# SQA Accreditation

# Visit to EDI Awarding Body Centre Report

## 8 December 2009 to 2 February 2010

# Note

The findings of this report will be presented to the Scottish Qualifications Authority's (SQA) Accreditation Committee and made available to colleagues from the Department for Children, Education, Lifelong Learning and Skills (DCELLS), the Council for the Curriculum, Examinations and Assessment (CCEA) and the Office of the Qualifications and Examinations Regulator (Ofqual) with a view to the contents informing future accreditation and re-accreditation submissions submitted by the awarding body.

The report will be published on SQA Accreditation's website.

Please note that SQA Accreditation monitoring activity is conducted on a sampling basis. As a consequence, not all aspects of an awarding body's performance in quality assurance, contract compliance, implementation, awarding of certificates, and fee arrangements have been considered in this report to the same depth.

# Contents

# Section 1: Introduction

## The purpose of the visit

SQA Accreditation conducts audits of all awarding bodies offering SQA accredited qualifications or Units. The audit methodology includes visits to a sample of the awarding body's approved centres or assessment sites. The aim of these visits is to:

- confirm that quality assurance arrangements are being conducted by the awarding body in accordance with its prescribed arrangements
- satisfy SQA Accreditation of the awarding body's performance against SQA Accreditation's *Awarding Body Criteria (2007)*
- confirm that the awarding body's quality assurance arrangements are being conducted in a consistent manner, within and between centres
- inform future monitoring activity for the awarding body

### Centre visit dates

Three centre visits were conducted between 8 December 2009 and 2 February 2010.

# Section 2: Scope of monitoring visits

The following Key Goals were included within the scope of the centre monitoring visits:

| Key Goal | | The awarding body's processes for the criteria were: | | |
|---|---|---|---|---|
| | | Compliant | In need of improvement | Non-compliant |
| 1 | The awarding body has robust and transparent governance arrangements. | ✓ | | |
| 2 | The awarding body's leadership is effective. | ✓ | | |
| 3 | The awarding body has an effective business planning process. | ✓ | | |
| 4 | The awarding body has a culture of continuous quality improvement. | | ✓ | |
| 5 | The awarding body has robust systems in place for the management of the service it offers. | ✓ | | |
| 6 | The awarding body has an effective communications strategy that supports its awarding body activities. | ✓ | | |
| 7 | The awarding body has systems and procedures for the approval of centres. | ✓ | | |
| 8 | The awarding body has a customer service statement and identified service levels. | ✓ | | |
| 9 | The awarding body has open and transparent procedures for complaints and appeals. | | | ✓ |
| 10 | The awarding body has an effective system for the registration and certification of candidates. | ✓ | | |
| 11 | The awarding body has implemented a diversity and equality strategy. | ✓ | | |
| 12 | The awarding body has a policy and procedure for malpractice and/or maladministration. | ✓ | | |
| 13 | The awarding body provides clear written guidance for awarding body representatives and prospective or approved centres and their staff. | ✓ | | |
| 14 | The awarding body has a record retention policy that takes into account any regulatory or statutory requirements. | ✓ | | |

| Key Goal | | The awarding body's processes for the criteria were: | | |
|---|---|---|---|---|
| | | Compliant | In need of improvement | Non-compliant |
| 15 | The qualification and associated structure has been designed to ensure it is appropriate and meets the needs of the occupational sector. | ✓ | | |
| 16 | The awarding body has designed an assessment methodology that is fit for purpose. | ✓ | | |
| 17 | The awarding body submits timely and detailed qualification submissions. | ✓ | | |
| 18 | The awarding body's assessment methods produce results that are authentic, reliable and consistent. | ✓ | | |
| 19 | The awarding body ensures its approved centres have access to appropriately qualified personnel for the range of qualifications they are approved to deliver. | ✓ | | |
| 20 | The awarding body's systems and procedures for the appointment, training, registration, deployment and monitoring of external verifiers are effective and robust. | ✓ | | |
| 21 | The awarding body has systems and procedures for monitoring the quality and consistency of assessment provided at any location.<br>These systems must ensure that assessment is uniformly systematic, valid, and to the defined standard. | ✓ | | |

# Section 3: Discussion

## Areas of good practice

The following areas of good practice were noted:

The Centre Co-ordinator at Centre 1 highlighted the quality of the External Verifier in terms of occupational input, professional level of support, productive monthly visits and regular attendance at regional quality days. The Co-ordinator also stated that the monthly updates provided online by the Awarding Body were very informative.

The Centre Co-ordinator at Centre 2 highlighted the quality and consistency of support given by the External Verifier. The Co-ordinator also commented on the ease of registration and certification using the EDI website.

