducted in the following ways:

2.6.1 Internal Self-Assessment (ISA)

Approximately three months prior to an OPITO Ongoing Site Visit, an ISA Form will be issued to the Centre through The HUB. The ISA will detail a deadline date and the Product(s) subject to review within the form. Completion of the ISA will allow the Centre to review its ability to meet the OPITO Criteria and the Product specification(s) requirements prior to the external review by OPITO.

The completed ISA will be reviewed by the Specialist at the Ongoing Site Visit, the accuracy of the review will contribute towards the overall Centre score and therefore the frequency identified for the next site visit. The OPITO Specialist will ascertain from the ISA the Centre's ability to meet the requirements. Where findings have been raised in the ISA, the Specialist will observe how these have been rectified, implemented and what lessons learned.

An accurate ISA identifies that a Centre has the knowledge and ability to successfully manage the OPITO Approval and will contribute towards the overall score. Where a Centre has failed to complete an ISA or where the ISA is not an accurate reflection of how the Approval is managed on site, the Centre will score lower in this area, which will contribute towards the frequency of the next site visit. OPITO endeavours to work with the Centre from the point of Initial Approval to provide it with the relevant knowledge and skills required to best adhere to the OPITO Criteria and the requirements of the relevant Product specification(s).

2.6.2 Ongoing Site Visits (in person)

As detailed above, OPITO will carry out site visits to review the Centres ability to meet the OPITO Criteria and the Product specification(s) requirements. OPITO will review the company's Management System, course documentation and outputs such as internal audit reports. Additionally, where any OPITO training and/or assessment is ongoing, OPITO may observe its delivery and hold discussions with learners who are currently on site. Evidence may be sampled against any areas of the OPITO Criteria and the approved Product specification(s).

Upon completion of the visit the reviewed information and any actions are shared with the Centres, alongside a summary and the Specialist's recommendation. OPITO may nominate SMEs from its industry partners to support site visit activity.

All documentation including Management Systems and course records related to OPITO Approval must be maintained in English.

For fees relating to the conduct of Ongoing Site Visits please contact your regional office.

2.6.3 Ongoing Site Visits (Remote)

OPITO may carry out an Ongoing Site Visit remotely. Where a remote visit is utilised, OPITO will provide a detailed visit plan which will specify the documentation to be prepared and submitted. This will also allow the Centres to ascertain which personnel are required to be available during the visit.

Documentation will also be provided to explain how this information should be referenced and shared with OPITO. Where elements of course delivery are requested, this is to be submitted using video footage. The video footage should allow the Specialist to clearly view the course delivery and evidence the learners being presented with the opportunity to achieve the necessary outcomes. It is important the communication is clear, and that training staff are introduced at the beginning of each video. Where learners are required to participate verbally, it is also important that their communication can be heard clearly.

Further information on remote visits will be provided by OPITO prior to them being held. For fees relating to the conduct of Ongoing Site Visits please contact your regional office.

2.7 SITE VISIT OUTCOMES

Following the completion of a Site Visit (Initial or Ongoing) the QA Specialist will make an Approval recommendation. This recommendation is then reviewed by the Quality Assurance Manager and a final decision is made on the outcome of the site visit.

The possible outcomes of a site visit could be:

- **Approval Outright**
- **Approval with Corrective Actions**
- **Suspension of Approval**
- **Non-Approval.**

As part of the OPITO requirements for Approval, certain criteria have been identified as being safety critical and absolute requirements for continued 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:

1.9 **Administration Arrangements**

2.1 **Welfare Facilities**

2.2 **Facilities**

2.3 **Equipment**

2.4.1 **Maintenance and Inspection regime**

2.4.2 **Failure Modes and Effects Analysis (FMEA) and Reliability Centred Maintenance (RCM)**

2.4.3 **Maintenance and Inspection Records and Documentation**

3.3 **Staff Qualifications**

4.3 **Achievement of Outcomes**

5.2.2 **Initial Medical Response Capability**

5.5 **Medical Emergency Response Plan (MERP)**

5.6 **Risk Assessment**

5.7 **Medical Screening**

5.9 **Additional Medical Staff**

5.10 **Medical Equipment**

Further information on these criteria may be found in section 4 of this document.

2.8 REGISTERING AND CERTIFICATING LEARNERS

Learners successfully completing OPITO approved training and/or assessments are registered by OPITO into 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 system which is internet-based and globally accessible.

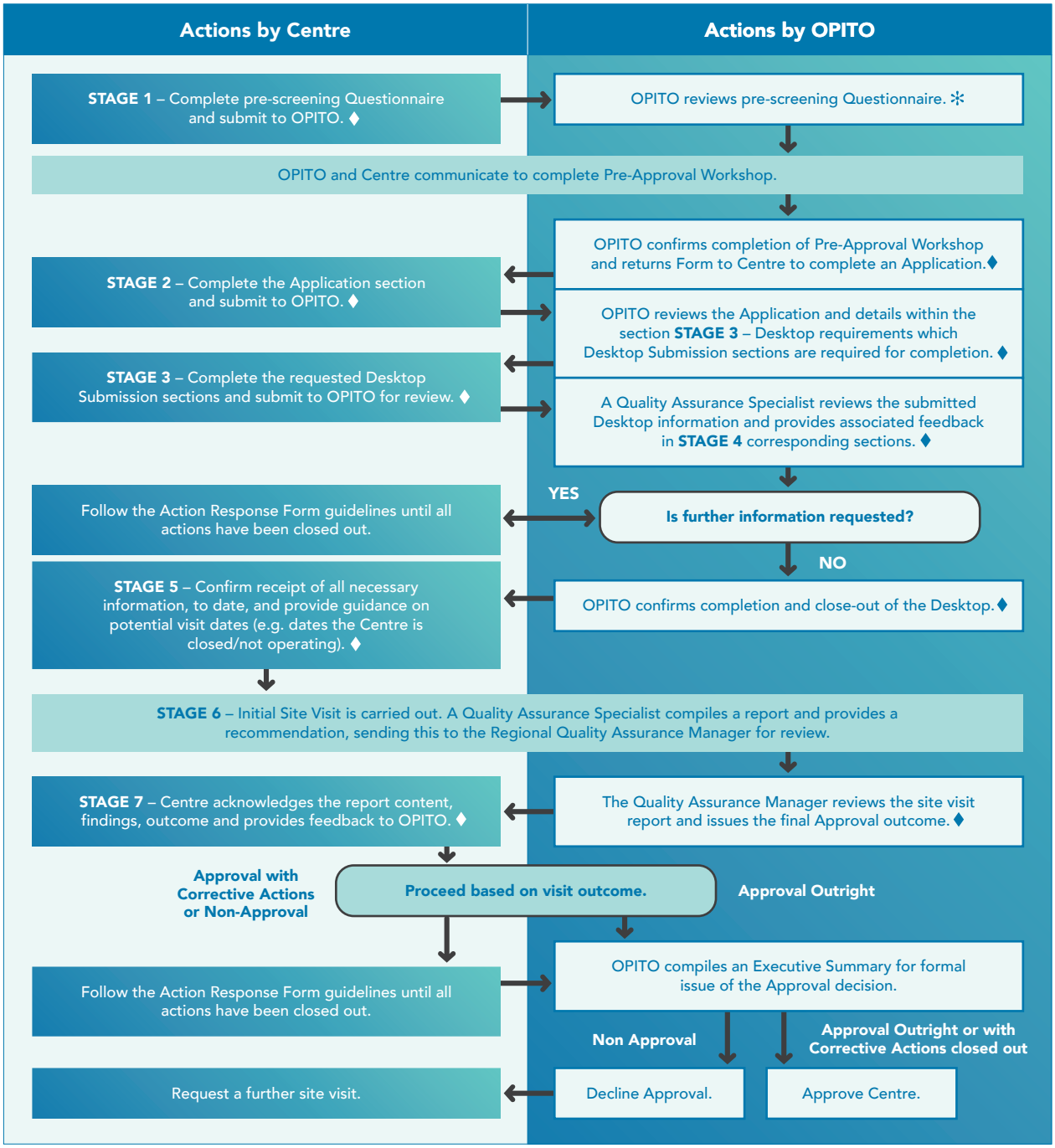
Learners attending OPITO approved courses must be registered with OPITO in line with the current requirements.

For each OPITO approved certificate issued there is a registration fee payable by the Centre to OPITO. Specific information on the registration policy and current registration fees can be obtained from the relevant regional Quality Assurance Coordinator. This contact information can be found on the OPITO website.

3.0 CHAPTER 3: APPROVALS PROCESS PATHWAY

3.1 NEW CENTRE SEEKING INITIAL PRODUCT APPROVAL

New Centres seeking Initial Product Approval will start the process using The HUB. The table below shows the stages to be followed to gain Initial Approval. Prior to this the Centre will receive training in The HUB and ongoing support will be provided as and when required. Further assistance with completing this process can be found within The HUB guidance document and corresponding guidance video.



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

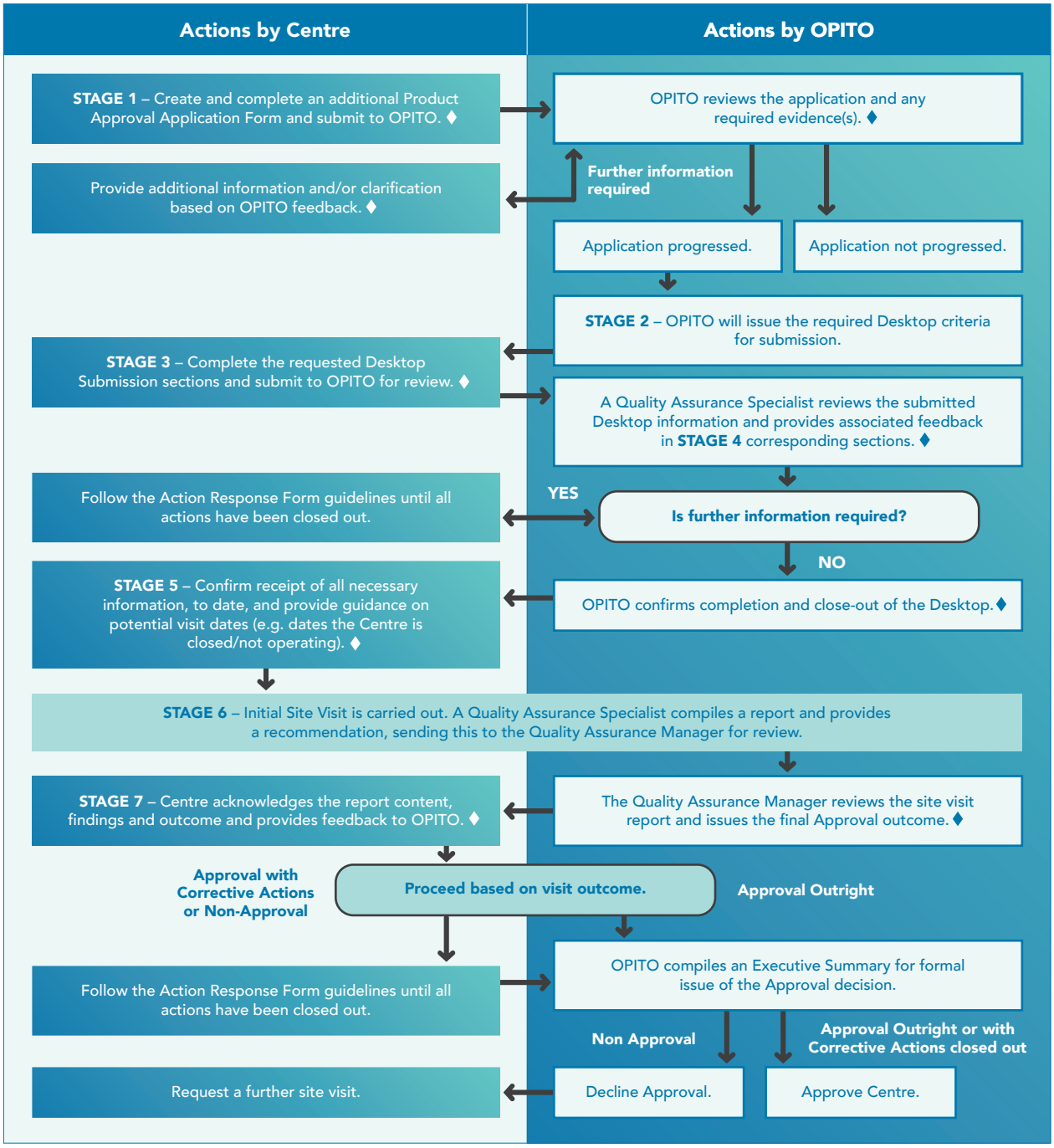
✻ At this point, OPITO may decide not to progress.

3.2 EXISTING TRAINING AND/OR ASSESSMENT CENTRES SEEKING ADDITIONAL PRODUCT APPROVAL(S)

Existing Centres seeking additional Product Approval(s) will do so through The HUB. The table below shows the stages to be followed.

Further assistance with completing this process can be found within The HUB guidance document and corresponding guidance video.

