



# **SQA Accreditation**

**Visit to Chartered Management Institute (CMI)**

**Awarding body centre report**

**28 March and 30 March 2011**

## **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 Qualifications and Examinations Regulation (Ofqual) with a view to 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.

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## 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

Two centre visits were conducted on 28 March and 30 March 2011.

Two non-compliances and two observations were recorded.

## 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.  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 Co-ordinator in centre 1 highlighted the:

- ◆ helpfulness of the External Verifier in offering advice about CMI policy and clarifying any ambiguity
- ◆ level of support from Head Office staff

The Co-ordinator in centre 2 highlighted the:

- ◆ professional nature of CMI
- ◆ facility for learners to access all the awarding body learning materials and to pose questions to Research Assistants
- ◆ responsiveness of the External Verifier and Head Office staff in answering queries
- ◆ the personnel structure of the organisation, meaning that all staff know each other and the roles performed by colleagues, and when staff are on leave there are mechanisms in place to cover duties

### 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 criteria:

- ◆ 9.1.3 The circumstances under which a centre or candidate is entitled to make an appeal or complaint to the awarding body.
- ◆ 9.1.4 The circumstances under which a centre or candidate is entitled to make an appeal or complaint to SQA Accreditation.

The appeals and complaints procedures used in centre 1 do not state the circumstances under which a candidate is entitled to make an appeal or complaint to SQA Accreditation.

The appeals and complaints procedures used in centre 2 do not state the circumstances under which a candidate is entitled to make an appeal or complaint either to the awarding body or to SQA Accreditation.

The CMI appeals and complaints procedures are available on the HUB — the interactive web portal for accredited centres and External Verifiers. The latest version, 22 January 2010, does detail the procedures for candidates and centres to appeal or complain to the awarding body but does not include the right of appeal or complaint to SQA Accreditation.

After the audit of 11 February 2009, CMI did update appeals and complaints procedures on 1 May 2009, to include the right of appeal and complaint to SQA Accreditation but this has not been included in the most recent documentation available on the HUB. Centres visited during the previous round of centre monitoring in 2009–2010 had been unaware of this update and therefore had not implemented it, a finding which was raised as an observation within the centre monitoring report of 2009–2010.

Firstly, CMI must update the appeal and complaints procedures on the HUB to include the circumstances under which a candidate and centre is entitled to make an appeal or complaint to SQA Accreditation.

Secondly, CMI must instruct centres to include the circumstances under which a candidate is entitled to make an appeal or complaint to both the awarding body and to SQA Accreditation in the centre procedures given to candidates. CMI must ensure that External Verifiers check compliance with this instruction during subsequent visits.

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

**Key Goal 21: The awarding body has systems and procedures for monitoring the quality and consistency of assessment provided at any location. These systems must ensure that assessment is uniformly systematic, valid and to the defined standard.**

Specifically criterion:

- ◆ 21.10 The verification sample must be designed to ensure that where a centre has one or more assessment locations or satellite sites, an External Verifier visits them over a period of time.

The Co-ordinators at centres 1 and 2, informed the Auditor that the External Verifier had never visited any of the centres' assessment sites.

CMI must ensure that where a centre has one or more assessment locations or satellite sites, an External Verifier visits them over a period of time.

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

This issue was raised previously as a non-compliance in the centre monitoring report of 2007–2008 and, as such, the risk rating, therefore, has been increased.

## **Areas for improvement**

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

### **Key Goal 6: The awarding body has an effective communications strategy that supports its awarding body activities**

Specifically criterion:

- ◆ 6.2 The awarding body must communicate to its approved centres, External Verifiers and other key stakeholders, any pertinent information in connection with SQA accredited qualifications and the awarding body activities.

The Co-ordinator at centre 1 suggested to the Auditor that e-mail communication from CMI could be better structured to ensure that important changes and updates, such as the appeals and complaints procedures, are highlighted appropriately to centres.

CMI may wish to consider the feedback received during centre monitoring on the structure of the Centre Update monthly e-newsletter.

**This has been recorded as an observation; observation one refers.**

Specifically criterion:

- ◆ 6.3 Ensure that internal communication systems allow for the dissemination of information relating to the awarding body activities or the accreditation of qualifications.

The Co-ordinator at centre 2 received e-mail communication from CMI in February 2011, detailing the tutor training and development days and the mandatory attendance requirement of one representative from the centre. There was only one date and venue in Scotland on the list and this was scheduled for 4 April 2011, during the spring break holidays. The centre informed CMI that no staff members were available on this date and the awarding body suggested attendance on another date at a different venue.

