



# **SQA Accreditation**

**Emta Awards Limited (EAL) Awarding Body**

**Centre Report**

**13 July to 26 July 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 Education and Skills (DfES), 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.

# Contents

Section 1: Introduction	1
Section 2: Scope of monitoring activity	2
Section 3: Discussion	3
Section 4: Action plan	10
Appendix 1: Documents reviewed	14
Appendix 2: Risk rating of non-compliances	15

## Section 1: Introduction

### The purpose of centre monitoring

SQA Accreditation conducts audits of all awarding bodies offering SQA accredited qualifications or Units. The audit methodology includes the monitoring of a sample of the awarding body's approved centres or assessment sites. The aim of such monitoring 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 monitoring activity

Two centre visits were conducted between 21 and 26 July 2011.

Two centres participated in remote monitoring which concluded on 15 July 2011.

## Section 2: Scope of monitoring activity

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

Key Goal		Observation	Non - compliance
4	The awarding body has a culture of continuous quality improvement.	✓	
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.	✓	
12	The awarding body has a policy and procedure for malpractice and/or maladministration.	✓	
19	The awarding body ensures its approved centres have access to appropriately qualified personnel for the range of qualifications they are approved to deliver.	✓	✓
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:

Centre 1 highlighted EAL's robust application of its policies and procedures at centre level which ensures a high standard of qualification delivery.

The centre also praised its allocated External Verifier for the high level of contact, as well as the timely and knowledgeable responses to requests for advice.

Centre 2 stated that the awarding body's assessment materials are clear and concise and user friendly. The centre praised the improvements to online services which make it easier to find details of candidates. E-Bulletin updates were noted as effective in providing centres with information on developments within the awarding body. Centre staff also valued the knowledge of EAL and the quick response times in respect of queries or issues.

Centre 3 praised EAL for the lack of costs attached to candidate transfers from one approved centre to another.

Centre 4 praised the awarding body for the quality of its qualification and guidance materials. The centre also stated that the awarding body's online registration and certification system is robust and fit for purpose.

### Areas of non-compliance

During the course of the centre monitoring activity it was found that the awarding body was not in compliance with the following Key Goals.

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

Specifically criterion:

- ◆ 9.1 The awarding body must publish and implement an appeals and complaints procedure which includes:
  - 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 Accrediting Body.

As part of EAL's centre monitoring report for 2010–2011, the Auditor raised a non-compliance in respect of the awarding body's appeals and complaints procedure. The

Auditor noted that the relevant document, reference ABG/206, did not make the appropriate references to a candidate's right to appeal to the Qualification Regulator.

EAL subsequently revised the above document, effective from 29 March 2011, with the revisions being reviewed and endorsed by SQA Accreditation as of 1 June 2011.

During the monitoring visit to Centre 3 within the current cycle of visits, the Auditor was able to evidence the amended version (amendment No 35) of EAL's complaints and appeals procedure within the centre's *EAL Centre Operations Manual*, reference ABG/200.

However, despite the presence of the updated appeals procedure, the Auditor believes it necessary to reinstate this non-compliance within the current report as evidence at Centre 3 indicates that the revised policy is not made available to candidates. The Auditor was able to review copies of the centre's candidate induction pack for S/NVQs and Modern Apprenticeships. This document contains a centre-devised appeals and complaints policy with a revision date of January 2011 which does not reference the candidate's right to escalate an appeal or complaint to the Qualification Regulator.

The Centre Co-ordinator stated that this revised centre-devised policy had been reviewed by EAL's External Verifier as part of the centre's re-approval visit on 6 May 2011 as a consequence of the non-compliance raised in the 2010–2011 centre monitoring report. The External Verifier concluded that it met the necessary requirements of ensuring that a candidate was aware of the right to refer an appeal or complaint to the Qualification Regulator on the basis of the following statement:

*Should the candidate still be in dispute regarding the appeal decision, the Internal Verifier will gain assistance from the awarding body to appoint a suitably qualified representative to review the decision.*

Whilst accepting that this could present the awarding body with an opportunity to involve the Qualification Regulator at a suitable point, there is insufficient transparency and clarification with respect to the phrase 'suitably qualified representative' to ensure consistent interpretation by both centre and candidates.