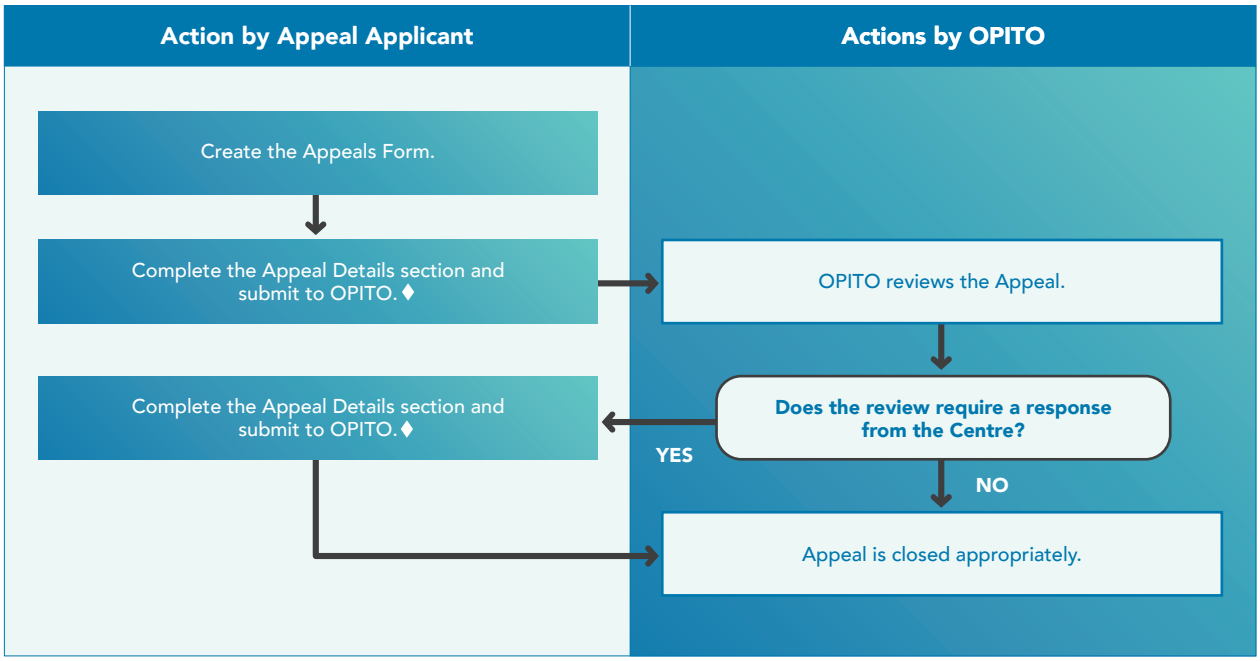
Any questions regarding the Approval Process, or if you require any assistance when using The HUB, please contact your regional office.



♦ Signifies where the Form is transferred between OPITO and the Centre.

3.3 APPEALS

If at any point following the completion and review of a Desktop Submission or site visit, the Centre wishes to raise an Appeal against any of OPITO's comments and/or actions, this can be done by following our Appeals Process. This is carried out within The HUB, as outlined in the table below. Further assistance on this can be found within the Raising an Appeal guidance document, and the corresponding guidance video.

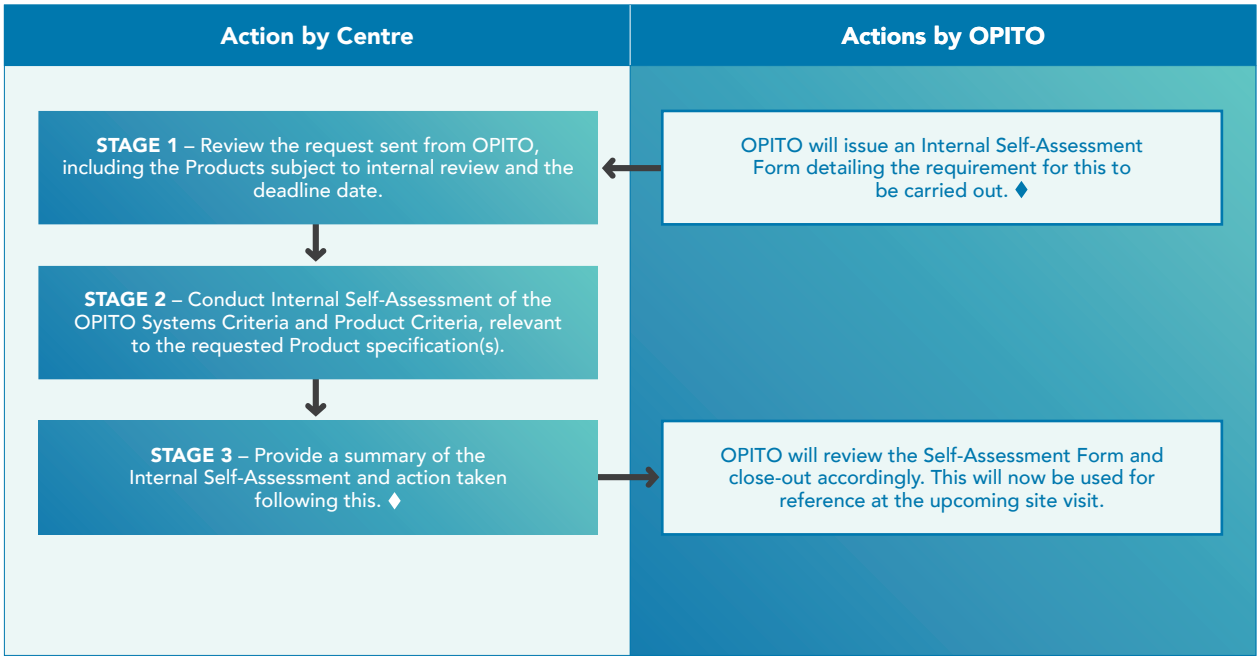


♦ Signifies where the Form is transferred between OPITO and the Centre.

3.4 EXISTING CENTRES AND ONGOING REVIEW

3.4.1 Internal Self-Assessment (ISA)

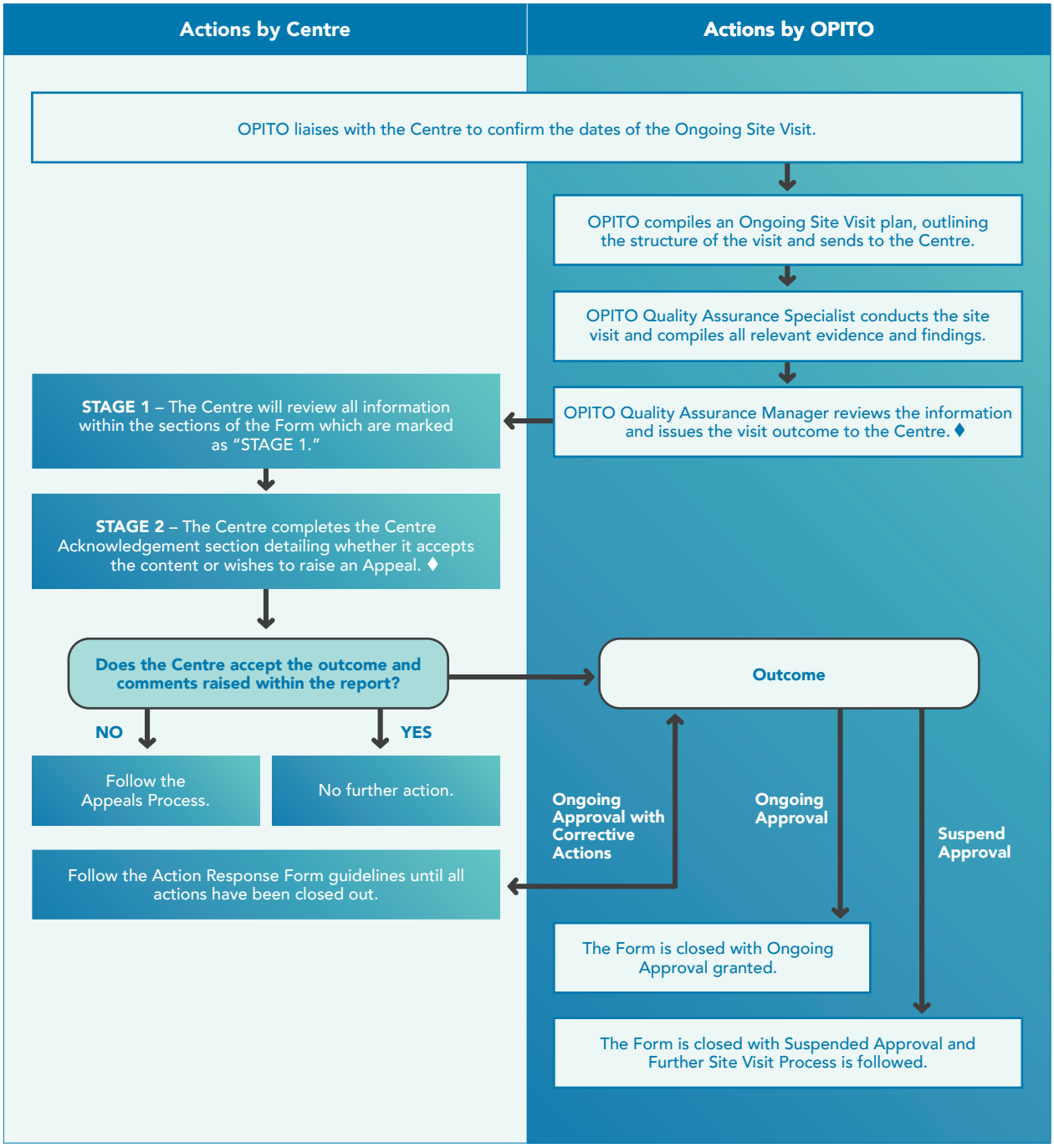
Three months prior to a site visit an ISA Form will be issued to the Centre through The HUB. The table below highlights the STAGES to be followed to complete the process.



♦ Signifies where the Form is transferred between OPITO and the Centre.

3.4.2 Ongoing Quality Assurance

Once an Ongoing Quality Assurance (QA) 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 Centre.

4.0 CHAPTER 4: OPITO APPROVAL CRITERIA AND ASSESSMENT TOOL

4.1 OPITO APPROVAL CRITERIA

The criteria now consist of five sections, incorporating the requirements of the Maintenance and Inspection Policy and the Medical Emergency Response and Planning requirements, namely:

- **Section 1 – Management Systems**
- **Section 2 – Equipment and Facilities**
- **Section 3 – Staff Resources**
- **Section 4 – Training and Assessment**
- **Section 5 – Health and Safety.**

The criteria are then further split into two categories:

- **Systems Criteria – these are the criteria in which evidence does not differ from Product to Product**
- **Product Criteria – these are the criteria in which evidence is required to reflect requirements of the individual Product(s).**

The aim of this breakdown is to reduce the timeframe for both Desktop Submissions and site visits for already approved Centres, as we can minimise the evidence required for review, using a risk-based approach.

1. Management Systems

1.1 **OPITO Policy** – A policy demonstrating senior management commitment to the safe implementation and maintenance of OPITO Approval. **(Systems)**

1.2 **Management Review** – A Management Review procedure which ensures that review of the effective and safe delivery of OPITO courses and OPITO Approval requirements is conducted every 12 months, as a minimum. **(Systems)**

1.3 **Complaints** – A Complaints Procedure which details all steps of a Complaints Process. This is to include initially informing learners of its availability, through to who is responsible for dealing with the complaint and how the final decision on any action taken is made and recorded. **(Systems)**

1.4 **Document and Record Control** – A procedure that ensures all relevant documents and records required for OPITO Approval are part of a controlled system. **(Systems)**

1.5 **Administration Procedure** – An Administration procedure that covers the process from initial booking to certification. **(Systems)**

1.6 **Training on Multiple Sites including On-Location Training** – A procedure that outlines how training and/or assessment being conducted on multiple sites is managed and communicated to all relevant staff. **(Systems)**

1.7 **Learner Assessment Requirements** – A procedure that ensures all training and/or assessment considerations for supporting learners have been implemented. **(Systems)**

1.8 **Organisation Chart** – An organisation chart which accurately reflects the management of the OPITO Approval(s) on-site. **(Systems)**

1.9 **Administration Arrangements** – Joining instructions, available and issued in a timely manner, which include details on the physical/stressful nature of the course (where appropriate) and the course outcomes. Additionally, documentation is maintained to evidence that all required pre-requisites are obtained. **(Product)**

1.10 **Internal Audit** – A procedure that covers 12-monthly internal auditing of all OPITO Criteria – Systems and Product – and including all related activities. Additionally, this includes an appropriate sample of actual course delivery of the Products held. The procedure is supported by an indicative audit plan. **(Product)**

2. Facilities and Equipment

2.1 **Welfare Facilities** – The Centre can demonstrate suitable learner welfare facilities are in place that are appropriate to the delivery of the OPITO Product(s) and relevant national legislation. **(Systems)**

2.2 **Facilities** – The Centre can demonstrate that all facilities as outlined within the Facilities section of the relevant Product specification are available, operational and allow learner welfare to be maintained. Facilities available must also allow for learners to achieve all the outcomes and associated criteria in a safe manner. **(Product)**

