

Audit Meeting Report

September 2010

Awarding body: SAMB
Date of audit: 21 September 2010



Note

Confidential or commercially sensitive information gathered during SQA Accreditation monitoring activities is treated in the strictest confidence. However:

- ◆ The findings of this report will be presented to SQA's 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 the contents informing future accreditation and re-accreditation submissions 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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Executive summary

Purpose and scope of audit

This was the ninth audit of SAMB since it was approved as an awarding body by SQA Accreditation. The audit was designed to review, evaluate and document SAMB strategies, policies and procedures, and to ensure compliance with SQA Accreditation's *Awarding Body Criteria (2007)*.

As this was a full audit of SAMB, all criteria were included within the scope of the audit.

Background

SAMB is a company limited by guarantee.

SAMB was approved by SQA Accreditation as an awarding body in 1994. SAMB is a nationally recognised awarding body dealing with qualifications spanning the bakery and food manufacturing industries.

SAMB is the lead partner in a partnership with SQA (the awarding body).

Audit outcome

Eight non-compliances were recorded, and one observation noted.

It is recommended that SAMB be subject to a full systems audit no later than 1 May 2011.

Awarding body feedback

The awarding body Chief Executive raised his concerns on how the outcome of the audit would affect the awarding body.

The Lead Auditor assured him the report would be a fair representation of the audit findings. The Lead Auditor also informed the Chief Executive that he would recommend that the awarding body be audited within six months of the current audit date.

Statement of Excellence 1: Governance and Leadership

'The awarding body has effective governance, leadership and management, which supports the delivery of SQA accredited qualifications. The awarding body's strategic aims, objectives and policies are appropriate and are understood by all who refer to them.'

Key Goal 1: The awarding body has robust and transparent governance arrangements

Findings

SAMB's corporate governance is based on a system of policies and processes. The policies and processes are used to direct and control management activities within the business. SAMB's Board of Directors play a key role in the corporate governance process. It is their responsibility to endorse the organisation's strategy and they are ultimately accountable for the smooth running of the organisation to its stakeholders.

Evidence was available, in the form of minutes, to show the Board and Committee met in line with SAMB's stated policies.

SAMB's Centre Contact (Awarding Body Manager) had a major accident and to retire in early 2010. SAMB secured a replacement Centre Contact who was only in post for a short period of time before being offered, and accepting, alternative employment. At the time of the audit, the current replacement Centre Contact had only been in post for a few weeks and was unfamiliar with all of the awarding body's processes and policies.

SAMB's Board of Directors relied heavily on the Centre Contact, for the day-to-day running of the awarding body. While the Centre Contact could seek administrative support from SAMB Corporate, it was in all but name a one-person post.

Contingency planning within SAMB had been discussed on a number of occasions with the Centre Contact; specifically the implications for the awarding body of the loss of the Centre Contact for whatever reason. The Centre Contact had considered this but felt that sufficient contingencies were in place and that no further action was required. It was apparent that the contingency plan failed when it was most needed, and this failure is reflected elsewhere in this report.

Partly as a result of the events mentioned in this report, SAMB has carried out limited restructuring. This has resulted in the title of Centre Contact being renamed 'Training Manager', and a new Quality Manager post being developed: the latter had not been filled at the time of the audit. During the course of the audit, SAMB provided the audit team with a copy of its latest organisational chart.

Conclusion

The evidence available confirms that SAMB does not meet the criteria for Key Goal 1. This has been recorded as a non-compliance: non-compliance 1 refers.

Key Goal 2: The awarding body's leadership is effective**Findings**

Ultimately, responsibility for policy within SAMB lies with the Board of Directors. The Board relies on advice given to it by various individuals such as the Chief Executive and the Centre Contact to enable it to make policy and policy decisions.

Policy decisions are recorded within various documents. For example, SAMB has a published mission statement and aim.