In respect of Centre 1, the Auditor was provided with a copy of a number of documents which form part of the centre's Quality Manual. A candidate appeals procedure is included within these documents but does not contain the revisions deemed effective from 29 March 2011.

In respect of Centre 2, the Auditor was provided with a copy of the awarding body's complaints and appeals procedure, identified as effective from 1 October 2008, which does not contain the agreed revisions deemed effective from 29 March 2011.

At Centres 3 and 4, the Auditor was able to evidence the amended appeal and complaints procedure issued by EAL following the relevant non-compliance raised as part of the 2010–2011 centre monitoring activity.

However, the Auditor noted that the version seen at both centres differs from that sent to SQA Accreditation for approval in a number of minor but potentially significant respects.

For example, within a number of points within the document, wording has been changed from 'SQA accredited qualifications only' to 'Scotland only'.

The Auditor would contend that such alterations result in a change of emphasis and meaning and are not simply a question of semantics.

Scottish Vocational Qualifications (SVQs) are accredited for delivery throughout the United Kingdom but the 'Scotland only' reference could result in approved centres located in Scotland using the revised procedure in respect of their candidates.

Therefore, EAL must ensure that all approved centres delivering SQA accredited qualifications are using the correct version of the awarding body's candidate complaint and appeals procedure as a matter of urgency. Equally, all External Verifiers must be instructed to review all centre-devised appeals and complaints procedures to ensure adequate rigour and transparency regarding referral of appeals and complaints to SQA Accreditation.

Also, EAL must reinstate the revised version of the candidate complaints and appeals procedure approved by SQA Accreditation as of 1 June 2011 and provide all approved centres delivering SQA accredited qualifications with a copy as a matter of urgency.

**Non-compliance No 1 refers.**

**Key Goal 19: The awarding body ensures its approved centres have access to appropriately qualified personnel for the range of qualifications they are approved to deliver.**

Specifically criterion:

- ◆ 19.4 The awarding body must ensure that its approved centres assessors and internal verifiers are familiar with the awarding body requirements for recording assessment and/or verification decisions.

Within EAL's centre monitoring report for 2010–2011, an observation was noted by the Auditor in respect of centre planning and recording of internal verification relevant to SQA accredited qualifications.

As noted within that particular centre monitoring report, EAL provides clear guidance to centres and staff in respect of *Internal Verification – A guide to internally verifying NVQs*

and SVQs, ABG/102, which states that ‘an internal verification sampling plan (Form IVF 1A) should be held at the centre and made available to the Centre Co-ordinator and External Verifier’.

The document also states that ‘verifying should not be left to the end of assessment — it is a continuous sampling of the assessment decisions that enable the quality of the system to be monitored and recorded’.

At Centre 3, the Auditor was unable to find any evidence of completed internal verification sampling plans (Form IVF 1A) and therefore found it difficult to track ongoing internal verification activity in respect of the sampled candidate portfolios reviewed during the visit.

Over and above the observation noted in the report of 2010–2011, a non-compliance was recorded against this criterion as part of EAL’s 2009–2010 centre monitoring report.

Consequently, EAL must urgently address the identified concerns regarding effective tracking of internal verification activity within its approved centres delivering SQA accredited qualifications, prioritising the review of such activity as part of the external verification process. **Non-compliance No 2 refers.**

## **Observations**

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

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

Specifically criterion:

- ◆ 4.2 The awarding body must conduct a review at least once per year which covers the following as a minimum:
  - 4.2.2 Registration and certification.

and

### **Key Goal 10: The awarding body has an effective system for the registration and certification of candidates.**

and

### **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:

- ◆ 21.1 The awarding body's external verification system must be designed to verify each centre's systems and assessment practices consistently and in accordance with SQA's centre approval criteria.