2.3 **Equipment** – The Centre can demonstrate that all equipment as outlined within the Equipment section of the Product specification is available, operational, and allows learner welfare to be maintained. The available equipment must also allow learners to achieve all the outcomes and associated criteria in a safe manner. **(Product)**

2.4 **Maintenance and Inspection**

2.4.1 **Maintenance and Inspection Regime** – The Centre has a suitable Maintenance and Inspection regime which, in line with the Maintenance and Inspection Policy, evidences how safe operations are assured, equipment is kept available and how records are maintained.**(Product)**

2.4.2 **Failure Modes and Effects Analysis (FMEA) and Reliability Centred Maintenance (RCM)** – The Centre can evidence that "failure modes and effects analysis" and "reliability centred maintenance" (or similar) is carried out on the required equipment and risk assessments are performed. These maintenance activities should be categorised based on criticality. **(Product)**

2.4.3 **Maintenance and Inspection Records and Documentation** – The Centre can show that corresponding evidence is available for all maintenance and inspection mitigation activities in place for high-risk equipment. Adequacy and frequency of these activities are conducted in line with local legal and regulatory requirements, industry standards, OEM practices and the requirements stipulated in the OPITO Maintenance and Inspection Policy. **(Product)**

2.5 **Maintenance Management System** – The Centre can evidence that a Maintenance Management System (MMS) is used to plan, control and record maintenance, assurance and inspection activities for planned, unplanned and uncovered conditions on high-risk equipment. **(Product)**

3. Staff Resources

3.1 **Staff Training Procedure** – A Staff Training and Development procedure(s) which details how staff are initially trained and deemed competent to fulfil their role(s) and how ongoing confirmation of this competence is assured and conducted regularly. **(Systems)**

3.2 **Competence Matrix** – A Competence Matrix for all roles and responsibilities required for the safe delivery of the OPITO Product, including instructors/assessors/support staff/sub-contractors/internal verifiers/MERP staff and maintenance staff. **(Product)**

3.3 **Staff Qualifications** – Staff qualifications and supporting evidence, as outlined within the relevant OPITO Product specification, are available and reflect the information detailed within the Competence Matrix. **(Product)**

4. Training and Assessment

4.1 **Internal Verification** – Internal Verification procedure that ensures consistent and objective assessment decisions are made. The procedure references a sampling plan, used to ensure that correct methods and levels for sampling are adhered to, and details a process for the conduct of standardisation of meetings between assessors and internal verifiers. **(Systems)**

4.2 **Training and Assessment Procedures** – Training and/or Assessment procedures that clearly detail how the outcomes/performance criteria/knowledge and understanding criteria, as per the OPITO Product, will be evaluated in a consistent manner. **(Product)**

4.3 **Achievement of Outcomes** – Assessment checklists available that accurately reference all the outcomes from the relevant OPITO Product specification. The Centre can also demonstrate how the outcomes are consistently achieved. **(Product)**

4.4. **Timetable** – A timetable that details the outcomes that will be achieved and the appropriate sections of the course. For example, break times, as outlined within the OPITO Product/ specification(s). **(Product)**

5. Health and Safety

5.1 **Accident/Incident/near-miss** – An Accident/Incident and near-miss procedure that details all steps of the process followed to include: reporting arrangements, investigation steps, lessons learned, root cause analysis, the need to communicate findings throughout the Centre and steps to be taken in the event of a Lost Time Incident. **(Systems)**

5.2 **Initial Medical Emergency Response**

5.2.1 **Initial Medical Response Procedure** – An Initial Medical Response procedure which demonstrates that it is possible to respond to a medical emergency in the appropriate time, regardless of location of the casualty onsite. **(Systems)**

5.2.2 **Initial Medical Response Records** – Annual training matrices/plans for all relevant MERP staff. These must also be included in the Centre's overall training plan. Additionally, the completion of training – including appropriate outputs and certification(s) – should be maintained on record. **(Systems)**

5.3 **Ongoing MERP Implementation** – MERP implementation drills are conducted at the appropriate frequency, as per section 6.2 of the MERP document. **(Systems)**

5.4 **Health and Safety and Emergency Response** – Health and Safety procedures exist that ensure all training/assessment is conducted safely and learner wellbeing is maintained at all times. Additionally, appropriate environmental and emergency response procedures are available. **(Product)**

5.5 **Medical Emergency Response Plan (MERP)** – A MERP which accurately reflects the requirements outlined in Section 6.1 of the MERP document. This must include tiered, time-based responses and be formally reviewed and approved annually. **(Product)**

5.6 **Risk Assessment** – A Risk Assessment procedure that covers all steps of the process followed for risk assessment and ensures that they are suitable and sufficient. Additionally, the Centre must have suitable and sufficient risk assessments in place for all activities related to the delivery of OPITO Product(s). **(Product)**

5.7 **Medical Screening** – A documented Medical Screening procedure relevant to the requirements of the Physical and Stressful Demands section of the OPITO Product and any regionally specific legislation which is in place. **(Product)**

5.8 **Safety Briefings** – A procedure that details appropriate Safety Briefings will be conducted prior to any practical training. These Safety Briefs cover, as a minimum: a description of the practical exercise along with the relevant exercise risks, the location of emergency medical equipment and the process followed by both staff and learners to stop training if required. **(Product)**

5.9 **Additional Medical Staff** – Evidence to support the Tier 2 and Tier 3 response times and confirm that the Centre has suitable risk mitigation requirements in place, as per Appendix E from the MERP document. **(Product)**

5.10 **Medical Equipment** – Demonstrable evidence is available that all medical equipment is maintained, as per manufacturer's specifications. Additionally, the Centre site layout includes the locations of emergency response equipment and the layout is explained and visible to learners at the training location. **(Product)**

4.2 OPITO APPROVAL CRITERIA MATRIX – SYSTEMS

The OPITO Criteria outlined above are categorised into two areas: Systems Criteria and Product Criteria.

The Systems Criteria detail the OPITO requirements of which evidence does not differ based on the individual Product specification(s).

The Product Criteria explain the remaining requirements, in which the necessary evidence differs between each individual Product specification.

Further to this each criteria has then been split into four categories. The categories outline what is needed to meet the requirement and what constitutes a minor and/or major concern to meet this requirement. Additionally, examples of how a Centre can exceed the requirements is provided.

In the major concerns column of the criteria, certain findings are marked with an asterisk*. Any action(s) raised against these findings may result in the relevant Product Approval(s) being suspended until the finding(s) can be rectified and the action(s) reviewed and accepted by OPITO. Criteria marked with the asterisk* in the Systems requirements may automatically result in all Product Approvals being suspended.

OPITO Systems Criteria

The following comprise the OPITO Systems Criteria:

Section 1 – Management Systems

1.1 **OPITO Policy**

1.2 **Management Review**

1.3 **Complaints**

1.4 **Document and Record Control**

1.5 **Administration Procedure**

1.6 **Training on Multiple Sites (Including On-Location Training)**

1.7 **Learner Assessment Requirements**

1.8 **Organisation Chart**

Section 2 – Facilities and Equipment

2.1 **Facilities and Equipment**

Section 3 – Staff Resources

3.1 **Staff Training Procedure**

Section 4 – Training and Assessment

4.1 **Internal Verification**

Section 5 – Health and Safety

5.1 **Accident/Incident and near-miss**

5.2.1 **Initial Medical Response Procedure**

5.2.2 **Initial Medical Response Records**

5.3 **Ongoing MERP Implementation**

OPITO Systems Criteria Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 1 – Management Systems	**1.1 OPITO Policy**	There is a policy available demonstrating senior management commitment to safe implementation and maintenance of OPITO Approval. This policy is effectively communicated throughout the Centre and to learners. There is evidence that the policy is being implemented and adhered to.	The Centre clearly demonstrates that the policy is implemented and understood at all levels of the Centre.	The policy has been formally accepted and is being adhered to, however it does not reflect the most up-to-date senior management situation on site.	No policy demonstrating senior management commitment to safe implementation and maintenance of OPITO Product(s) is available. The policy is not implemented and/or not being adhered to.
	1.2 Management Review	There is a Management Review procedure in place which ensures that review of the effective and safe delivery of OPITO courses and OPITO Approval requirements is conducted every 12 months, as a minimum. The procedure details who should attend the Management Review meetings, highlighting how minutes are distributed and securely stored. The minimum requirement is that following topics are covered: Results of Internal Audits/External Visits, Training and/or Assessment Results, near-miss/ Accident/Incident Reports, Customer satisfaction (complaints and Appeals), Inspection and Maintenance reports, OPITO visits and Internal Self-Assessments and initial and ongoing staff competence status. Evidence is available which demonstrates the procedure is being followed.	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 Centre'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 Centre.	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 is available.
	1.3 Complaints	The Centre has a Complaints procedure which details all steps of a Complaints process. From initially informing learners of its availability, through to who is responsible for dealing with the complaint and how the final decision on any action taken is made and recorded. Evidence is available that the procedure is being adhered to and complaints are closed out within appropriate timescales.	The Centre proactively encourages constructive feedback. In the event of a complaint, the Centre ensures the prompt investigation of the circumstances and ensures that any lessons learned are	Although a procedure is in place this is not effectively communicated to learners. The process being followed on-site does not accurately reflect that of the corresponding procedure.	No Complaints procedure and/or process is in place. No documentation is available to support the Complaints procedure nor is its availability communicated to learners.

OPITO Systems Criteria Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 1 – Management Systems	**1.3 Complaints (continued)**	Accompanying documentation is available which reflects how information is recorded.	implemented and communicated at all levels of the Centre. Evidence of feedback and complaints can be tracked through its lifecycle and fed into management meetings and quality assured.	Whilst evidence of complaints being raised is documented these are not being enacted upon or closed adequately.	
	1.4 Document and Record Control	There is a procedure available which ensures that all relevant documents and records required for OPITO Approval are part of a controlled system. The procedure clearly details how all course documentation and records are securely stored and appropriately backed up. The procedure details suitable retention periods for assessment records. The procedure details a process for the storage of records over multiple training days (where courses are greater than one day in duration). There is a procedure that ensures that all relevant documents and records required for OPITO Approval are part of a controlled system and there is evidence that this procedure is being followed satisfactorily.	The Centre 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.	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.
	1.5 Administration Procedure	There is an administration procedure that covers the process from initial booking to certification and evidence that this is being adhered to As a minimum the following are included: (a) Learner registration. (b) Verification of learner pre-requisites and dispensation forms (where required). (c) Verification of learner identity by means of government issued photographic identification. (d) Ensuring learners current emergency contact details are recorded.	The administration process followed by the Centre is highly efficient (i.e. use of a company-wide digital solution for administration) and it is continuously monitored and actively reviewed to ensure that OPITO requirements are met on an ongoing basis. The system is operator friendly and clearly navigable.	The administration procedure and/or actual process being followed on-site is not aligned with the OPITO requirement in at least one area. There are minor deviations between the actual process being followed on-site and that detailed within the corresponding procedure.	There is no administration procedure which follows the process from initial booking to certification. The actual process being followed significantly deviates from the procedure and/or the OPITO requirement.

OPITO Systems Criteria Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 1 – Management Systems	**1.5 Administration Procedure (continued)**	(e) Certificate generation and Issue of certificate direct to the learner completing the Product and to the sponsoring company (when required). (f) Joining Instructions are issued to Learners. (g) Information of competent learners is provided to OPITO, via The HUB, upon course completion.			
	1.6 Training on Multiple Sites Including On-Location Training (if applicable)	There is a procedure which outlines how training and/or assessment being conducted on multiple sites is managed and evidence is available which demonstrates this is being followed satisfactorily and aligned with the OPITO Delivery and Assessment policy. Where appropriate this includes: (a) Training/assessment on multiple sites where training is conducted off-site (i.e. a separate fireground) including appropriate and effective liaison and communication. Taking into account suitable and sufficient risk assessments, emergency response arrangements, communication and administration of all courses, records and documents. (b) Training/assessment at on-location training sites including an appropriate process to ensure the suitability of the On-Location Site and, where appropriate, communication with OPITO. (c) How training and/or assessment being conducted on multiple sites is managed and evidence is available which demonstrates this is being followed satisfactorily and is being communicated to all relevant staff. (d) Training and/or assessment delivered remotely, for example via video conferencing software.	The procedure being followed is proactive and ensures remote locations are thoroughly checked so they are sufficient and OPITO is made aware in a timely manner. Stringent processes are in place which ensure that learners' travel between sites is conducted with minimal interruption to the course.	The procedure and/or actual process being followed is not aligned with the OPITO requirement in at least one area. There are minor deviations between the actual process being followed on-site and those detailed within the corresponding procedure.	There is no procedure and/or process in place for training delivered across multiple sites i.e. where Learners are transferred between sites and/or remote location training. There are significant deviations between the procedure in place and the actual process being followed on-site and/or it falls far below the OPITO requirement.
	1.7 Learner Assessment Requirements	There is a procedure which ensures that all training and/or assessment considerations for learners have been considered. This includes, as a minimum: (a) Facilitates the identification and suitable measures for individual training/assessment requirements for	The Centre proactively identifies learner training/assessment requirements and ensures they are met in a highly efficient manner.	The procedure and/or actual process being followed is not aligned with the OPITO requirement in at least one area.	There is no procedure and/or process in place that ensures all training/assessment considerations have been taken into account.