Evidence to support the effectiveness of the decision making process is supplied to the Board of Directors in the form of regular updates on progress. As an example, updates on the effectiveness or achievement of objectives within the Strategic Plan are given at each Board meeting. This process allows SAMB's Board to confirm the effectiveness of policies, and where necessary make adjustments to them.

As previously stated, SAMB's Board met in line with their stated policies. The Board and Committee should have been given updates on the Strategic Plan, and the awarding body's progress towards meeting the objectives in the plan, at such meetings. The Audit Team can only surmise, as no action had been taken to address the issues noted in this report, that no updates had been given at such meetings. This assertion is further supported by the fact that the Audit Team found no references to any updates in the minutes presented to them as evidence at the time of the audit.

The previous Chief Executive of SAMB left the post in March 2010. The new Chief Executive was appointed in late August 2010, and therefore had not been in the post long enough to make an impact on the awarding body's policies and decision making process. The audit team briefly discussed his vision for the future of the organisation.

Conclusion

The evidence available confirms that SAMB does not meet the criteria for Key Goal 2. This has been recorded as a non-compliance: non-compliance 2 refers.

Key Goal 3: The awarding body has an effective business planning process

Findings

SAMB's current Strategic Plan covers the period 2008-2012. The plan should be reviewed by the Board and updated where required.

The Audit Team reviewed the Strategic Plan, and selected a sample of objectives and tried to follow them through to completion: they were unable to do so. It would appear that business planning in the awarding body, specifically concerned with SVQs, stopped on or about 2008.

It was also apparent from various discussions and documents that there had been a shift in awarding body strategy. The new strategy focused on qualifications being delivered in England. This shift in strategy, along with the sequence of events mentioned under Key Goals 1 and 2, further impacted on management processes in the awarding body.

Conclusion

The evidence available confirms that SAMB does not meet the criteria for Key Goal 3. This has been recorded as a non-compliance: non-compliance 3 refers.

Statement of Excellence 2: Quality Enhancement

'The awarding body has developed and implemented a robust quality framework that ensures a quality product is delivered to the candidate. The awarding body and its staff are committed to a quality culture of continuous improvement through review and evaluation.'

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

Findings

SAMB does not have a formal continuous improvement policy.

SQA Accreditation's *Awarding Body Criteria* (2007) requires each awarding body to complete an annual review. The review should include, areas such as staffing levels, key performance indicators, and administrative arrangements. A review of the awarding body's documentation showed that the awarding body had not carried out an annual review during 2009/2010.

Conclusion

The evidence available confirms that SAMB does not meet the criteria for Key Goal 4. This has been recorded as a non-compliance: non-compliance 4 refers.

Statement of Excellence 3: Administration and Support

'The awarding body's administrative and support arrangements have been designed to reduce bureaucracy, are responsive to stakeholders' needs and are cost effective. The awarding body continually reviews its qualification provision to ensure it has, and deploys, sufficient resources for the administration and support of its qualification provision.'

Key Goal 5: The awarding body has robust systems in place for the management of the service it offers

Findings

SAMB should have a range of systems and policies in place for the management of its business. These should include, for example, an annual review of services and documented policies and procedures to facilitate the management of the awarding body. The awarding body was unable to provide the Audit Team with access to a number of these policies.

The lack of available documented policies, of an annual review, and the fact that a number of business objectives had not been monitored, suggests that a number of SAMB's management systems had failed.

Those management systems put in place to manage the registration and certification of candidates, and the external verification visit processes, were designed to ensure that the process functioned with minimum input from the awarding body. It is noted that these systems functioned as intended, and there has been no adverse impact on these areas.

Conclusion

The evidence available confirms that SAMB does not meet the criteria for Key Goal 5. This has been recorded as a non-compliance: non-compliance 5 refers.

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

Findings

SAMB uses a variety of methods to communicate with employees and customers. Various methods of communication were reviewed and discussed during the course of the audit, for example the use of the website, and staff and customer updates.

