



SQA Accreditation

Visit to Scottish Qualifications Authority (SQA)

Awarding body centre report

20 January 2011 to 31 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 audits 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

Five centre visits were conducted between 20 January 2011 and 31 March 2011.

Section 2: Scope of monitoring visits

All Key Goals were included in the scope of the centre monitoring visits. Non-compliances and observations were raised against the undernoted Key Goals.

Key Goal			
		Observation	Non - compliance
6	The awarding body has an effective communications strategy that supports its awarding body activities.	✓	✓
9	The awarding body has open and transparent procedures for complaints and appeals.	✓	
11	The awarding body has implemented a diversity and equality strategy.	✓	
19	The awarding body ensures its approved centres have access to appropriately qualified personnel for the range of qualifications they are approved to deliver.	✓	

Section 3: Discussion

Areas of good practice

The following areas of good practice were noted:

- ◆ Record keeping across all centres was of a high standard.
- ◆ All centres reported that the level of support from SQA was of a good standard.
- ◆ All centres spoke positively of the relationships with the current External Verifiers.

Areas of non-compliance

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

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

Specifically criterion:

- ◆ 6.2 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.

Centre 1 had applied for re-approval to offer the new suite of Learning and Development SVQs in December 2010 but had not received confirmation from the awarding body to say that they had been re-approved for these. SQA had originally sent a letter, dated 17 December 2010, inviting the centre to apply for re-approval and asking them to complete a declaration which the centre duly did. The letter also stated that candidates can no longer be registered for the award.

The Centre Co-ordinator informed the Lead Auditor that they felt the communication left very little time for arrangements to be made and, despite contacting the awarding body to ask for a copy of the revised standards, nothing had been received. At the time of writing this report, the centre had still not been informed of SQA's decision to re-approve them.

At centre 2, the Lead Auditor was informed that the centre had not been given any information that the Business Administration standards were changing and they were only informed at a launch event they attended that the changes were being introduced immediately. Whilst the centre accepted that changes to qualifications are ongoing, they were surprised that they had been given no notice to prepare for the changes.

The centre explained that they had no time to make changes for candidates already registered and had were given little time to familiarise themselves with the new

standards. In addition, the new structures were not available for some time on SQA RED in order that they could register candidates having been told that the changes were immediate. The assessor guidance was also not available for a period following re-accreditation. **This has been recorded as a non compliance; non-compliance 1 refers.**

Observations

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 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.

A review of centre 1's SQA correspondence showed that the Centre Co-ordinator had been informed of an extension to the SVQs in Business Administration in July 2010. The letter stated that the SVQ Business Administration level 2 was due to lapse on 31 January 2011 and end on 31 January 2014.

The Lead Auditor informed the centre that level 2 qualifications have a two year run out period and not three as specified in the letter. **This has been recorded as an observation; observation 1 refers.**

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 Accrediting Body.

The complaints and appeals policies held at all centres were reviewed. SQA has recently updated its guidance documents to centres regarding complaints, appeals and malpractice.

Where centres had devised their own policies, they were advised that these would need to be updated to reflect criteria 9.1.3 and 9.1.4. Where centres were using SQA policies, they were advised that new SQA policies had been developed.

All centres were also advised that the awarding body would be monitoring the policies held on complaints, appeals and malpractice at external verification visits as a non-compliance had been raised against both these criteria during the centre monitoring activity in 2009. The non-compliance had since been closed out on the understanding that the awarding body would be informing centres of the changes over a period of time through external verification visits.

As centre 4 was due a verification visit the week after the centre visit, the Lead Auditor asked if the Centre Co-ordinator would contact him to advise if the External Verifier communicated the changes regarding new policies during the visit. The Centre Co-ordinator later contacted the Lead Auditor to state that they had since had an External Verifier and Systems Verifier visit and on neither occasion had the changes to policy been raised with them.

Whilst it is appreciated that the awarding body is informing centres over a period of time, it is evident that awarding body staff are not acting upon the instruction from SQA Accreditation immediately.