OPITO Systems Criteria Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 1 – Management Systems	**1.7 Learner Assessment Requirements (continued)**	learners appropriate to the site. This could include some or more of the following: (i) English not first language (ii) Literacy (iii) Religious considerations (iv) Disability (b) The decision in the event of an NYC outcome. A three-month window should be allowed (unless otherwise stated within the Product specification) (c) Assessment Appeal Process including: (i) How this is communicated to learners (ii) Ultimate decision-making responsibility within the Centre (iii) How different Appeal outcomes are actioned, communicated and recorded. (d) Implementation of a process, aligned with the OPITO delivery and assessment language policy, for all languages which the Centre conducts OPITO training and/or assessment.		There are minor deviations between the actual process being followed on-site and that detailed within the corresponding procedure.	There are significant deviations between the procedure in place and the actual process being followed on-site and/or these fall far below the OPITO requirement.
	1.8 Organisation Chart	The organisation chart is current and up-to-date, accurately reflecting the management of the OPITO Approval on-site. The organisation chart shows all roles, responsibilities and lines of reporting authority required for the safe delivery of the OPITO Approval.	The organisation chart is part of a system whereby it is subject to regular review and revised to ensure it consistently and accurately reflects the current staff situation on-site at all times. Documented job roles are available for all staff on the organisation chart. An interactive system whereby competency records for staff and job description are linked.	Roles and responsibilities relevant to the delivery of the OPITO Approval (including support staff) are omitted and/or reporting authority for the management of the Approval(s) is not evident. The organisation chart is not accurately reflective of the current situation on-site.	There is no organisation chart available.

OPITO Systems Criteria Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 2 – Facilities and Equipment	**2.1 Welfare Facilities***	The Centre demonstrates suitable learner welfare facilities that are appropriate to the delivery of the OPITO Product(s) and relevant national/ state legislation. This could include: (i) Sufficient means of hydration (ii) Restrooms/showers/changing areas (iii) Catering (iv) General operating environment (temperature, noise and lighting) (v) Hygiene (vi) Housekeeping	The Centre clearly focuses on the welfare of its learners as demonstrated by the facilities provided which consistently exceed expectations. Continuous improvement system, robust cleaning and sanitisation regimes. Training/Assessments adopts the most up-to-date technology to improve hygiene. For example, automated sanitisation taps, doors, toilets and caters for a wide range of dietary requirements.	The Centre 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 Centre cannot and/or fails to demonstrate suitable learner welfare facilities appropriate to the delivery of OPITO Standard.
Section 3 – Staff Resources	**3.1 Staff Training Procedure**	There are Staff Training and Development procedures which detail both: (a) How staff are initially trained and deemed competent to fulfil their role; and (b) How ongoing confirmation of this competence is assured and that this is conducted regularly. The above includes all staff roles and responsibilities for the safe delivery of the OPITO Product(s) and includes instructors/assessors/support staff/ sub-contractors and maintenance staff. Evidence is available that the above is being followed adequately and records are available to evidence both initial confirmation of competence and ongoing confirmation of competence for all relevant staff.	The Centre uses the staff training procedure to ensure proactive management of staff training both initially and on an ongoing basis. It is clearly demonstrable how any development gaps identified are actioned and closed out. The procedure clearly defines different processes for instructors and assessors and uses a risk-based approach to ensure that staff can demonstrate competence at all times. There is a proactive plan in place that incorporates skills decay for individual competencies and future developments.	The procedure and/or actual process being followed is not aligned with the OPITO requirement in at least one area. There are minor deviations between the actual process being followed on-site and that detailed within the corresponding procedure.	There are no staff training procedures which detail how staff are initially trained and deemed competent to fulfil their role and how ongoing confirmation of this competence is assured. There are no satisfactory records to support that sufficient staff have been deemed competent. There are significant deviations between the process being followed for staff training and the corresponding procedure and/or the OPITO requirement. Staff providing OPITO training and assessment activities have no supporting competency records or relevant qualifications.

OPITO Systems Criteria Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 4 – Training and Assessment	**4.1 Internal Verification**	There is an Internal Verification procedure which ensures that consistent and objective assessment decisions are made. It uses a sampling plan to ensure that correct methods and levels for sampling are adhered to and details a process for the conduct of standardisation meetings between assessors and internal verifiers. Records are available to evidence the above procedure is being adhered to.	The Centre proactively uses Internal Verification to ensure assessments are consistent and objective. A full range of IV methods are employed and the necessary resources are made available to allow this plan to be highly effective. There is a distinct difference between the Internal Verification sampling plan for Training and Assessment Standards.	The procedure and/or actual process being followed is not aligned with the OPITO requirement in at least one area. There are minor deviations between the actual process being followed on-site and that detailed within the corresponding procedure.	There is no procedure and/or process being followed for Internal Verification. No records are available to evidence Internal Verification having been carried out.
Section 5 – Health and Safety	**5.1 Accident/ Incident and near-miss**	An Accident/Incident and near-miss procedure is available that details all steps of the process followed, including: (a) Reporting (b) Investigation (c) Lessons learned (d) Root cause analysis (e) Communication of findings throughout the Centre (f) In the event of an LTI, an incident summary covering the event, type of injury, initial actions and initial incident findings is reported to the relevant OPITO Regional Manager within 48 hrs. Documentation is available to support the procedure and ensures that all required data is captured and recorded. The relevant procedure and corresponding documentation use referencing as per Appendix F of the MERP Requirements.	The Accident/Incident and near-miss procedure is highly effective and ensures continuous improvement. Observations of unsafe acts and unsafe conditions are actively encouraged to be reported and documented with a "no blame culture". Incident/Accident/near-miss and observation data is analysed with results and trends being shared throughout the Centre. An open and transparent approach throughout the Centre and the wider Approved Centre community within the limits of confidentiality.	The procedure and/or actual process being followed on-site does not align with the OPITO requirement in at least one area. There are minor deviations between actual practice on-site and that detailed within the corresponding procedure. The relevant procedure and corresponding documentation does not use referencing as per Appendix F of the MERP Requirements.	There are no Accident/Incident and near-miss procedures and/or processes being followed. No documentation is available to record potential accident/ incidents and near-misses. There are significant deviations between the procedure in place and actual practice on-site and/ or these are not aligned with the OPITO requirement.

OPITO Systems Criteria Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 5 – Health and Safety	**5.2.1 Initial Medical Response Procedure**	There is a procedure in place which demonstrates that it is possible to respond to a medical emergency in the appropriate time, regardless of location of the casualty onsite. This procedure ensures: (a) Initial medical response is available at all times when OPITO training/assessment is taking place. (b) Staff training covering Tier 0 (Tier 0: All staff from Medical Emergency Response and Planning Document [MERP]) is conducted and refreshed for all staff, every 1 to 2 years. (c) For medium - and high-risk training environments, twice-yearly skills maintenance practical training sessions conducted at the workplace for all Tier 1 DFA's facilitated by a first aid instructor approved by a recognised national or international first aid authority. For low-risk environments, this should be done once-yearly. (d) The geographical location of the Centre is specifically considered, as per MERP Appendix E, and this forms part of the overall risk assessment.	The procedure in place to ensure response within four minutes in the case of a medical emergency ensures a high level of response and is embedded in daily operations. A site-wide alarm and notification system is used to ensure the highest level of response. CCTV is in place to provide a retrievable real-time record of medical response and casualty care. There is available on-site medical expertise when not specifically required under MERP.	The Initial Medical Response procedure does not align with the OPITO requirement in at least one area.	There is no procedure demonstrating items (a)-(d) of the OPITO requirement.
	5.2.2 Initial Medical Response Capability*	Annual Training Matrix/Plans are current and available for all relevant MERP staff. These are also included in the Centre's overall training plan. The completion of training and the necessary evidence of that, including evidence of qualifications, is maintained on record. Records are available to evidence adequate training has been conducted, ensuring it is possible to respond to a medical emergency within an appropriate time regardless of location of the casualty onsite. These records include, as a minimum:	Training Matrix/Plans include informal and formal further training development at a greater frequency than the minimum required. The completion of the training and the necessary evidence of training and qualifications is maintained on record. Training plans include tailored further development relevant to the OPITO Approvals held e.g. taking into account potential	Although training has been carried out for Initial Medical Response, records held do not evidence all requirements outlined within the OPITO requirement and Tier 0: All staff and Tier 1: designated First Aider of the MERP document	Annual Training Matrix/Plans are not current or available for all relevant MERP staff and they are not included in the Centre's overall training plan. No Medical Response capability is in place. For example, records are not available to evidence that DFAs are available on site or are holding valid qualifications as outlined in (b) of the OPITO requirement

OPITO Systems Criteria Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 5 – Health and Safety	**5.2.2 Initial Medical Response Capability* (continued)**	(a) Tier 0 training (including Tier 0: All staff of MERP) has been conducted for all staff and refreshed every 1 to 2 years, and records are available and current. (b) The availability of sufficient designated first aiders(DFA). These DFA's hold a valid qualification as listed on national Health and Safety Authority websites or qualified with Red Cross/Red Crescent/St John Ambulance/American Heart Foundation; in addition, there is evidence that items in section 2, Tier 1: designated First Aider, of MERP, have been covered. (c) For medium- and high-risk training environments, twice-yearly skills maintenance practical training sessions conducted at the workplace for all Tier 1 DFA's facilitated by a first aid instructor approved by a recognised national or international first aid authority. For low-risk environments, this should be done once-yearly.	emergency scenarios found during training – work at height rescue, confined space rescue, burns and trauma management, drowning, etc. Staff designated Tier 0 receive relevant first aid training above the basic requirements.		and the MERP document. No evidence is available and/or training has not been conducted as per (a) and (c) of the OPITO requirement.
	5.3 Ongoing MERP Implementation	MERP implementation drills are conducted, as per section 6 of the MERP document covering the following: (a) Twice-yearly Tier 1 MERP Drills twice-yearly (for high and medium) and once yearly (low risk) Tier 1 and Tier 2 MERP Drills. Where applicable, practising casualty extraction, First Aid/BLS administration, basic oxygen therapy and CPR/AEDadministration are included. (b) Annual Tier 2 MERP Realistic Drills (to the nearest Tier 3 facility) which verify ongoing effectiveness. Records are maintained of the above drills which include the following: (i) Detail that a particular emergency response scenario has been tested and measured for its effectiveness. (ii) The testing of notification and implementation of relevant procedures.	Photographic/video evidence is recorded of the event which is then used to internally evaluate the event. Drills are carried out at a greater frequency than the minimum requirements, including all relevant staff involved and all DFA's. MERP drills involve a realistic emergency response scenario relevant to the OPITO Approvals held.	Records are available of MERP implementation drills which have been conducted, however these are not aligned with the OPITO requirement in at least one area. The completed MERP implementation drills fall below the requirements outlined within the MERP document, section 6.	Records are not maintained/ available evidencing MERP implementation drills have been conducted, as per the OPITO requirement and section 6 of the MERP document.

OPITO Systems Criteria Systems Criteria covers all the OPITO requirements which oversee the management of the OPITO Approval. The information/evidence required to meet these requirements does not differ based on the different Product Approval(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 5 – Health and Safety	**5.3 Ongoing MERP Implementation (continued)**	(iii) Test the internal emergency response team communications and communications between internal and external response services. (iv) Record those personnel involved. (v) Record the emergency and medical equipment used. (vi) Ensure the chronology of events is recorded including actual response times. (vii) Contain a conclusion in relation to the effectiveness of the response and include lessons learned.			

4.3 OPITO APPROVAL CRITERIA MATRIX – PRODUCT

The OPITO Criteria outlined in Chapter 4.1 is categorised into two areas: Systems Criteria and Product Criteria.

The Systems Criteria detail the OPITO requirements of which evidence does not differ based on the individual Product specification(s).

The Product Criteria explain the remaining requirements, in which the necessary evidence differs between each individual Product specification.

Further to this each criteria has then been split into four categories. The categories outline what is needed to meet the requirement and what constitutes a minor and/or major concern to meet this requirement. Additionally, examples of how a Centre can exceed the requirements is provided.

In the major concerns column of the criteria, certain findings are marked with an asterisk*. Any action(s) raised against these findings may result in the relevant Product Approval(s) being suspended until the finding(s) can be rectified and the action(s) reviewed and accepted by OPITO. Criteria marked with the asterisk* in the Systems requirements may automatically result in all Product Approvals being suspended.

