



**Higher National Qualifications  
Internal Assessment Report 2012**

**Complementary Therapies**

The purpose of this report is to provide feedback to centres on verification in Higher National Qualifications in this subject.

# Higher National Units

## General comments

External verification activity this session involved three Units in the verification group.

The two centres visited had a clear and accurate understanding of the national standards and the process involved in successfully delivering and assessing the awards. The visits were carried out under SQA's new approach to quality assurance. Both were successful with no major issues identified. As a result, the overall risk rating outcome was very low.

## Unit specifications, instruments of assessment and exemplification materials

In general, assessors involved in the delivery and assessment of the award are experienced in delivering HN Units. All were familiar with the Unit specifications, instruments of assessment and exemplar materials. This was apparent in the materials presented during the visits, particularly in terms of internal verification activities, minutes of standardisation and team meetings.

With the exception of one Unit, SQA exemplar materials or re-formatted exemplar materials were in use.

## Evidence Requirements

The centres involved demonstrated a clear understanding of the Evidence Requirements for the Units sampled. This was supported by good guidance and support systems and re-assessment arrangements. The evidence presented was generally sufficient.

In one centre, a lack of evidence for the Unit Aromatherapy F1B7 34 was identified. However, in this case it was recognised that delivery and assessment of the Unit was still ongoing and a work in progress.

## Administration of assessments

The reports contained the following comments relating to the administration of assessments:

- ◆ clear records of effective standardisation meetings
- ◆ the quality folder clearly outlined staff roles and responsibilities
- ◆ all Units included in the sample had undergone pre-delivery internal verification
- ◆ clear internal verification policy
- ◆ candidates receive an assessment schedule at the start of each Unit
- ◆ remediation and re-assessment follows SQA recommendations
- ◆ good evidence of arrangements for remediation and re-assessment
- ◆ additional support is identified and implemented as required

- ◆ IV records clearly show feedback to assessor, record actions, person responsible and target date for completion
- ◆ IV schedule demonstrated ongoing activity
- ◆ assessment decisions on materials sampled were fair
- ◆ internal verification guidance available on the staff intranet
- ◆ sample of evidence provided was sufficient and of a high standard.
- ◆ the master folder presented contained all content required for Unit delivery and included pre-delivery IV checklist
- ◆ SQA assessment exemplar being used
- ◆ assessment judgements followed the subject exemplars; they were accurate and consistently marked

### **General feedback**

In general, written feedback to candidates was evident on the assessment samples viewed. However in one centre, while there was evidence of remediation taking place through the marking of the Unit, there was no evidence of formal feedback to candidates regarding their assessment.

In general, candidates had good access to their assessors and assessments were carried out when appropriate.

In one centre, candidates had access to an assigned guidance tutor to discuss assessment issues or any other relevant issues.

In one centre, candidates interviewed confirmed that the induction programme covered guidance, support, equal opportunities and assessment. There was also evidence that prior achievements were recognised at the point of entry to the course. All had a personal development plan (PDP) which they worked on throughout the year.

### **Areas of good practice**

The reports contained the following comment considered as good practice:

- ◆ Candidate prior learning and achievement is identified at interview. Prior achievement is matched to the requirements of the award to be undertaken when/where possible.

### **Specific areas for improvement**

Centres need to ensure re-formatted SQA assessment exemplars are internally verified for accuracy prior to use. A copy of the original exemplar should be retained in a master folder for reference.

Centres need to ensure that a plagiarism statement/disclaimer is signed and submitted with all Higher National Diploma written assessments to endorse that candidates have submitted their own work.

Centres need to ensure that candidates are given formal feedback on their performance

# Higher National Graded Units

Title/level of HN Graded Unit verified:

Complementary Therapies: Graded Unit 1 (F81T 34) Level 7

## General comments

External verification activity this session involved one centre in the verification group. The centre had a clear and accurate understanding of the requirements of national standards and the process involved in successfully delivering and assessing the awards.

## Unit specifications, instruments of assessment and exemplification materials

The assessors and Internal Verifiers involved in the delivery and assessment of the award are experienced in delivering HN Graded Units and HN Units in general. They were familiar with the Unit specifications, instruments of assessment and exemplar materials. This was apparent in the materials presented during the visit, particularly in terms of internal verification activities, minutes of standardisation and team meetings.

Assessment instruments were found to be valid and reliable and matched the requirements of the Unit specification. SQA assessment exemplar material was being used.

## Evidence Requirements

The centre involved demonstrated a clear understanding of the Evidence Requirements for the Unit sampled. This was supported by good guidance and support systems and re-assessment arrangements. The evidence presented was sufficient and of a high standard.

## Administration of assessments

The report contained the following comments relating to the administration of assessments:

- ◆ The current Unit specification was being used and clear instructions on assessment requirements were available for candidates.
- ◆ Assessment instruments were presented in a master folder and also available in a digital format for staff access. This included one-to-one log/feedback sheets to record feedback and discussions with individual candidates.
- ◆ Instruments of assessment were valid and reliable. They provided clear direction for the candidates, explained minimum requirements and the possibility of attracting extra marks.
- ◆ Each stage of the Graded Unit had been double marked and the candidate log/feedback sheet recorded the feedback and discussions that took place at every stage. It was judged using a double-column marking sheet.

- ◆ The evidence showed good instruction for all candidates during all three stages of the Unit. The candidate log/feedback sheets (one-to-one discussion) provided good support to the individual learner.
- ◆ The centre has support mechanisms in place to allow students to access additional support if required.
- ◆ Each stage was marked by the assessor and second-marked during the internal verification process prior to the candidates receiving feedback.
- ◆ Minutes of team meetings recorded issues requiring action, dates for completion of actions and were dated on completion.
- ◆ There was evidence that the Unit had been internally verified prior to delivery and again at each stage of the GU1 — plan/development and evaluation.
- ◆ There was good evidence of feedback from IV which was recorded on the sampling record form.

### **General feedback**

Assessors provided effective feedback to candidates during scheduled one-to-one interviews, outcomes of which were clearly recorded

Feedback from candidates interviewed was very positive. All spoke highly of the course and enthused about progressing to year 2. They found the Unit a bit of a challenge but enjoyed the process of researching and compiling the information and relating the therapies to the theory. However, one candidate commented that the Graded Unit was too theoretical and felt it did not award enough marks to the practical elements of the therapies. In general, candidates found the grading of their work to be fair.

Candidates are well prepared for and supported throughout the assessment process. This was evidenced through comprehensive feedback, records of candidate review meetings and the effective use of the VLE.

The effective IV process clearly documented candidate feedback and the subsequent action taken in relation to improving provision.

### **Areas of good practice**

In the centre visited, good practice relating to the internal verification process was identified. The process and associated documentation was extremely thorough and informative. Processes were systematic and detailed and included:

- ◆ a review and plan meeting
- ◆ IV plan and checklist
- ◆ assessment and verification action sheet
- ◆ pre-delivery checklists
- ◆ sampling records

Detailed sampling records documented comments/actions or areas of good practice.

Use of the VLE was also noted as good practice. The assessment and teaching material posted on the VLE can be accessed by candidates at their convenience. This is particularly supportive for candidates living in remote areas.

Submission of each stage of the Graded Unit via the VLE tracked progress and ensured submission dates were met.

**Specific areas for improvement**

There were no specific areas identified for improvement.