SQA Accreditation will continue to monitor this during the next round of centre monitoring activity and if it is reported that the awarding body staff are not addressing this issue then a non-compliance will be raised. **This has been recorded as an observation; observation 2 refers.**

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

Specifically criterion:

- ◆ 13.7 Quality assurance arrangements.

Whilst reviewing the Internal Verification Sampling Strategy at centre 2, the Lead Auditor noted that there was a lack of detail contained within the strategy to specify the amount and frequency of internal verification activity. Upon reviewing a systems verification report from 2009, it was noted that the Systems Verifier had picked up that there was no plan in place for internal verification during his visit. One had subsequently been produced.

Whilst it is recognised that the centre had acted upon the recommendation of the Systems Verifier, it was evident that the quality of the plan had not been properly reviewed as it did not adhere to the requirements for internal verification that is specified

within SQA's *Guide to Approval, April 2010*. **This has been recorded as an observation; observation 3 refers.**

Key Goal 19: The awarding body provides clear written guidance for awarding body representatives and prospective or approved centres and their staff

Specifically criterion:

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

Centre 5 had incomplete records of occupational competence and ongoing records of continuing professional development for its assessors and internal verifiers. The centre explained that they had undergone significant changes as an organisation since 1996 and that their records were not up to date. The awarding body has not picked up on this through external verification visits which is a cause for concern; however, this was an isolated incident which was not repeated at the other centres visited. The Lead Auditor recommends that the awarding body continues to communicate to External Verifiers that checking assessor verifier competence and CPD is an ongoing requirement that should be carried out at each visit. **This has been recorded as an observation; observation 4 refers.**

General remarks

The Lead Auditor has noted several issues which can be addressed by the awarding body through the process of external verification. The awarding body should consider dealing with all of the observations collectively and raising the issues with External Verifiers and Systems Verifiers at training events or in separate communications, as future repetition will result in non-compliances.

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
1 SQA did not to give centres adequate notice of changes to qualifications approaching re-accreditation.	SQA must develop an effective communications strategy for informing centres of changes to qualifications which are nearing the end of accreditation period by 30 November 2011.	6.2	3

Observations

Observations	Agreed action	Criterion
1 SQA correspondence to centre 1 contained inaccurate extension dates.	SQA should review a sample of extension letters to ensure that the correct run out period is being given to centres particularly with regard to level 2 SVQs.	6.2
2 External Verifiers have not been ensuring centres are aware of changes to the awarding body's policies for complaints, appeals and malpractice.	External Verifiers should check that centres hold the most current version of SQA guidance on complaints, appeals and malpractice or where these are centre devised that the content reflects the role of SQA Accreditation.	9.1.3 and 9.1.4
3 At centre 2, the Lead Auditor noted that the Internal Verification sampling strategy contained insufficient detail regarding the frequency and amount of internal verification required.	SQA should encourage its External Verifiers to review the quality of the policies developed by centres to ensure that they meet the awarding body's requirements.	13.7
4 At centre 5, records on the qualifications and CPD for assessors were unavailable. The records have been incomplete for a substantial period of time and this has gone unnoticed during external verification visits.	The awarding body should remind External Verifiers that they must check how centres manage and store records for staff involved in the assessment. This should not be a one off process and should be examined on a regular basis.	19.1

Signatures of agreement to awarding body action plan: 20 January 2011–31 March 2011

**For and on behalf of Scottish
Qualifications Authority:**

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)
External verification reports		
Guide to Approval		April 2010
SQA's Quality Framework: a guide for centres		March 2006
External Verification: A Guide for Centres		October 2009
Internal Verification: A Guide for Centres Offering SQA Qualifications		February 2011
Guidance on Completion of External Verifier Visit Plan and the SVQ External Verification Report		November 2009
SQA Customer Charter		
The Appeals Process: Information for Centres		January 2011
Dealing with malpractice in internally assessed qualifications: Information for centres		January 2011
Relevant assessment strategies		
External Verification reports		
Centre devised policies and procedures		

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.