OPITO Product Criteria

The following comprise the OPITO Product Criteria:

Section 1 – Management Systems

1.9 **Administration Arrangements**

1.10 **Internal Audit**

Section 2 – Facilities and Equipment

2.2 **Facilities**

2.3 **Equipment**

2.4 **Maintenance and Inspection**

- 2.4.1 **Maintenance and Inspection Regime**
- 2.4.2 **Failure Modes and Effects Analysis (FMEA) and Reliability-Centred Maintenance (RCM)**
- 2.4.3 **Maintenance and Inspection Records and Documentation**

2.5 **Maintenance Management System**

Section 3 – Staff Resources

3.2 **Competence Matrix**

3.3 **Staff Qualifications**

Section 4 – Training and Assessment

4.2 **Training and Assessment Procedures**

4.3 **Achievement of Outcomes**

4.4 **Timetable**

Section 5 – Health and Safety

5.4 **Health, Safety and Emergency Response**

5.5 **Medical Emergency Response Plan (MERP)**

5.6 **Risk Assessment**

5.7 **Medical Screening**

5.8 **Safety Briefings**

5.9 **Additional Medical Staff**

5.10 **Medical Equipment**

OPITO Product Criteria Product Criteria includes all the OPITO requirements which differ based on the relevant Product Approval(s). The information/evidence needed to meet these requirements is specific to the individual Product specification(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 1 – Management Systems	**1.9 Administration Arrangements***	Joining instructions are available and issued in a timely manner which include details on the physical/ stressful nature of the course (where appropriate) and the course outcomes. Documentation is maintained to evidence that all required prerequisites are obtained, including any medical requirements. Information of competent learners is provided to OPITO, via The HUB, upon course completion.	A robust process is in place which ensures that all learner pre-requisites and any associated medical certification is obtained prior to the learner's arrival on-site.	Although joining instructions are issued to prospective learners prior to course commencement, these do not detail the physical/ stressful nature of the course (where applicable) or accurately detail the course outcomes. Information of competent learners is provided to OPITO, however this falls outwith the required timeframe.	Not all competent learners have been registered with OPITO. Competent learners are not issued with an OPITO Approved certificate. Failure to issue joining instructions prior to course commencement. No documentation is available to evidence that the required pre-requisites are checked prior to course commencement, including medical certification (where applicable).
	1.10 Internal Audit	There is a procedure in place which covers 12 monthly internal auditing of all OPITO Criteria; Systems and Product, including all related activities. Additionally, this includes an internal audit of actual Product delivery. Where a number of Product Approvals are held, an appropriate risk based approach to sampling is required. The procedure specifies that internal audits will be conducted by appropriately trained personnel with no conflict of interest in the area being audited. The procedure is supported by an indicative audit plan which includes all existing OPITO System and Product Criteria and all Products held (including any new Product applications). Evidence is available to support that the above procedure and plan are being adhered to satisfactorily. There is a procedure in place which ensures the completion of an OPITO Internal Self-Assessment, upon request from OPITO. The procedure details the requirement for this to be returned prior to the	A proactive approach to internal audit of the OPITO Criteria and Products is evident and exceeds the OPITO requirement. The internal audits form a fundamental part of the Centre's continuous improvement. Corrective actions are closed out quickly and effectively. Internal audits are viewed as value adding additions.	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 to ensure the completion of OPITO Internal Self-Assessment Forms, however fails to meet the OPITO requirement in at least one area. OPITO Internal Self-Assessments are carried out, however are not a true reflection of current	No Internal Audit procedure is available. No audit plan is available. No supporting evidence of the conduct of internal audits is available. No OPITO Internal Self-Assessment procedure is available and/or no Internal Self-Assessment has been completed upon request from OPITO.

OPITO Product Criteria Product Criteria includes all the OPITO requirements which differ based on the relevant Product Approval(s). The information/evidence needed to meet these requirements is specific to the individual Product specification(s).					
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Section 1 – Management Systems	**1.10 Internal Audit (continued)**	deadline date and to be carried out as a true reflection of the current circumstances on-site. The above procedure is being adhered to satisfactorily.		circumstances found on-site and/or are not submitted to OPITO prior to the deadline date.	
Section 2 – Facilities and Equipment	**2.2 Facilities***	All facilities as outlined within the Facilities section of the relevant Product specification are available and operational while allowing learner welfare to be maintained. Facilities available allow for learners to achieve all outcomes within the units in a safe manner which does not place any undue physical and/or mental stress on the learners/staff.	The facilities available allow for the course to be conducted in a highly efficient and effective manner. The facilities available go beyond the requirements of the Product specification, without implementing any undue physical and/or mental stress on the learners/staff.	The facilities available on-site do not meet all the individual requirements outlined within the corresponding Product specification, however, the learners are still able to achieve the outcomes in a safe manner. This does not place any undue physical and/or mental stress on the learners or affect their welfare. The requirements currently not being met are resolvable and can be rectified in a timely manner.	Facilities on-site do not meet the requirements outlined within the Product specification and/or are not in operational working order and could result in learners not being able to meet all outcomes. The facilities on-site do not accurately reflect that of the Product specification and could place undue physical and/or mental stress on the learner(s) and/or poses a threat to learner/staff welfare.
	2.3 Equipment*	All equipment outlined within the Equipment section of the Product specification is available and operational and allows learner welfare to be maintained. The available equipment allows learners to achieve all the outcomes and associated criteria in a safe manner which does not place any undue physical and/or mental stress on the learners/staff. Sufficient equipment quantities required by the Centre are available.	The equipment available allows for the course to be conducted in a highly efficient and effective manner. The equipment available goes beyond the requirements of the Product specification, without implementing any undue physical and/or mental stress on the learners/staff. A live inventory of equipment is maintained and regularly updated.	Although the equipment available on-site does not meet all of the requirements detailed within the equipment section of the Product specification learners are still able to achieve the outcomes in a safe manner which does not place any undue physical and/or mental stress on the learners or affect their welfare. Equipment which is not currently available can be easily obtained and the failure to meet the requirement can be rectified in a timely manner.	Equipment outlined within the Product specification is not available and/or operational and results in learners not being able to achieve all the outcomes and associated criteria. Equipment available on-site does not accurately reflect the equipment section of the Product specification and/or is not operational and could result in the potential for learners to be placed under undue physical and/or mental stress and/ or poses a threat to learner/staff welfare.

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Section 2 – Facilities and Equipment	**2.4.1 Maintenance and Inspection Regime***	A Maintenance and Inspection regime is available which, in line with the OPITO Maintenance and Inspection Policy, evidences how the following objectives are met: (a) Assure safe operations, care for health and respect of the environment. (b) Economically maintain the availability of the equipment. (c) Records management. The Maintenance and Inspection regime identifies high-risk equipment and details the use of a Risk-Based Management system (RBM) or equivalent, and evidences that compliance shall adhere to one or more of the following: (a) Local legal and regulatory requirements. (b) Industry standards/good practice (c) OEM practice or equivalent. (d) Requirements stipulated within the Maintenance and Inspection Policy. A company Safety Policy is available and has been aligned within the Maintenance and Inspection Policy.	The Centre goes above and beyond the minimum manufacturer's recommendations. The Centre has realistic, immediate contingency plans in place which eliminate disruption to training delivery. The Centre has a preventative Maintenance and Inspection regime for all equipment which adheres to the following: (a) The Centre uses safety alerts generated from any equipment failures to inform other industry stakeholders to lessons learnt. (b) A fully digitised management regime that schedules, plans, alerts and tracks all aspects of maintenance, is in place.	The Maintenance and Inspection regime is being followed and there is evidence that the OPITO Maintenance and Inspection Policy is being adhered to, in the main, however there are minor omissions or deviations that do not lead to unsafe conditions.	No Maintenance and Inspection regime is available, or it is not aligned with the requirements of the OPITO Maintenance and Inspection Policy or the OPITO requirement. No Safety Policy is available which details commitment to the adherence of the Maintenance and Inspection Policy. The Maintenance and Inspection regime is not adhered to and reflected in actual practice on-site, leading to unsafe conditions.
	2.4.2 Failure Modes and Effects Analysis (FMEA) and Reliability Centred Maintenance (RCM)*	Failure modes and effects analysis and reliability centred maintenance (or similar) is carried out on the required equipment and risk assessments are performed, with the maintained activities categorised based on criticality. An example of how this can be achieved is detailed within Appendix 1 of the OPITO Maintenance and Inspection Policy. For each high-risk equipment item, including those not subjected to FMEA and RCM, a systematic approach is demonstrated to risk assess and:	Failure modes and effects analysis and reliability centred maintenance is carried out on the majority of equipment identified as high-risk and goes beyond the requirements outlined within the OPITO Maintenance and Inspection Policy.	Failure modes and effects analysis, reliability centred maintenance and/or risk assessment is conducted on all high-risk equipment items, however risk is not considered to be managed to the ALARP principle or is missing aspects of equipment failure.	No failure modes and effects analysis or reliability centred maintenance is carried out (where applicable). One or more high-risk equipment items has not been adequately risk assessed, as per the OPITO requirement and/or the OPITO Maintenance and Inspection Policy.

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Section 2 – Facilities and Equipment	**2.4.2 Failure Modes and Effects Analysis (FMEA) and Reliability Centred Maintenance (RCM)* (continued)**	(a) Identify how each equipment item or system could fail. (b) The consequences of each of the above failure. (c) What maintenance and inspection activities are appropriate to manage the risk. (d) At what frequency the activity should be performed. All equipment is appropriately maintained and inspected.		The risk assessment(s) in place, however, maintain that the safe delivery of the OPITO Product is not compromised.	
	2.4.3 Maintenance and Inspection Records and Documentation*	Corresponding evidence is available for all maintenance and inspection mitigation activities in place for high-risk equipment. Adequacy and frequency of these activities is conducted in line with (listed in reducing order of relevance): (a) Local legal and regulatory requirements. (b) Industry standards/good practice. (c) OEM practice or equivalent. (d) Requirements stipulated within the OPITO Maintenance and Inspection Policy. Evidence is available (where required) to confirm the competence of the Maintenance Team Lead and the Maintenance Team specific to the tasks being carried out.	Evidence is available which highlights that maintenance and inspection activities supersede the requirements of all the below (listed in reducing order of relevance): (a) Local legal and regulatory. (b) Industry standards/ good practice. (c) OEM practice or equivalent. (d) Requirements stipulated within the OPITO Maintenance and Inspection Policy.	Corresponding evidence is available but is insufficient for maintenance and inspection mitigation activities. However, it is easily resolvable and does not pose a threat to learners' safety and welfare. The required evidence can be obtained in a timely manner.	Corresponding evidence is not available and/or is insufficient, for maintenance and inspection mitigation activities which results in one or more of the below not being adhered to and poses a direct threat to the safety and welfare of the learner(s): (a) Local legal and regulatory requirements. (b) Industry standards/ good practice. (c) OEM practice or equivalent. (d) Requirements stipulated within the OPITO Maintenance and Inspection Policy.
	2.5 Maintenance Management System (MMS)	A Maintenance Management system (MMS) is used to plan, control and record maintenance, assurance and inspection activities for planned, unplanned and uncovered condition on high-risk equipment. The MMS is: (a) Readily available to staff, management, sub-contractors and auditors when required and	There is an MMS which exceeds the requirements outlined within this OPITO requirement and the OPITO Maintenance and Inspection Policy. This is widely communicated and understood by all personnel who use the equipment in day-to-day operations.	The MMS used to plan, control and record maintenance, assurance and inspection activities for planned, unplanned and uncovered condition on high-risk equipment, fails to meet all of the criteria outlined in the OPITO requirement and	No MMS is used to plan, control and record maintenance, assurance and inspection activities for planned, unplanned and uncovered condition on high-risk equipment. The MMS in place significantly fails to meet the criteria

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Section 2 – Facilities and Equipment	**2.5 Maintenance Management System (MMS) (continued)**	(b) Proportionally used for: (i) Work order generation (writing, planning, approving). (ii) Task scheduling. (iii) Ensuring that all critical work scopes are completed in a timely fashion, within the target period. (iv) Recording the history of interventions and findings and reference to Product certificates. (v) Supporting the procurement of materials and services. (vi) Reporting work order status. The MMS facilitates the requirements for planned and unplanned maintenance, including: (a) Identification of high-risk equipment. (b) Initial suitability including equipment which has been modified for its intended purpose. (c) Operating and environmental limits. (d) Schedule planned maintenance prioritised on a risk basis. (e) Corrective maintenance. (f) Management of non-compliances. The above requirements for planned and unplanned maintenance are aligned with those detailed within section 6 of the OPITO Maintenance and Inspection Policy. All equipment is maintained as per requirements and records are maintained.	The system used is highly efficient and effective – e.g. reduces the need for manual input and therefore minimises the likelihood for human error.	the OPITO Maintenance and Inspection Policy, however, does not compromise the safety of operation of high-risk equipment.	outlined within the OPITO requirement and/or that of the OPITO Maintenance and Inspection Policy, resulting in the safe operation of high-risk equipment being compromised.