One of the main methods of imparting information to the awarding body's approved centres is via the awarding body website. At the time of the audit, the section of the SAMB website allocated to the awarding body was not functioning. This was still the situation at the time of writing this report.

Conclusion

The evidence available confirms that SAMB does not meet the criteria for Key Goal 6. This has been recorded as a non-compliance: non-compliance six refers.

Key Goal 7: The awarding body has systems and procedures for the approval of centres

Findings

SAMB has policies and processes in place for the approval of centres. The Audit Team reviewed a sample of centre files during the course of the audit and found the content appropriate. Where applicable, the content met stated timescales, etc.

No new SVQ centres had been approved since the previous audit of the awarding body.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 7. No non-compliances have been recorded and no observations noted.

Key Goal 8: The awarding body has a customer service statement and identified service levels**Findings**

SAMB has a customer service statement. At the time of the audit, the awarding body was unable to provide the auditors with access to a copy of this document.

Conclusion

The evidence available confirms that SAMB does not meet the criteria for Key Goal 8. This has been recorded as a non-compliance: non-compliance 7 refers.

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

SAMB has policies and processes in place for complaints and appeals. The Audit Team reviewed a sample of SAMB policies, processes and associated supporting documentation for the management of complaints and appeals during the course of the audit.

It was stated that the awarding body had not received any appeals or complaints in regards to its SVQ operations since the previous audit.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 9. No non-compliances have been recorded and no observations noted.

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

SAMB is the lead partner in a joint agreement with SQA (awarding body). SQA registers and certifies all candidates within the joint partnership.

SAMB ensures all centres are informed of this process at the time of centre approval and confirms the process during external verification visits to centres. Candidates are registered and certificated through SQA RED.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 10. No non-compliances have been recorded and no observations noted.

Key Goal 11: The awarding body has implemented a diversity and equality strategy**Findings**

SAMB's diversity and equality strategy is based on policies, monitoring and reporting. SAMB requires each centre to have, and publish, its own equality and diversity policy. It is the responsibility of the External Verifier to monitor equality and diversity during external verification visits.

Basic data on equality and diversity are collated during each new candidate's induction interview. This data is then passed back to SAMB. SAMB will review the data to identify any issues or potential issues with equality and diversity.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 11. No non-compliances have been recorded and no observations noted.

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

SAMB has policies and processes in place for malpractice and maladministration.

SAMB was unable to provide the audit team a copy of its policy on malpractice and maladministration at the time of the audit.

Conclusion

The evidence available confirms that SAMB does not meet the criteria for Key Goal 9. This has been recorded as a non-compliance: non-compliance 8 refers.

Key Goal 13: The awarding body provides clear written guidance for awarding body representatives and prospective or approved centres and their staff**Findings**

SAMB has policies and processes in place for the development and issuing of guidance materials. The Audit Team reviewed a sample of SAMB guidance documentation during the course of the audit.

SAMB offers its guidance documents via a range of media, such as paper-based and e-based.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 13. No non-compliances have been recorded and no observations noted.

Key Goal 14: The awarding body has a record retention policy that takes into account any regulatory or statutory requirements**Findings**

SAMB has policies and processes in place for record retention. SAMB representatives stated there had been no major change to these policies and processes since the previous audit.

SAMB retains records for a minimum of three years. The awarding body also requires approved centres to retain candidate records for a minimum of three years. Approved centres' compliance with SAMB record retention policy is monitored as part of the external verification visit.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 14. No non-compliances have been recorded and no observations noted.

Statement of Excellence 4: Qualification Development and Design

'The awarding body has demonstrated that it has appropriate experience and ability to design, develop and deliver qualifications. The awarding body assessment methods are rigorous but have sufficient flexibility to ensure that their requirements can be met cost-effectively and in a variety of different circumstances. Copies of the awarding body's assessment methodology and guidance are made available to all those who may wish to use them.'