However, other dates which would have been suitable were only available in locations outside Scotland and the centre did not have sufficient budget to permit

attendance. The centre offered to attend a catch up day which the awarding body would be organising but the centre was still unsure if this would fulfil the mandatory requirement. This issue was unresolved at the time of centre monitoring.

When attendance at awarding body events is deemed mandatory, CMI should liaise with centres to take account of local holidays and explore the possibility of including more than one date and venue for Scottish centres.

**This has been recorded as an observation; observation two 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	Agreed action and date	Criterion	Risk rating
1. The appeals and complaints procedures used in centre 1 do not state the circumstances under which a candidate is entitled to make an appeal or complaint to SQA Accreditation.	Firstly, CMI must update the appeals and complaints procedures on the HUB to include the circumstances under which a candidate and centre is entitled to make an appeal or complaint to SQA Accreditation.	9.1.3 9.1.4	3
The appeals and complaints procedures used in centre 2 do not state the circumstances under which a candidate is entitled to make an appeal or complaint to the awarding body or to SQA Accreditation.	Secondly, CMI must instruct centres to include the circumstances under which a candidate is entitled to make an appeal or complaint to both the awarding body and to SQA Accreditation in the centre procedures given to candidates. CMI must ensure that		

Non-compliance	Agreed action and date	Criterion	Risk rating
	<p>External Verifiers check compliance with this instruction during subsequent visits.</p> <p><b>CMI must provide evidence of this action by 31 August 2011.</b></p>		
<p>2. Both Co-ordinators at centres 1 and 2 informed the Auditor that the External Verifier had never visited any of the centres' assessment sites.</p>	<p>CMI must ensure that where a centre has one or more assessment locations or satellite sites, an External Verifier visits them over a period of time.</p> <p><b>CMI must provide evidence of this action by 31 August 2011.</b></p>	21.10	4

Observations	Agreed action and date	Criterion
<p>1. The Co-ordinator at centre 1 suggested to the Auditor that e-mail communication from CMI could be better structured to ensure that important changes and updates, such as the appeals and complaints procedures, are highlighted appropriately to centres.</p>	<p>CMI may wish to consider the feedback received during centre monitoring on the structure of the Centre Update monthly e-newsletter.</p>	6.2
<p>2. The CMI tutor training and development days have a mandatory attendance requirement of one centre representative. In Scotland this event was scheduled during spring break holidays, with no alternative date or venue in Scotland.</p>	<p>When attendance at awarding body events is deemed mandatory, CMI should liaise with centres to take account of local holidays and explore the possibility of including more than one date and venue for Scottish centres.</p>	6.3

## **Signatures of agreement to awarding body action plan: 28 March – 30 March 2011**

**For and on behalf of CMI:**

**For and on behalf of SQA Accreditation:**

**Signature**

**Signature**

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**Designation**

**Designation**

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**Date**

**Date**

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## 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)
<b>Centre 1</b>		
Original approval documentation		May–September 2003
Centre re-approval confirmation		9 October 2007
Candidate registration and certification lists		
IV schedule		
IV sampling records		
Centre's own IV policy	Version 7	2008–2009
EV visit reports		21 March 2011; 7 February 2011; 21 May 2010; 22 February 2010
SVQs in Management — information event paperwork		8 March 2011
Review of SVQs in Management — proposed structures and revised SCQF paperwork		8 March 2011
Centre's SVQ in Management programme information booklet		
Staff A and V Unit certificates and CPD records		
Minutes of standardisation meeting		22 March 2011
Equality and Diversity policy statement for learners	Version 3	August 2010
Equality and diversity policy for learners	Version 1	October 2010
<b>Centre 2</b>		
Application for centre re-approval		7 October 2009
Centre re-approval confirmation		28 January 2010
Candidate registration and certification lists		
Visit plan		10 November 2010
EV reports		17 November 2010; 24 March 2010; 17 June 2009

Staff occupational competence certificates, A and V Unit certificates and CPD records		
Minutes of standardisation meetings		30 September 2010; 26 August 2010
Minutes of management team meetings		24 March 2011; 24 February 2011; 10 February 2011
CMI tutor training days communication		25 February 2011
Candidate handbook for SVQ Level 4 Management		
Centre's appeals policy		September 2006
Centre's student complaints procedure		2007–2008
Equality, diversity and inclusion policy statement		
Equality duties annual report for learners for 2009–2010		September 2010

## 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 the 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.