The Centre Co-ordinator at Centre 3 highlighted the overall quality of service given by EDI, the monthly updates online, the packs and binders given to candidates and the operation of the EDI Campus system.

At centre level, there were several areas of good practice.

In Centre, 1 efficient organisation of staff information resources, a passport style record of Continuing Professional Development and the dissemination of information contained within External Verification reports to other quality managers nationwide were evidenced. In Centre 2, efficient organisation of all documentation, a comprehensive candidate induction pack and rigorous assessment, and internal verification procedures were in operation. In Centre 3, a comprehensive learner guide and detailed assessment, and internal verification documentation were evidenced.

The auditor would like to highlight the positive communication with EDI as an area of good practice.

## Areas of non-compliance

During the course of the centre monitoring visits it was found that the awarding body was not in compliance with:

**Key Goal 9**: **The awarding body has open and transparent procedures for complaints and appeals.**

Specifically criterion:

9.1.4 The circumstances under which a centre or candidate is entitled to make an appeal or complaint to SQA Accrediting Body.

 

EDI documentation at the centres did not state that a centre or candidate could escalate an appeal to SQA Accreditation. EDI must update documentation produced for centres and candidates to include SQA Accreditation as part of the complaints and appeals procedures. Subsequently EDI must ensure that centres using their own complaints and appeals procedures update these accordingly.

Specifically criterion:

9.1.5 Response times and anticipated timescales for dealing with complaints or appeals.

The EDI support packs for centres and the candidate packs state a three stage process for appeals but do not state response and anticipated timescales for each stage of the appeals process. This means that candidates do not know the timescales for each stage of the appeals process. EDI must ensure that detailed information about timescales for appeals is contained in both their support pack for centres and in their candidate packs.

**This has been recorded as a non-compliance; non-compliance 1 refers.**

## Areas for improvement

The auditor considers that the following areas, whilst meeting SQA Accreditation's *Awarding Body Criteria 2007*, have the potential for improvement:

**Key Goal 4: The awarding body has a culture of continuous quality and improvement.**

The Co-ordinator at Centre 3 stated to the auditor that while all relevant EDI documents were available individually, a centre operations manual for approved centres containing all documents would be extremely useful for ease of reference.

**This has been recorded as an observation, observation 1 refers.**

 

# Section 4: Action plan

A non-compliance will be recorded where the Lead Auditor finds evidence of non-compliance with either any of the criteria contained in SQA Accreditation's *Awarding Body Criteria (2007)* or any of the conditions attached to SQA accredited qualifications at the time of accreditation. When recording a non-compliance, the Lead Auditor will agree the action to be taken by the awarding body and a timetable for the resolution of each non-compliance.

SQA Accreditation risk-rates each non-compliance recorded during an audit of the awarding body. This section lists the grade of risk attached to each of the awarding body's non-compliances. See Appendix 2 for an explanation of grades of risk.

An observation will be noted to ensure that any area of potential improvement is noted for future reference. As observations are recorded for awarding body consideration only, it is not necessary to agree a timescale to resolve the observation in the awarding body action plan.

Once agreed, the action plan is signed by representatives from both SQA Accreditation and the awarding body and will inform future monitoring activity for the awarding body.

### Non-compliance

| Non-compliance | Agreed action and date | Criterion | Risk rating |
|---|---|---|---|
| The EDI documentation observed at centre and candidate level does not state that a centre or candidate can escalate an appeal to SQA Accreditation; the EDI documentation observed at centre and candidate level does not state response times and anticipated timescales for appeals. | EDI must update their centre and candidate documentation to include reference to SQA Accreditation in the appeals procedure; EDI must update centre and candidate documentation to include response times and anticipated timescales for appeals. EDI must provide evidence of this action by 30 June 2010.<br><br>**Closed out: 17 June 2010** | 9.1.4<br>9.1.5 | **3** |

### Observations

| Observations | Agreed action and date | Criterion |
|---|---|---|
| The Co-ordinator at Centre 3 stated that a centre operations manual containing all documents would be useful. | EDI should consider collating their documents into a centre operations manual. | 4 |

## Signatures of agreement to awarding body action plan: December 2009 to February

**For and on behalf of EDI awarding body** **For and on behalf of SQA Accreditation**

**Signature.....** **Signature.....**

**Designation.....** **Designation.....**

**Date .....** **Date .....**

# Appendix 1: Documents reviewed

The following documents were reviewed during the course of the centre monitoring visits