Key Goal 15: The qualification and associated structure has been designed to ensure it is appropriate and meets the needs of the occupational sector

Findings

SAMB has not sought accreditation for any new qualifications since the previous audit. It was confirmed that the design and content of SAMB's qualifications and certificates had not changed since the time of accreditation.

SAMB continues to work with relevant Sector Skills Councils and other stakeholders to ensure its qualification provision meets the needs of industry.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 15. No non-compliances have been recorded and no observations noted.

Key Goal 16: The awarding body has designed an assessment methodology that is fit for purpose

Findings

SAMB has policies and processes in place to allow the development of assessment methodologies based on assessment strategy.

SAMB carries out a risk assessment of each centre, as required by the current assessment strategy. The audit team viewed centre records which showed they have signed up to the assessment strategy.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 16. No non-compliances have been recorded and no observations noted.

Key Goal 17: The awarding body submits timely and detailed qualification submissions

Findings

SAMB has not sought accreditation for any new qualifications since the previous audit. It was confirmed that the design and content of SAMB's qualifications and certificates had not changed since the time of accreditation.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 17. No non-compliances have been recorded and no observations noted.

Key Goal 18: The awarding body's assessment methods produce results that are authentic, reliable and consistent

Findings

SAMB has policies and processes in place to ensure the effectiveness of assessment. It was confirmed that there has been no change to SAMB's assessment methods and related documentation since the time of accreditation.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 18. No non-compliances have been recorded and no observations noted.

Statement of Excellence 5: Assessment and Verification

'The awarding body's methodology for assessment and verification is rigorous and has been designed to ensure that only those candidates who have shown competence are awarded a certificate. The awarding body only deploys personnel that are qualified and competent.'

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

Findings

SAMB has policies and processes to ensure that centres have access to qualified personnel for the range of qualifications they are approved to deliver. SAMB representatives stated there had been no change to its policies, processes and guidance documentation since the previous audit.

It remains the responsibility of the External Verifier to check on the qualifications held by, and competence of, Assessors and Internal Verifiers during the external verification visit to approved centres.

SAMB continues to run standardisation events for Assessors and Internal Verifiers.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 19. No non-compliances have been recorded and no observations noted.

Key Goal 20: The awarding body's systems and procedures for the appointment, training, registration, deployment and monitoring of external verifiers are effective and robust

Findings

SAMB has policies and processes for the appointment, training, registration, deployment and monitoring of External Verifiers. External Verifiers are contracted by SAMB. SAMB currently has two External Verifiers supporting its Scottish centres. The Audit Team sampled a number of files relating to SAMB's External Verifiers. The sample was chosen at random and showed that the External Verifiers in the sample were occupationally competent, held a relevant verifier qualification, and attended annual update training.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 20. No non-compliances have been recorded and no observations noted.

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

Findings

SAMB has policies and processes for monitoring the quality and consistency of assessment at all of its approved locations. External verification visits are monitored via a spreadsheet; the spreadsheet was last updated in 2008.

Copies of external verification visit reports were made available to the Audit Team. These showed those external verification visits were taking place in line with SAMB's stated policy of one per year.

Conclusion

The evidence available confirms that SAMB continues to meet the requirements of the criteria under Key Goal 21 with one observation being noted.

Conclusion

This was the ninth audit of SAMB and the Audit Team was provided with full access to the awarding body premises, staff and documentation.

The majority of non-compliances recorded in this report refer to management process failures within the awarding body. In the opinion of the Audit Team, had SAMB's contingency plan for the loss of key personnel been more robust, the number of non-compliances recorded would have been significantly reduced.

There had also been a lack of communication within the awarding body in relation to changes in strategy. This resulted in the Board of Directors not being kept fully informed of the situation within the awarding body during 2008 to 2010. Had they been so informed, they could have taken appropriate remedial action, which would further have reduced the number of non-compliances recorded in this report.