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Section 3 – Staff Resources	**3.2 Competence Matrix**	There is a Competence Matrix for all roles and responsibilities required for the safe delivery of the OPITO Product(s), including instructors/assessors/ support staff/sub-contractors/internal verifiers/MERP staff and maintenance staff. The Competence Matrix clearly indicates the number of staff available, their competence status in relation to the OPITO Product and relevant qualifications held (where applicable). The Competence Matrix accurately reflects the current competency levels of staff on-site and is up to date.	The Competence Matrix is available to all members of staff and is maintained and controlled as part of their documented management system and subject to revision control. It clearly indicates the competency status of the individual and indicates when the next confirmation of competency is due.	There is a Competence Matrix available which, in the main, meets the requirements of the OPITO Product specification. However, certain roles, as outlined within the OPITO requirement and/or Product specification, are omitted.	There is currently no Competence Matrix outlining staff available to deliver the OPITO Product(s) and their competency levels. The Competence Matrix available shows significant deviations from actual staff available on-site and their levels of competence.
	3.3 Staff Qualifications*	Staff qualifications and supporting evidence as outlined within the relevant OPITO Product specification are available and reflect the information detailed within the competence matrix. Initial/ongoing confirmation of competence records is available for all staff deemed as competent against the delivery of the OPITO Product(s). Suitably trained, qualified (where appropriate) and occupationally knowledgeable internal verifiers and assessors are available.	The Centre clearly demonstrates that the required staff qualifications, as per the OPITO Product(s), are regularly exceeded. The Centre places great emphasis on personal development and ongoing professional development.	Although some staff qualifications and supporting evidence are not available, this does not affect the safe delivery of the OPITO Product. The staff qualifications and supporting evidence does not reflect those detailed within the staff competence matrix. Up to date competence records are not available for staff deemed as competent against the delivery of the OPITO Product(s).	Staff qualifications and supporting evidence are not available to evidence that safe delivery of the OPITO Product can be delivered as per the Product specification. Staff qualifications and supporting evidence do not align with the actual staff on-site being used to deliver the OPITO Product(s). No competence records are available for staff deemed as competent against the delivery of the OPITO Product(s).
Section 4 – Training and Assessment	**4.2 Training and Assessment Procedures**	There are Training and/or Assessment procedures which clearly detail how the outcomes, performance criteria and knowledge and understanding criteria, as per the OPITO Product(s), will be evaluated in a consistent method.	There is evidence of a proactive robust plan to ensure procedures are being satisfactorily followed for the relevant OPITO Product(s). The plan is communicated throughout the Centre and evidence of	Although there is a Training and/or Assessment procedure in place, this fails to meet the requirement, in at least one area. The procedure is not aligned with the performance assessment	There are no Training and/or Assessment procedures which clearly detail how the outcomes, as per the OPITO Product(s), will be achieved in a consistent method.

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Section 4 – Training and Assessment	**4.2 Training and Assessment Procedures (continued)**	The procedure covers all the details of the performance assessment, as per the relevant OPITO Product(s) specification. There is evidence that these procedures are being satisfactorily followed for the relevant OPITO Product(s).	regular training and assessment meetings is available.	requirements of the Product specification in its entirety. There are minor omissions between the procedure and actual practice on-site.	The procedure makes no allowance for the details of the performance assessment, as per the relevant OPITO Product(s). There are Training and/or Assessment procedures for all relevant OPITO Product(s), however, there are significant deviations from these procedures.
	4.3 Achievement of Outcomes*	There are assessment checklists which accurately reference all the outcomes from the relevant Product specification. The Centre can demonstrate how the outcomes are consistently achieved. The required knowledge and skills in order to meet the outcomes are imparted in an engaging manner, ensuring participation by the learners using a range of teaching methods. Assessors clearly communicate and understand the assessment criteria ensuring impartiality. The staff ratios are being adhered to, as per the relevant Product(s) specification.	The Centre clearly demonstrates an excellent ability to allow learners to achieve the required outcomes using a variety of instructional methods. Learners are fully engaged in teaching sessions that allow participation by all. Assessors clearly communicate with learners ensuring that clear succinct and relevant feedback is provided.	The assessment checklists in use do not accurately reflect the outcomes of the relevant Product specification, although the course content clearly allows for the outcomes to be achieved.	There are no assessment checklists available to track learners' achievements against the outcomes in the Product(s) specification. The Centre cannot demonstrate how the outcomes of the OPITO Product(s) are achieved. Minimum/maximum ratios are not being adhered to. The required knowledge and skills are not imparted in an engaging manner ensuring participation by the learners using a range of teaching methods. Assessors do not clearly communicate and do not understand the assessment criteria ensuring impartiality.
	4.4 Timetable	There is a timetable which details the outcomes that will be achieved and the appropriate sections of the course – for example break times, as outlined within the OPITO Product specification(s).	Timetables are available to detail a vast number of potential outcomes, based on how many learners are participating in the course, from minimum numbers to maximum numbers.	The available timetable differs slightly to actual practice on-site, however, still allows for all learners to achieve the outcomes effectively.	There is no timetable available to detail the efficient delivery of the course. It does not demonstrate that sufficient time is given to allow

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Section 4 – Training and Assessment	**4.4 Timetable (continued)**	The timetable ensures that the course can run smoothly, reflecting the timings outlined within the Product specification. It is appropriate for the number of learners participating in the course, while accurately reflecting the timings of actual course delivery. The total contact time per training day does not exceed eight hours and the total training day does not exceed 10 hours, unless otherwise stated by the Product specification.			learners to achieve all the outcomes and associated criteria. The time taken to deliver the course is excessive and does not reflect the timing, as per the Product(s) specification.
Section 5 – Health and Safety	**5.4 Health, Safety and Emergency Response Procedures**	Health and Safety procedures exist that ensure all training/assessment is conducted safely and learner wellbeing is maintained at all times. Environmental procedures exist that ensure environmental impact of relevant aspects of training/assessment delivery are understood and controlled (where applicable). Emergency procedures exist that ensure appropriate arrangements are in place in the event of any reasonably foreseeable emergency. All HSE and Emergency procedures are evident, accessible and being adhered to satisfactorily.	A behavioural based HSE Policy is deployed that requires employees and learners to identify incidents, near misses and potential hazards.	The Health and Safety and/or Environmental and/or Emergency procedures differ from the actual practices carried out on-site. This, however, does not have an adverse effect on learners' safety and wellbeing.	Health and Safety procedures are inadequate and do not ensure all training/assessment is conducted safely and learner wellbeing is maintained at all times. Environmental procedures are inadequate and do not ensure all environmental impacts of relevant aspects of training/assessment delivery are understood and controlled (where applicable). Emergency procedures are inadequate and do not ensure all appropriate arrangements are in place in the event of any reasonably foreseeable emergency. Health, Safety, Environmental and Emergency procedures are not evident, not accessible and not being adhered to satisfactorily.

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Section 5 – Health and Safety	**5.5 Medical Emergency Response Plan (MERP)***	The Centre has a MERP which accurately reflects the requirements outlined in Section 6 - Response Plan of the OPITO MERP document and is inclusive of Tier time-based responses. The MERP is formally reviewed and approved annually. Corresponding evidence is available that suitable external Tier 3 facilities, within the Tier 3 response time, have been identified. Where Tier 2 facilities are not available within the response time, competent Tier 2 MERP professionals, transportation and equipment are available to ensure learner wellbeing enroute to Tier 3 facilities.	The MERP has been implemented and communicated across the organisation for all relevant OPITO Training and/ or Assessment activities and is capable of ensuring an effective response. It is regularly reviewed and updated in response to the learning points identified in the required drills and exercises. Where Tier 2 facilities are not available within the response time, competent Tier 2 MERP professionals, transportation and equipment are available to ensure learner wellbeing enroute to Tier 3 facilities. Improved transportation resources are available by using faster transportation e.g. air transportation options instead of ground transport.	The MERP available does not accurately reflect all requirements of section 6.1 from the MERP document and/or the OPITO requirement. The MERP is not inclusive of Tier time-based responses. The MERP is not reflective of response times and medical staff available on-site, however, does not compromise the tier-time based response times being adhered to. Although suitable external Tier 3 facilities have been identified within the Tier 3 response time, no evidence is available to support this but it can easily be obtained. Although suitable Tier 2 facilities are available within the Tier 2 response time or competent Tier 2 MERP professionals, transportation and equipment are available to ensure learner wellbeing enroute to Tier 3 facilities, insufficient evidence is available to support this but can easily be obtained.	There is no MERP available. The MERP is not capable of ensuring an effective response. The MERP is not reflective of response times and medical staff available on-site. Actual response times on-site do not allow for the required Tier time-based responses to be adhered to. Centres have not identified suitable external Tier 3 facilities within the Tier 3 response time. Tier 2 facilities are not available within the response time, nor are competent Tier 2 MERP professionals. The available transportation and equipment does not ensure learner wellbeing enroute to Tier 3 facilities.
	5.6 Risk Assessment*	A Risk Assessment procedure is available that covers all steps of the process followed for Risk Assessment and ensures they are suitable and sufficient. Suitable and sufficient Risk Assessments are available for all activities related to the delivery of the OPITO Product(s).	A Risk Assessment procedure is available that covers all steps of the process followed for Risk Assessment and ensures that they are suitable and sufficient. This procedure is robust,	Risk Assessments are available which, in the main, comply with the OPITO requirements but there are some minor omissions. These omissions are, however, reflected in actual practice	A Risk Assessment procedure is not available which covers all steps of the process followed for Risk Assessment and does not ensure Risk Assessments are suitable and sufficient.

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Section 5 – Health and Safety	**5.6 Risk Assessment* (continued)**	These Risk Assessments cover, as a minimum, learner welfare, emergency and medical response and training activities. The Risk Assessment procedure and subsequent Risk Assessments are being complied with and communicated satisfactorily. MERP Risk Assessments take into account equipment locations, geography and tier response times.	highly efficient and drives continuous improvement. The Risk Assessments are regularly reviewed and updated based on the results of incident/accident/near miss data, learner and instructor feedback and industry lessons learned. All Risk Assessments are easily accessible, current and well understood by all relevant Centre staff and cover, as a minimum, learner welfare, emergency and medical response and training activities.	on-site and need to be reflected within the risk assessment(s). There are minor deviations between the Risk Assessment and/or Risk Assessment procedure against actual practice on-site.	There are significant deviations between the Risk Assessment and/or Risk Assessment procedure against actual practice on-site. Suitable and sufficient Risk Assessments are not available for all activities related to the delivery of the OPITO Product(s). Current Risk Assessments are not communicated and complied with satisfactorily. These Risk Assessments do not cover, as a minimum, learner welfare, emergency and medical response and training activities.
	5.7 Medical Screening*	A documented Medical Screening procedure relevant to the requirements of the Entry Requirements section of the OPITO Product(s) and any regionally specific legislation is in place. Suitable Medical Screening documentation that supports the procedure and is in line with the OPITO Product(s) is being used. Completed Medical Screening Forms and any additional medical requirements (where applicable) are reviewed appropriately, securely stored at all times and easily accessible in the case of an emergency.	A Medical Screening procedure is available that is relevant to the requirements of the Entry Requirements section of the OPITO Product(s). This procedure is highly effective at proactively dealing with any underlying medical conditions.	A Medical Screening procedure is available which, in the main, complies with the OPITO requirement but there are some minor omissions. These omissions, however, do not affect the safety of the learners. There are minor deviations between the Medical Screening procedure and actual practice on-site. These deviations, however, do not affect the safety of the learners.	There is no documented Medical Screening procedure relevant to the requirements of the Entry Requirements section of the OPITO Product(s). No suitable Medical Screening documentation that supports the procedure is available. Completed Medical Screening Forms and any additional medical requirements (where applicable) are not reviewed appropriately, securely stored at all times and not easily accessible in the case of an emergency.

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Section 5 – Health and Safety	**5.7 Medical Screening* (continued)**				Supporting medical forms, although completed and reviewed, are not being acted upon.
	5.8 Safety Briefings	There is a procedure that details that appropriate Safety Briefings will be conducted prior to training. Safety Briefings cover as a minimum: (a) Description of the practical exercise along with the relevant exercise risks. (b) Location of emergency medical equipment and the process followed by both staff and learners to stop training if required and the subsequent actions. Where appropriate the conditions at the training area should also be recorded (i.e. weather, temperature, noise etc). The procedure ensures that a record of the learners present is maintained and that the Safety Briefings are conducted at a suitable time and location. The procedure is being adhered to and corresponding documentation is available.	The approach to conducting appropriate Safety Briefings is embedded in all aspects of training. A safe system of work is in place and it clearly empowers both staff and learners to stop training in the event of a safety concern. There is a well-managed observation card system (or similar) in place. The results of these observations are regularly reviewed and appropriate action taken as required.	There are minor omissions between the Safety Briefings procedure and that of the OPITO requirement and/or what is reflected in actual practice on-site. These omissions do not pose a risk to the learners' safety and welfare and are easily resolvable.	There is no procedure that details that appropriate Safety Briefings will be conducted prior to practical training. Appropriate Safety Briefings are not conducted. No record of the learners present is maintained and it is not demonstrated that Safety Briefings are conducted at a suitable time and location. The procedure is not being adhered to satisfactorily.
	5.9 Additional Medical Staff*	Evidence is available to support the Tier 2 and Tier 3 response times, confirm the Centre's risk mitigation requirements, as per Appendix E from the MERP document. Where applicable, Tier 2 MERP professionals are in possession of a valid international medical qualification which includes Basic Life Support (BLS). In addition, there is evidence that both an Advanced Life Support (ALS/ACLS/ILS) and a Pre-Hospital Trauma Life Support (PHTLS/ITLS/ATLS) course or equivalent(s) have been completed.	Training plans include tailored further development relevant to the OPITO Product(s) held – e.g. taking into account potential emergency scenarios found during training – work at height rescue, confined space rescue, burns and trauma management, drowning, etc. Where applicable, Tier 2 MERP professionals have immediate access to advice from a	There is insufficient evidence to demonstrate that the required Tier 2 and Tier 3 response times are being adhered to. There is insufficient evidence to demonstrate that the Tier 2 medical professional meets the requirements outlined within section 2.4 of the MERP document. There is insufficient evidence to demonstrate that adequate	No supporting evidence is available of the Tier 2 and Tier 3 response times used to determine the Centre's risk mitigation requirements. Where applicable, MERP professionals are not in possession of a valid international medical qualification which includes Basic Life Support (BLS). In addition, there is no evidence that both an Advanced Life