Centre 1 provided the Auditor with a list of candidate registrations in respect of all SQA accredited qualifications for which awarding body approval was held.

The Auditor identified a number of candidates registered against a number of qualifications which expired as far back as April 2007. The earliest registration against such a qualification was stated as 7 August 2001.

The Auditor is concerned that the centre continues to list such historical data as current. The awarding body should consider reviewing its policies and procedures in respect of candidate registration to ensure that data presented by centres is both current and accurate.

Also, the awarding body should ensure that appointed External Verifiers review the efficacy of such information as part of all external verification visits to ensure that the centre has no outstanding issues regarding candidate support in accordance with SQA Accreditation's *Centre approval criteria (2005)*. **Observation No 1 refers.**

**Key Goal 12: The awarding body has a policy and procedure for malpractice and/or maladministration.**

Specifically criterion:

- ◆ 12.1 The awarding body's policy and procedure for malpractice and/or maladministration must ensure that centres inform the awarding body of any cases of suspected or actual malpractice and/or maladministration.

In respect of Centre 4, the Auditor was provided with a copy of a centre-devised candidate malpractice procedure.

Although detailed in its description of what the centre considers to be candidate malpractice and the responsibilities of centre staff in deterring such instances, the procedure does not outline the specific steps required to address such issues and is not time bound. More importantly, it contains no reference to the identifying instances of suspected or actual malpractice to the awarding body.

Therefore, the awarding body may wish to provide its approved centres with guidance on the need for robust procedures in respect of malpractice and maladministration, as well as advising External Verifiers to review such procedures at centre level to ensure that all instances of suspected or actual malpractice and/or maladministration are identified and recorded. **Observation No 2 refers.**

**Key Goal 19: The awarding body ensures its approved centres have access to appropriately qualified personnel for the range of qualifications they are approved to offer.**

Specifically criterion:

- ◆ 19.1 The awarding body must ensure its approved centres retain evidence of trainers, assessors and internal verifiers' occupational competence and relevant qualifications (including peripatetic trainers, assessors and internal verifiers).

As part of the 2010–2011 centre monitoring report, the Auditor raised a non-compliance in respect of centres failing to retain evidence of occupational competence of assessment and verification staff for audit purposes.

During this round of centre monitoring activity, the Auditor was unable to see evidence of occupational competence for all Assessors linked to Centre 3.

At Centre 3, assessment activity related to the SVQ in Performing Engineering Operations (Engineering Practices), G8EK 22, has been sub-contracted to another EAL approved centre using peripatetic Assessors. It is with respect to a number of the peripatetic Assessors that the Auditor had the greatest difficulty in accessing relevant evidence of occupational competence.

It should be noted that the Auditor was able to see a range of correspondence from the Centre Co-ordinator to the sub-contractor making clear EAL's position on the need for the approved centre to hold evidence of occupational competence for all Assessors and requesting that it be provided for a number of specified individuals. The Auditor was able to trace the relevant evidence for some of these individuals which would indicate that progress is being made in this area.

The Centre Co-ordinator also noted that EAL's External Verifier has been particularly supportive in this area, making use of a responsibility to externally verify the sub-contractor as an approved centre in its own right to good effect.

Nonetheless, the awarding body may wish to provide additional guidance to approved centres and External Verifiers on the role and responsibility of sub-contractors in respect of providing occupational competence for individuals involved in the assessment and verification process. **Observation No 3 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:

- ◆ 21.5 The awarding body must ensure each action point noted within any agreed action plan is specific, measurable, achievable, reasonable and time bound.

At Centres 1 and 3, the Auditor found instances of action points being raised by External Verifiers within external verification reports which had not been specifically time bound.