The Audit Team would like to thank those members of SAMB who contributed to the audit. The discussions were open and frank, and the willingness to provide information and data was appreciated.

Appendix 1: Current year non-compliances, observations and action plan

Non-compliances

A non-compliance will be recorded where the Lead Accreditation Auditor finds evidence that the awarding body fails to meet any of *Awarding Body Criteria* (2007) or any of the conditions attached to qualification accredited by SQA Accreditation at the time of accreditation. When recording any non-compliance, the Lead Accreditation Auditor will agree the action to be taken by the awarding body and a timetable for resolving the issue.

Non-compliance recorded	Agreed action and date	Key Goal/criterion	Risk rating
1. SAMB's contingency plan in the event of the loss of key personnel was not robust.	<p>SAMB must review its contingency plan to ensure that the awarding body function continues to operate smoothly in the event of the loss of one or more key personnel.</p> <p>A report on the outcome of this review must be sent to SQA Accreditation by 30 November 2010.</p> <p>Closed out 26 April 2011.</p>	Key Goal 1 refers	5
2. SAMB's Board of Directors has not been updated in line with the awarding body's stated policies.	<p>SAMB must review its policy and process for updating the Board of Directors to ensure it is kept informed of ongoing progress and issues within the awarding body on a regular basis.</p> <p>A report on the outcome of this review and a copy of the terms of reference for the Board of Directors must be sent to SQA Accreditation by 30 November 2010.</p> <p>Closed out 26 April 2011.</p>	Key Goal 2 refers	5

Non-compliance recorded	Agreed action and date	Key Goal/criterion	Risk rating
3. SAMB had not met a number of objectives listed in its Strategic Plan 2008-2012.	<p>SAMB must review its policy and process for the management of its Strategic Plan.</p> <p>A report on the outcome of this review must be sent to SQA Accreditation by 17 December 2010.</p> <p>Closed out 26 April 2011.</p>	Key Goal 3 refers	5
4. SAMB had not carried out an annual review for the period 2008/2009.	<p>SAMB must review its policy and process for annual review and ensure they meet the requirements of SQA's <i>Awarding Body Criteria</i> (2007).</p> <p>A report on the outcome of this review must be sent to SQA Accreditation by 17 December 2010.</p> <p>Closed out 26 April 2011.</p>	Key Goal 4 refers	5
5. A number of SAMB's internal management processes had failed. As a result of this, various processes designed to ensure the safe and efficient running of the company, such as the annual internal review, did not take place.	<p>SAMB must review its management processes and ensure their robustness. The awarding body must put in place a failsafe to ensure senior management are alerted in the event of a failure in one or more of the processes.</p> <p>A report on the outcome of this review must be sent to SQA Accreditation by 17 December 2010.</p> <p>Closed out 26 April 2011.</p>	Key Goal 5 refers	5

Non-compliance recorded	Agreed action and date	Key Goal/criterion	Risk rating
<p>6. SAMB communicates with its approved centres via its website. At the time of the audit, the awarding body section of the website was not functioning.</p>	<p>SAMB must ensure that the awarding body section of the website is repaired and freely available for stakeholders to make use of as necessary.</p> <p>Confirmation, in writing, that this has occurred must be sent to SQA Accreditation by 17 December 2010.</p> <p>Closed out 25 May 2011</p>	<p>Key Goal 6 refers</p>	<p>4</p>
<p>7. SAMB was unable to provide the auditors with a copy of the awarding body's customer service statement.</p>	<p>SAMB must ensure its customer services statement is made freely available to all who may wish to use it.</p> <p>A copy of the awarding body's customer service statement, and an explanation of how it will be made freely available, must be sent to SQA Accreditation by 17 December 2010.</p> <p>Closed out 25 May 2011</p>	<p>Key Goal 8 refers</p>	<p>4</p>