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Section 5 – Health and Safety	**5.9 Additional Medical Staff* (continued)**	Where applicable, Tier 2 MER professional certification is available, current and is maintained and complies with section 2 - Tier 2: MER Professional Certification from the MERP document Where applicable, medical protocols are available for Tier 2 MERP professional use, covering applicable serious emergency and injury scenarios as identified in Centre risk assessment. Where applicable, Tier 2 yearly protocol audit records from a supervising medical professional (i.e. doctor) are available and current. Where applicable, Tier 2 MERP professionals have immediate access to advice from a supervising doctor at all times when training is taking place.	supervising doctor at all times training is taking place. Access is available to specialist medical advice and instruction from senior emergency medical professionals (usually doctors) via telecommunications and/or information technologies.	medical protocols are available for Tier 2 MERP professional use to meet the requirements outlined in section 2 - Tier 2 MER Professional Certification of the MERP document. Although audit records are available for Tier 2 protocols, these are not current and/or fall out with the yearly requirement. Although Tier 2 MERP professionals have access to advice from a supervising doctor at all times when training is taking place, insufficient evidence is available to support this but can easily be obtained.	Support (ALS/ACLS/ILS) and a Pre-Hospital Trauma Life Support (PHTLS/ITLS/ATLS) course or equivalent(s) have been completed. Where applicable, Tier 2 MERP professional certification is not available, current, or maintained and/or does not meet the requirements of section 2.4 from the MERP document. Where applicable, medical protocols are not available for Tier 2 MERP professional use and/or do not cover applicable serious emergency and injury scenarios as identified in the Centre risk assessment. Where applicable, Tier 2 yearly protocol audit records from a supervising medical professional (i.e. doctor) are not available and/or not current. Where applicable, Tier 2 MERP professionals do not have immediate access to advice from a supervising doctor at all times when training is taking place.
	5.10 Medical Equipment*	All medical equipment is maintained, as per manufacturer's specifications and maintenance records are available. A Centre site layout is available which includes the location of emergency response equipment. This layout is explained and visible to learners at the training location.	The Centre site layout includes the locations of emergency response equipment (first aid kits, AED, emergency exits, extinguishers, etc.), the layout is explained, visible and thoroughly understood by learners at the training location.	One or more required items from the MERP document and the OPITO requirement are currently unavailable, however are not safety critical and can be easily obtained.	Medical equipment is not maintained, as per manufacturer's specifications, and maintenance records are not available. The Centre site layout does not include the locations of

OPITO Product Criteria Product Criteria includes all the OPITO requirements which differ based on the relevant Product Approval(s). The information/evidence needed to meet these requirements is specific to the individual Product specification(s).					
Criteria		**Requirement**	**Example of exceeding**	**Example of minor concern**	**Example of major concern**
Section 5 – Health and Safety	**5.10 Medical Equipment* (continued)**	Sufficient first aid (Tier 1) equipment is available and includes items listed in MERP section 4, section 2 - Tier 1: First Aid Equipment and Supplies. Where applicable sufficient (Tier 2) medical equipment is available and includes items listed in MERP section 4 - Tier 2: MER Equipment and Supplies. A suitable "designated room" or "designated medical room," depending on Tier level response on-site, is available during all training activities.	The ongoing maintenance and inspection of the MERP equipment exceeds manufacturers' and regulatory requirements.		emergency response equipment and/or the layout is not explained and visible to learners at the training location(s). Sufficient first aid (Tier 1) equipment is not available and does not include items listed in section 4, section 2- Tier 1: First Aid Equipment and Supplies. Where applicable sufficient (Tier 2) medical equipment is not available and does include items listed in section 4 - Tier 2: MER Equipment and Supplies. A suitable "designated room" or "designated medical room," depending on Tier level response on site, is not available during all training activities.

5.0 CHAPTER 5: SUPPORTING DOCUMENTATION

5.1 EXEMPLARS

An exemplar document has been created to give examples of ways in which Centres could meet the OPITO requirements. This document does not evidence how the requirements must be met; however, it is available to act as a guide for those seeking clarity on the requirement(s). This document can be found within The HUB documents section.

5.2 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 the processes involved in achieving and maintaining OPITO Approval. These guidance notes should allow you to successfully manoeuvre around The HUB and can also be found within the Documents section of The HUB.

5.3 CLARIFICATION DOCUMENTS

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

- **Individual Product specifications located within the Products section within The HUB**
- **Medical Emergency Response and Planning Requirements (MERP)**
- **OPITO Maintenance and Inspection Policy**
- **Terms and Conditions and Underpinning Policies.**

APPENDIX 1: CENTRE SCORING

The purpose of this document is to provide clarity and demonstrate the system used by OPITO to determine the frequency of a Centre's 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 Centres need to be visited, as well as highlight that incentives are available to Centres who routinely demonstrate they are capable of exceeding the various requirements as per the OPITO Approval criteria. A Centre's score will be private and can be found in The HUB.

PROCESS

The table below illustrates the scoring matrix used by OPITO to determine Ongoing Site Visit frequency. For ease of understanding a dummy scenario has been populated below to allow numerical value to be assigned to the various fields – this is evidenced by the highlighted boxes which will make up a Centre's "score".

	Management System and Health and Safety [Sections 1 and 5 of the OPITO Criteria]	Equipment and Facilities [Section 2 of the OPITO Criteria]	Staff Resources [Section 3 of the OPITO Criteria]	Training and Assessment [Section 4 of the OPITO Criteria]	Self-Assessment
1	One or more safety critical concern(s) or findings showing a systematic breakdown	One or more safety critical concern(s) or findings showing a systematic breakdown	One or more safety critical concern(s) or findings showing a systematic breakdown	One 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	TThe 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 total received by a Centre, 11 in the above case, 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 hopes to ensure a consistent, global approach to the conduct of Ongoing Site Visits. This also allows for Centres regularly exceeding the requirements to be recognised with fewer site visits. Additionally, this allows Centres who require more regular quality assurance and support this opportunity.

INITIAL APPROVALS

In instances where an Initial Site Visit is carried out, for an additional Approval, the Centre will be scored again using the same scoring matrix detailed above. This therefore could have an effect on the visit frequency previously identified at the latest Ongoing Site Visit.

APPENDIX 2: RISK-BASED APPROACH TO INITIAL APPROVAL FOR CENTRES

1.0 INTRODUCTION

The Risk-Based Approach to Initial Approval for Centres provides information and guidance on OPITO's approach to determining the minimum Desktop Submission and on-site visit requirements, when a new or existing Centre seeks Initial Approval.

The information has been split into two sections, defining the requirements at the Desktop Submission stage and the Initial Site Visit stage, for new and existing Centres.

2.0 DEFINING THE REQUIRED CRITERIA FOR THE DESKTOP SUBMISSION STAGE

2.1 NEW CENTRE SEEKING INITIAL APPROVAL (A CENTRE THAT HOLDS NO OTHER OPITO APPROVALS)

The following considerations will be used to assess the criteria to be requested at the Desktop Submission stage of the Approvals Process.

Product delivery experience considers whether there is an Associated Centre or Centres already approved to deliver the same or similar Product. The risk bandings against this consideration are set out in Table 1:

Table 1: New Centre – Product Delivery Experience – Risk Bands – Desktop

Stage: Desktop	Risk Band	Consideration
		Product Delivery Experience
New Centre	Low	Approved for the same Product at an Associated Centre(s) and will be using the same Management System and Staff
	Medium	Approved for a similar Product at an Associated Centre(s) and will be using the same Management System or staff
	High	Not approved for either the same or similar Product at an Associated Centre and/or there is no/little correlation of Management System and/or staff between this Centre and their Associated Centre(s)

OPITO Centre Score at associated Centre considers the current OPITO Centre Score held by the Associated Centre(s), who are already approved to deliver the Product. The risk bandings for this consideration are set out in Table 2.

Table 2: New Centre – OPITO Centre Score at associated Centre(s) – Risk Bands – Desktop

Stage: Desktop	Risk Band	Consideration
		OPITO Centre Score for associated Centre(s)
New Centre	Low	4 to 5
	Medium	3
	High	Not available or 1 to 2

Once the risk band for the Centre has been established, OPITO will provide the Approval Criteria. The Centre will then submit evidence in both the System and Product Sections, as outlined in Table 3. Further evidence may be requested by the Quality Assurance Manager.

Table 3: Minimum Desktop Criteria required for a new Centre

Stage: Desktop	Risk Bands from Tables 1 and 2		Minimum Desktop Criteria Required*	Desktop Submission Section in The HUB
	Table 1. Product Delivery Experience	Table 2. OPITO Centre Score for associated Centre(s)		
New Centre	Low	Low	1.5 to 1.10, 2.1 to 2.5, 4.2 to 4.4, 5.2.1 to 5.10	Section 3a and Section 3b
	Low	Medium		
	Medium	Low	1.5 to 1.10, 2.1 to 2.5, 4.2 to 4.4, 5.2.1 to 5.10 **and either** 1.1 to 1.4, 3.1, 4.1, 5.1 **or** 3.2 to 3.3	Sections 3a and 3b and 3c** or 3d**
	Medium	Medium		
	High	High	All criteria	Sections 3a to 3d
	Low	High		
	Medium	High		

** These are the minimum evidence requirements. Further evidence may be required for submission at the discretion of the Quality Assurance Manager. Please see section 4.1.1 for more details.*

*** The additional section required (3c or 3d) is dependent on the correlations in Product delivery experience category, for example the Management System or Staff requirements.*

New Centre Applicants please see section 3.1 for Initial Site Visit requirements.

2.2 EXISTING CENTRE SEEKING ADDITIONAL PRODUCT APPROVAL(S) (A CENTRE CURRENTLY HOLDING OPITO APPROVAL)

The following considerations will be used to assess the criteria to be requested at the Desktop Submission stage of the Approvals Process.

Product delivery experience considers whether the Centre has relevant experience delivering a Product of the same specification or grouping. The risk bandings against this consideration are set out in Table 4.

Table 4: Existing Centre – Product Delivery Experience – Risk Bands - Desktop

Stage: Desktop	Risk Band	Consideration
		Product Delivery Experience
Existing Centre	Low	Approved for a Product which is covered by the same Product specification and using the same equipment and staff
	Medium	Approved for a Product which is from the same Product grouping however elements differ e.g. equipment and staff
	High	Not approved for a Product covered by the same specification or from the same Product grouping as the Product being applied for

**Please see section 4.1 for further details.*

OPITO Centre Score considers the result from the most recent Ongoing Site Visit. The risk bandings for this consideration are set out in Table 5.

Table 5: Existing Centre – OPITO Centre Score – Risk Bands – Desktop

Stage: Desktop	Risk Band	Consideration
		OPITO Centre Score
Existing Centre	Low	4 to 5
	Medium	3
	High	Not available or 1 to 2

Once the risk band for the Centre has been established, OPITO will provide the Approval Criteria. The Centre will then submit evidence in both the System and Product Sections, as outlined in Table 6. Further evidence may be requested by the Quality Assurance Manager.

Table 6: Minimum Desktop Criteria required for a new Centre

	Risk Bands from Tables 4 and 5		Minimum Desktop Criteria Required*	Desktop Submission Section in The HUB
Stage: Desktop	Table 4. Product Delivery Experience	Table 5. OPITO Centre Score		
New Centre	Low	Low	1.9 to 1.10, 3.2 to 3.3, 4.2 to 4.4	Section 3a
	Low	Medium	1.9 to 1.10, 3.2 to 3.3, 4.2 to 4.4	Section 3a
	Low	High	All criteria	Section 3a to 3d
	Medium	Low	1.9 to 1.10, 2.3, 2.4.1, 2.4.3, 3.2 to 3.3, 4.2 to 4.4, 5.6 to 5.7	Section 3a to 3b
	Medium	Medium	1.9 to 1.10, 2.3, 2.4.1, 2.4.3, 3.2 to 3.3, 4.2 to 4.4, 5.6 to 5.7	Sections 3a to 3b
	Medium	High	All criteria	Sections 3a to 3d
	High	Low	1.5 to 1.10, 2.2 to 2.5, 3.2 to 3.3, 4.2 to 4.4, 5.4 to 5.10	Sections 3a to 3c
	High	Medium	1.5 to 1.10, 2.2 to 2.5, 3.2 to 3.3, 4.2 to 4.4, 5.4 to 5.10	Sections 3a to 3c
	High	High	All criteria	Sections 3a to 3d

** These are the minimum evidence requirements. Further evidence may be required for submission at the discretion of the Quality Assurance Manager. Please see section 4.1.2 for more details*

Existing Centre Applicants, please see section 3.2 for Initial Site Visit requirements.