The awarding body may wish to remind appointed External Verifiers of the importance of ensuring that all action points are linked to a specific date for action. **Observation No 4 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
<p>1. At Centres 1, 2 and 3, the Auditor found a number of inconsistencies in respect of candidate complaints and appeals procedures being used in association with SQA accredited qualifications.</p> <p>At Centres 3 and 4, the Auditor found evidence that the version of the revised candidate complaints and appeals procedure available was not that which had been approved by SQA Accreditation as of 1 June 2011.</p>	<p>EAL must ensure that all approved centres use the correct version of the awarding body's candidate complaint and appeals procedure. Equally, all External Verifiers must be instructed to review all centre-devised appeals and complaints procedures to ensure adequate rigour and transparency regarding referral of appeals and complaints to SQA Accreditation.</p> <p>EAL must reinstate the revised version of the candidate complaints and appeals procedure</p>	<p>Criteria 9.1.3 and 9.1.4 refer</p>	<p><b>2</b></p>

Non-compliance	Agreed action and date	Criterion	Risk rating
	<p>approved by SQA Accreditation as of 1 June 2011 and provide all approved centres delivering SQA accredited qualifications with a copy as a matter of urgency.</p> <p>By 30 November 2011.</p> <p>Extended until 16 December 2011</p>		
2. At Centre 3, the Auditor was unable to see documented evidence of internal verification planning and the recording of formative internal verification with the designated documentation, Form IVF 1A.	<p>EAL must address concerns regarding the lack of effective tracking of internal verification activity within its approved centres delivering SQA accredited qualifications, prioritising the review of such activity as part of the external verification process.</p> <p><b>By 30 November 2011.</b></p>	Criterion 19.4 refers	<b>4</b>

### Observations

Observations	Recommendations	Criterion
1. At Centre 1, the Auditor identified a number of candidates registered against a number of qualifications which expired as far back as April 2007.	EAL should ensure that appointed External Verifiers review the efficacy of such information as part of all external verification visits to ensure that the centre has no outstanding issues regarding candidate support in accordance with SQA Accreditation's <i>Centre approval criteria (2005)</i> .	Criterion 4.2.2, Key Goal 10 and Criterion 21.1 refer.
2. At Centre 4, the candidate malpractice procedure does not outline the specific steps required to address issues and is not time bound. More importantly, it contains no reference to the identification of instances of	EAL may wish to provide its approved centres with guidance on the need for robust procedures in respect of malpractice and maladministration, as well as advising External Verifiers to review such procedures at centre level to ensure that all instances of suspected or actual malpractice and/or maladministration are identified and	Criterion 12.1 refers.

<b>Observations</b>	<b>Recommendations</b>	<b>Criterion</b>
suspected or actual malpractice to the awarding body.	recorded.	
3. At Centre 3, the Auditor was unable to determine the occupational competence of all designated Assessors.	EAL may wish to provide additional guidance to approved centres and External Verifiers on the role and responsibility of sub-contractors in respect of providing occupational competence for individuals involved the assessment and verification process.	Criterion 19.1 refers.
4. At Centres 1 and 3, the Auditor found instances of action points being raised by External Verifiers within external verification which had not been specifically time bound.	EAL may wish to remind appointed External Verifiers of the importance of ensuring that all action points are linked to a specific date for action.	Criterion 21.5 refers.

## **Signatures of agreement to awarding body action plan: EAL 2011**

**For and on behalf of EAL:**

**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 Operations Manual — Advice and guidance for EAL approved NVQ/SVQ assessment criteria	ABG/200	
EAL Qualification Structure Documents for G79P 23 (Engineering Maintenance)	EAL/ZEN128B/5	
EAL Qualification Structure Documents for G74Y 23 (MME)	EAL/ZEN126B/3	
EAL Centre Operations Manual amendments	Nos 31 to 35.	
EAL centre remits		
EAL Approved Assessment Centre certificates		
EAL S/NVQ Monitoring visit reports		
EAL Internal Verification Sampling Summary	IVF 1F	9/03
EAL Centre Approval visit reports		
EAL Centre Verification Summary	IVF 1D (MS Word)	11/01
EAL Internal Verification Sampling Plans	Form IVF 1A	
Internal Verification — A guide to internally verifying NVQs and SVQs	ABG/102	

## 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.