Non-compliance recorded	Agreed action and date	Key Goal/criterion	Risk rating
<p>8. SAMB was unable to provide the auditors with a copy of the awarding body's malpractice and maladministration policy, process and guidance.</p>	<p>SAMB must ensure its malpractice and maladministration guidance is made freely available to all who may wish to use it.</p> <p>A copy of the awarding body's malpractice and maladministration policy, process and guidance must be sent to SQA Accreditation by 17 December 2010.</p> <p>Closed out 26 April 2011.</p>	<p>Key Goal 12 refers</p>	<p>4</p>

Observations

An observation will be noted to ensure that any recommendations agreed during the audit are recorded 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.

Observations noted	Action recommended	Key Goal/criterion
1. SAMB monitors external verification visit dates via an Excel spreadsheet. The spreadsheet was last updated in 2008.	SAMB may wish to review its process for monitoring external verification visit to ensure the spreadsheet is kept up to date.	Key Goal 21 refers

Once agreed, the action plan is signed by representatives from both SQA Accreditation and the awarding body and will inform the agenda for the next annual audit meeting.

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.

Appendix 3: Table of awards

Accredited qualifications currently offered

Award title	Level	Code	Accreditation date	Re-accreditation date
Food Manufacture	Level 1	G8X5	19 March 2008	31 December 2014
Food Manufacture: Craft Bakery Skills	Level 2	G8X8	19 March 2008	31 December 2014
Food Manufacture: Distribution Skills	Level 2	G8X7	19 March 2008	31 December 2014
Food Manufacture: Process Bakery Skills	Level 2	G8XE	19 March 2008	31 December 2014
Food Manufacture: Production Control Skills	Level 2	G8RR	19 March 2008	31 December 2014
Food Manufacture: Retail and Service Support Skills	Level 2	G8XD	19 March 2008	31 December 2014
Food Manufacture: Specialist Craft Bakery Skills	Level 3	G8X9	19 March 2008	31 December 2016
Food Manufacture: Specialist Management Skills	Level 3	G8XF	19 March 2008	31 December 2016
Food Manufacture: Specialist Technical Skills	Level 3	G8XC	19 March 2008	31 December 2016

Appendix 4: Approval and accreditation conditions

A condition will be recorded at the time of approval of the awarding body or at the time of accreditation for an SQA-accredited qualification. A condition is recorded when SQA's Accreditation Co-ordination Group finds evidence that the awarding body does not fully meet SQA's *Awarding Body Criteria (2007)*.

There are no outstanding conditions attached to those qualifications accredited for SAMB.

Appendix 5: List of documents reviewed pre-audit and post-audit

Document title	Date of issue	Comments
Strategic Plan Jan 2008 – Jan 2011	1 January 2008	
SAMB Organisational Chart	N/A	
Centre Risk Assessment Form	March 2008	
Handbook for External Verifiers	September 2006	
External Verification Visits: A Guide for Colleges, Employers and Training Providers	September 2006	
Planning Verification visits for SAMB Qualifications: Guidance notes for External Verifiers	September 2006	
Guide to Approval for Training Providers and Employers	September 2006	
SVQS in Food Manufacture leaflet	N/A	
External verifiers hold form EV8(1)b	N/A	
Product listing PL1	N/A	
Release of Hold form EV8(1)d	N/A	
Approval Application Specific Qualification SA1(2)	N/A	
External Verifier Report – Approval Visit AAP2 (2)	March 2008	
External verifiers Report EV8(1)a	N/A	
Centre/Assessment site feedback form EV8(1)c	N/A	
Centre Application CA1(2)	N/A	
Application for Approval to Offer a Specific Qualification SA1 (2)	N/A	
External verifiers visit plan EV8(1)e	N/A	
List of Approved Centre		
SAMB Awarding Body minutes	Various	

Document title	Date of issue	Comments
SAMB/SQA minutes	Various	

Appendix 6: Signatures of agreement to action plan

For and on behalf of SAMB

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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