3.0 DEFINING THE SCOPE OF THE INITIAL SITE VISIT

3.1 NEW CENTRE SEEKING INITIAL APPROVAL

The following considerations will be used to assess the criteria to be evidenced and the scope of Product delivery required at the Initial Site Visit.

Product delivery content considers the balance of theoretical and practical elements within the Product specification. The risk bandings for this consideration are set out in Table 7.

Table 7: New Centre – Product Delivery Content – Risk Bands – Initial Site Visit

Stage: Initial Site Visit	Risk Band	Consideration
		Product Delivery Content
New Centre	Low	Theory elements only
	High	Includes Practical elements

Product delivery experience considers whether there is an associated Centre(s) approved to deliver the same or similar Product. The risk bandings for this consideration are set out in Table 8.

Table 8: New Centre – Product Delivery Experience – Risk Bands – Initial Site Visit

Stage: Initial Site Visit	Risk Band	Consideration
		Product Delivery Experience
New Centre	Low	Approved for the same or similar Product at an associated Centre
	High	Not approved for the same or similar Product at an associated Centre

OPITO Centre score at the associated Centre considers the current score held by the associated Centre (as above). The risk bandings for this consideration are set out in Table 9.

Table 9: New Centre – OPITO Centre Score for Associated Centre(s) – Risk Bands – Initial Site Visit

Stage: Initial Site Visit	Risk Band	Consideration
		OPITO Centre Score for Associated Centre(s)
New Centre	Low	3 to 5
	High	1 to 2 or not available

Approval with another recognised Standards Body considers any Approval(s) held with another recognised Standard Body for a similar Product. The risk bandings for this consideration are set out in Table 10.

Table 10: New Centre – Approval with Another Recognised Standards Body – Risk Bands – Initial Site Visit

Stage: Initial Site Visit	Risk Band	Consideration
		Approval with another recognised Standards Body
New Centre	Low	Holds approval with another recognised Standards Body for an equivalent Product
	High	Does not hold approval with another recognised Standards Body for an equivalent Product

Once the risk band for the Centre has been established, OPITO will provide the precise scope of the Initial Site Visit in terms of observation of Product delivery, and guidance on the minimum criteria OPITO will review during the visit, as outlined in Table 11. Further evidence may be requested by the Quality Assurance Manager.

Table 11: Minimum criteria assessed and observation of Product delivery required for a new Centre for an Initial Site Visit

	Risk Bands from Tables 7,8,9 and 10				Minimum* requirements to be assessed:	
Stage: Initial Site Visit	**Table 7. Product Delivery Content**	**Table 8. Product Delivery Experience**	**Table 9. OPITO Centre Score for Associated Centre(s)**	**Table 10. Approval with Another Recognised Standards Body**	**OPITO Criteria**	**Observation of Product Delivery**
New Centre	**Low**	**Low**	**Low**	**Low**	None required	None required
	Low	**Low**	**High**	**Low**	Core System and Product Criteria Minimum	25%
	Low	**Low**	**Low**	**High**	Core System and Product Criteria Minimum	25%
	Low	**Low**	**High**	**High**	Core System and Product Criteria Minimum	25%
	Low	**High**	**Low**	**Low**	Core System and Product Criteria Minimum	25%
	Low	**High**	**High**	**Low**	All Systems and Product Criteria	50%
	Low	**High**	**Low**	**High**	All Systems and Product Criteria	50%
	Low	**High**	**High**	**High**	All Systems and Product Criteria	100%
	High	**Low**	**Low**	**Low**	None required	25% Practical
	High	**Low**	**High**	**Low**	Core System and Product Criteria Minimum	25% Theory, 50% Practical
	High	**Low**	**Low**	**High**	Core System and Product Criteria Minimum	25% Theory, 50% Practical
	High	**Low**	**High**	**High**	Core System and Product Criteria Minimum	25% Theory, 75% Practical
	High	**High**	**Low**	**Low**	Core System and Product Criteria Minimum	50% Theory, 75% Practical
	High	**High**	**High**	**Low**	All Systems and Product Criteria	50% Theory, 100% Practical
	High	**High**	**Low**	**High**	All Systems and Product Criteria	50% Theory, 100% Practical
	High	**High**	**High**	**High**	All Systems and Product Criteria	50% Theory, 100% Practical

** These are the minimum evidence requirements. Further evidence may be required for submission at the discretion of the Quality Assurance Manager. Please also see section 4.2 for more details.*

3.2 EXISTING CENTRE SEEKING ADDITIONAL PRODUCT APPROVAL(S)

The following considerations will be used to assess the criteria to be evidenced and the scope of Product delivery required at the Initial Site Visit.

Product delivery content considers the balance of theoretical and practical elements within the Product specification. The risk bandings for the consideration are set out in Table 12.

Table 12: Existing Centre – Product Delivery Content – Risk Bands – Initial Site Visit

Stage: Initial Site Visit	Risk Band	Consideration
		Product Delivery Content
Existing Centre	Low	Theory elements only
	High	Includes Practical elements

Product delivery experience considers whether the Centre has relevant experience in delivering a similar Product (specification or grouping). The risk bandings for this consideration are set out in Table 13.

Table 13: Existing Centre – Product Delivery Experience – Risk Bands – Initial Site Visit

Stage: Initial Site Visit	Risk Band	Consideration
		Product Delivery Experience
Existing Centre	Low	Approved to deliver similar Product (this may include approval for the same Product on an associated site)
	High	Not approved to deliver similar Product

OPITO Centre Score considers the score from the most recent Ongoing Site Visit. The risk bandings for this consideration are set out in Table 14.

Table 14: Existing Centre – OPITO Centre Score – Risk Bands – Initial Site Visit

Stage: Initial Site Visit	Risk Band	Consideration
		OPITO Centre Score
Existing Centre	Low	3 to 5
	High	1 to 2

Approval with another recognised Standards Body considers similar Product Approvals held with another recognised Standards Body. The risk bandings for this consideration are set out in Table 15.

Table15: Existing Centre – Approval with Another Recognised Standards Body – Risk Bands – Initial Site Visit

Stage: Initial Site Visit	Risk Band	Consideration
		Approval with another recognised Standards Body
Existing Centre	Low	Holds approval with another recognised Standards Body for an equivalent Product
	High	Does not hold approval with another recognised Standards Body for an equivalent Product

Once the risk band for the Centre has been established, OPITO will provide the precise scope of the Initial Site Visit in terms of observations of Product delivery, and guidance on the minimum criteria OPITO will review during the visit, outlined in Table 16 – please also see section 4.2 for more details. Further evidence may be requested by the Quality Assurance Manager.

Table 16: Minimum* criteria assessed and observation of Product delivery required for an Existing Centre for an Initial Site Visit

	Risk Bands from Tables 12,13,14 and 15				Minimum* requirements to be assessed:	
Stage: Initial Site Visit	**Table 12. Product Delivery Content**	**Table 13. Product Delivery Experience**	**Table 14. OPITO Centre Score**	**Table 15. Approval with another recognised Standards Body**	**OPITO Criteria**	**Observation of Product Delivery**
Existing Centre	Low	Low	Low	Low	None required	None required
	Low	Low	High	Low	Core System and Product Criteria Minimum	25%
	Low	Low	Low	High	Core System and Product Criteria Minimum	25%
	Low	Low	High	High	Core System and Product Criteria Minimum	25%
	Low	High	Low	Low	None required	None required
	Low	High	High	Low	Core System and Product Criteria Minimum	50%
	Low	High	Low	High	Core System and Product Criteria Minimum	50%
	Low	High	High	High	Core System and Product Criteria Minimum	75%
	High	Low	Low	Low	None required	25% Practical
	High	Low	High	Low	Core System and Product Criteria Minimum	Entire Refresher if applicable or 10% Theory, 50% Practical
	High	Low	Low	High	Core System and Product Criteria Minimum	Entire Refresher if applicable or 10% Theory, 50% Practical
	High	Low	High	High	Core System and Product Criteria Minimum	Entire Refresher if applicable or 25% Theory, 75% Practical
	High	High	Low	Low	None required	25% Theory, 50% Practical
	High	High	High	Low	Core System and Product Criteria Minimum	25% Theory, 75% Practical
	High	High	Low	High	Core System and Product Criteria Minimum	25% Theory, 75% Practical
	High	High	High	High	Core System and Product Criteria Minimum	50% Theory, 100% Practical

**These are the minimum evidence requirements. Further evidence may be required for submission at the discretion of the Quality Assurance Manager. Please see section 4.2 for more details.*

4.0 DESKTOP AND INITIAL SITE VISIT CRITERIA EXPLAINED

4.1 DESKTOP CRITERIA

4.1.1 NEW CENTRE DESKTOP CRITERIA

To enable an effective, risk-based approach for Desktop Submissions within The HUB, the criteria is split into sections 3(a), 3(b), 3(c) and 3(d), as detailed below.

Desktop Submission section 3(a)

- 11.5 Administration, 1.6 Training on Multiple Sites including On-Location Training, 1.7 Learner Assessment Requirements, 1.8 Organisation Chart
- 12.1 Welfare Facilities
- 5.2.1 Initial Medical Response, 5.2.2 Initial Medical Response Capability, 5.3 Ongoing MERP Implementation.

Desktop Submission section 3(b)

- 1.9 Administration Arrangements, 1.10 Internal Audit
- 2.2 Facilities, 2.3 Equipment, 2.4.1 Maintenance and Inspection Regime, 2.4.2 Failure Modes and Effects Analysis and Reliability Centred Maintenance, 2.4.3 Maintenance and Inspection Records and Documentation, 2.5 Maintenance Management System
- 4.2 Training & Assessment Procedures, 4.3 Achievement of Outcomes, 4.4 Timetable
- 5.4 Health, Safety and Emergency Response, 5.5 Medical Emergency Response Plan, 5.6 Risk Assessment, 5.7 Medical Screening, 5.8 Safety Briefings, 5.9 Additional Medical Staff, 5.10 Medical Equipment.

Desktop Submission section 3(c)

- 1.1 OPITO Policy, 1.2 Management Review, 1.3 Complaints, 1.4 Document and Record Control
- 3.1 Staff Training Procedure
- 4.1 Internal Verification
- 5.1 Accident/Incident and near-miss.

Desktop Submission section 3(d)

- 3.2 Compliance Matrix
- 3.3 Staff Qualifications.

4.1.2 EXISTING CENTRE DESKTOP CRITERIA

To enable an effective, risk-based approach for Desktop Submissions within The HUB, the criteria is split into sections 3(a), 3(b), 3(c) and 3(d), as detailed below.

Desktop Submission section 3(a)

- 1.9 Administration Arrangements,1.10 Internal Audit
- 3.2 Competence Matrix, 3.3 Staff Qualifications
- 4.2 Training and Assessment Procedures, 4.3 Achievement of Outcomes, 4.4 Timetable.

Desktop Submission section 3(b)

- 2.3 Equipment, 2.4.1 Maintenance and Inspection Regime, 2.4.3 Maintenance and Inspection Records and Documentation
- 5.6 Risk Assessment, 5.7 Medical Screening.

Desktop Submission section 3(c)

- 1.5 Administration, 1.6 Training on Multiple Sites including On-Location Training, 1.7 Learner Assessment Requirements, 1.8 Organisation Chart
- 2.2 Facilities, 2.4.2 Failure Modes and Effects Analysis and Reliability Centred Maintenance, 2.5 Maintenance Management System
- 5.4 Health, Safety and Emergency Response, 5.5 Medical Emergency Response Plan, 5.8 Safety Briefings, 5.9 Additional Medical Staff, 5.10 Medical Equipment.

Desktop Submission section 3(d)

- 1.1 OPITO Policy, 1.2 Management Review, 1.3 Complaints, 1.4 Document and Record Control
- 2.1 Welfare Facilities
- 3.1 Staff Training Procedure
- 4.1 Internal Verification
- 5.1 Accident/Incident and near-miss, 5.2.1 Initial Medical Response Procedure, 5.2.2 Initial Medical Response Capability, 5.3 Ongoing MERP Implementation.

4.2 INITIAL SITE VISIT MINIMUM CRITERIA – (NEW AND EXISTING CENTRES)

Core Systems Criteria

- 1.1 OPITO Policy, 1.2 Management Review, 1.5 Administration, 1.8 Organisation Chart
- 2.1 Welfare Facilities
- 5.2.1 Initial Medical Response Procedure, 5.2.2 Initial Medical Response Capability, 5.3 Ongoing MERP Implementation.

Core Product Criteria

- 1.9 Administration Arrangements, 1.10 Internal Audit
- 2.2 Facilities, 2.4.1 Maintenance and Inspection Regime, 2.4.2 Failure Modes and Effects Analysis and Reliability Centred Maintenance, 2.4.3 Maintenance and Inspection Records and Documentation, 2.5 Maintenance Management System
- 3.2 Competence Matrix, 3.3 Staff Qualifications
- 4.2 Training and Assessment Procedures, 4.3 Achievement of Outcomes, 4.4 Timetable
- 5.4 Health, Safety and Emergency Response, 5.5 Medical Emergency Response Plan, 5.6 Risk Assessment, 5.7 Medical Screening, 5.8 Safety Briefings, 5.9 Additional Medical Staff, 5.10 Medical Equipment.

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