| Document title | Version number (if known) | Issue date (if known) |
|---|---|---|
| **Centre 1** | | |
| Skill seekers trainee agreement/candidate pack | | June 2007 |
| Learner handbook | | June 2007 |
| Equality and diversity learner booklet | | June 2007 |
| Ask Elle — online card | | June 2007 |
| Health and safety booklet | | June 2007May |
| How to complete quality monitoring | | 200922 Oct 09; 20 |
| EV reports | | Nov 09 |
| Verification feedback from portfolio sampling | | |
| Minutes from Regional Quality Days Scotland | | 15 Sept 09; 6 Nov 09 |
| EDI Level 2 SVQ in Retail Skills | | |
| Centre approval letter | | 9 November 2009valid |
| Centre approval certificate | | until 31 July 2010 |
| Centre staff analysis | | 30 November 2009 |
| IV sampling plan | | |
| Candidate registration/workplace print out | | 21 October 2009 |
| Skill smart Retail SVQ Assessment strategy | | February 2009 |
| CV and CPD for assessors/IVs | | May 2009 |
| Protocol skills passports for CPD | | |
| How to complete quality monitoring | | |
| **Centre 2** | | |
| Health and safety folder | | |
| Centre's induction pack for skill seekers/MA | | |
| Appeals procedure | | 23 June 200519 April |
| Equal opportunities policy | | 2006 |
| Work provider questionnaire/agreement | | |
| Assessment and IV procedure | | 24 June 2005 |
| Validation of assessment | | 30 March 2007 |
| Special assessment requirements policy | | |
| Centre approval certificate | | Till 30 September 10 |
| Staff meetings (minutes) | | 15 April 09; 29 July 09 |
| EV Reports | | 29 April 08; 29 Jan 09 |
| | | 27 July 09; |
| CV and CPD for Assessor/IV | | 27 July 2009 |
| IV sampling matrix | | |
| Printout of registered candidates and assessment locations | | December 2009<br>20 November 2009 |

| | | |
|---|---|---|
| EDI SCQF Level 4 Workplace Core Skills candidate pack<br>Two portfolios (from an available four) | | Effective from 1 August 2008 |
| **Centre 3** | | |
| Candidate/workplace list | | |
| Approval certificate | | Valid until 30 Sept 10 |
| EDI approved qualifications | | |
| Centre's own service agreement | | 2 Nov 2007 |
| IV reports guidance notes | | 13 Nov 2006 |
| Learner interview report | | 2009 |
| Assessor/IV counter signatory feedback report | | 2009 |
| IV sampling record | | 2009 |
| Sampling plan | | 2009 |
| Assessor training/standardisation activities plan | | 2009 |
| IV assessor observation plan | | 2009 |
| IV portfolio/assessor observation and standardisation annual plans | | 2009<br>2009 |
| Assessment observation report | | 2009 |
| Internal verification report | | 2009 |
| Candidates for EDI EV | | 6 April 2006 |
| Health and safety assessment record | | 24 Nov 09; 15 Dec 09; 20 January 10 |
| EV Reports | | 7 July 09; 9 Dec 09 |
| Minutes for IV standardisation and development meetings | | 24 November 2009 |
| Equality and diversity data | | 26 November 2009 |
| Minutes for Equality and diversity meetings | | |

# Appendix 2: Risk rating of non-compliances

SQA Accreditation assigns a risk rating to each non-compliance recorded as a result of an awarding body audit or through our centre monitoring activity. The table below illustrates how the rating for a non-compliance is assigned and identifies the possible impact of the non-compliance on qualifications and/or the learner.

The assignment of a risk rating allows an awarding body to target their resources to areas that have been identified as having a major impact. The risk rating also allows SQA Accreditation to target its resources to support awarding bodies in improving their performance.

| Rating | Risk | Impact of non-compliance |
|---|---|---|
| 1 | Very Low | The non-compliance is likely to cause minimal concern and would not threaten the integrity of the qualification or impact adversely on the learner. Any overall effect is likely to be small scale and/or localised, rather than widespread. The issue identified is unlikely to recur once resolved and no long lasting damage would be anticipated. |
| 2 | Low | The non-compliance is of low impact but of sufficient importance to merit intervention, with a low threat to the systems or procedures associated with the qualification and/or impact on the learner. Disruption may not just be localised but more widespread and would possibly cause residual damage; however, this could be easily corrected without further consequence. |
| 3 | Medium | The non-compliance could potentially damage the credibility of the qualification and/or be detrimental to the learner. There may be some impact to the systems or procedures that support the qualification or the operational effectiveness of the awarding body. |
| 4 | High | The non-compliance could have a high impact on the integrity and reliability of the qualification or the effective operation of awarding body as a whole if corrective action is not quickly taken. There is a high probability that the qualification and/or learner will be negatively affected. |
| 5 | Very High | The non-compliance will have a serious impact on the integrity and reliability of the qualification or the effective operation of the awarding body if corrective action is not immediately taken. There is a very high probability that the qualification and/or learner will be negatively affected. |

In assigning a risk rating, each non-compliance is considered on its own merit, taking account of the context in which it was identified.

 