

Audit Meeting Report

Awarding body:

Scottish Qualifications Authority (SQA)

Date of audit:

10 and 11 February 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 Qualifications and Curriculum Authority (QCA), 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.

Contents

Executive summary

Purpose and scope of audit	4
Background	4
Audit outcome	4
Awarding body feedback	4

Main body report

Statement of Excellence 1: Governance and Leadership	5
Statement of Excellence 2: Quality Enhancement	8
Statement of Excellence 3: Administration and Support	9
Statement of Excellence 4: Qualification Development and Design	18
Statement of Excellence 5: Assessment and Verification	22
Conclusion	26

Appendices

1. Current year non-compliances, observations and action plan	28
2. Risk rating of non-compliances	31
3. Table of awards	32
4. Outstanding non-compliances, approval and accreditation conditions	34
5. List of documents reviewed pre-audit and post-audit	36
6. Signatures of agreement to action plan	38

Executive summary

Purpose and scope of audit

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

As this was a full audit of SQA, all criteria were included within the scope of the audit. The SVQs in Health and Social Care and Sport and Recreation were agreed in advance as being the primary focus of audit activity.

Background

SQA was approved by SQA Accreditation as an awarding body in 1999. SQA is a nationally recognised awarding body dealing with qualifications spanning all industries in Scotland.

SQA has specific registration to ISO27001:2005 (restricted to Information Systems, Question Paper Unit and Human Resources) and in April 2007, SQA gave up its charitable status due to the expansion of its commercial activities.

Audit outcome

As a result of the audit and post audit activities, seven non-compliances have been recorded and six observations noted.

The seven non-compliances and six observations form the Scottish Qualifications Authority Action Plan: February 2010.

Awarding body feedback

Members of the SVQ Team wish to address issues arising from Centre Monitoring Visits (CMVs) but in some instances are currently unable to do so as the identity of the centres visited remains anonymous. The Audit Team explained that in order to protect the identity of centres, observations and non-compliances are reported as generic in order to maintain centre anonymity. It is appreciated that this may cause the awarding body difficulty in addressing the specifics of the issues so consideration will be given to this when compiling the actions arising from CMVs.

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

SQA's functions are set out in the Education (Scotland) Act 1996 as amended in 2002. The organisation is governed by the SQA Board of Management. The membership of the Board includes stakeholders from across education sectors as well as one staff representative.

The Audit Team reviewed all of the minutes of the Board of Management published on the website since the last audit.

Conclusion

The evidence available confirms that SQA continues to meet the requirements of the criteria under Key Goal 1. No non-compliances have been recorded and no observations were noted.

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

Findings

The SQA Board of Management meets seven times a year and is supported by the Chief Executive and the Executive Team. The role of the Board is to provide strategic leadership by using the experience, knowledge and skills of its members to guide the awarding body's business. This includes strategy development, allocation of resources and approval of major projects.

It also holds a governance role to monitor the performance of the organisation, assuring the control of resources and accountability to stakeholders. The Board delegates responsibility for day to day operation to the Executive Management Team.

SQA also has an Advisory Council whose primary role is to create a strong mechanism for stakeholders to participate in, and offer advice to SQA on matters relating to qualifications devised or awarded by SQA.

The Advisory Council meets five times a year and is closely supported by the Director of Operations and other members of the Executive Team. The scheduling of these meetings is closely linked to the operations of the Qualifications Committee and Board of Management.

The Qualifications Committee provides strategic, policy and technical advice to the Board and senior officers on SQA's qualifications and their assessment, quality assurance and awarding systems. It also oversees the work of SQA in developing qualifications that meet the needs of candidates, centres and employers, now and into the future.

Conclusion

The evidence available confirms that SQA continues to meet the requirements of the criteria under Key Goal 2. No non-compliances have been recorded and no observations were noted.

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

Findings

Members of the Audit Team met with staff from the Corporate Programme Office to discuss SQA's business planning processes. Discussion focused around the various change plans being developed by SQA, the ongoing Continuous Improvement programme and the corporate planning cycle.

The Audit Team spent some time discussing the proposed Corporate Plan for 2010–13. This is currently awaiting the approval from the Scottish Government. The actions within the Corporate Plan are agreed by the Executive Team normally around September and are reviewed quarterly. Heads of Service are expected to have carried out their own planning prior to this.

The Corporate Plan sets out the short and medium term goals and has been designed to support the Scottish Government's objectives by linking to the objectives within the Skills for Scotland Strategy. As well as the medium term goals, SQA has recently produced a 2020 strategy that looks at projections and possibilities for the future position of the organisation in years to come.

SQA produces an annual report and an annual review as well as a staff survey each year. SQA policies can be found on the Policies and Guidelines Portal. The Lead Auditor noted that a number of these have gone beyond the specified date for when they should have been reviewed. This was acknowledged by the Corporate Programme Office as an area that they are currently addressing and may be an area for future audit activity.

All of this information can be amended throughout the year as events dictate, for example if a new development project comes through the business filter, it may be necessary to push back a lower priority planned development in order to accommodate it. The system highlights where there is under or over capacity of human resources.

The Audit Team recommend that the capacity planning model should continue to be used and identify it as an example of good practice.

Conclusion

The evidence available confirms that SQA continues to meet the requirements of the criteria under Key Goal 3. No non-compliances have been recorded and no observations were noted.

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

In 2007, SQA embarked upon a programme of Continuous Improvement to improve operations across all business areas and ensure that innovation becomes part of the culture.

The Continuous Improvement programme was implemented to make departments think about the processes and procedures they use and then to define them in order to make them more efficient. These were reviewed across the organisation to determine where there was a duplication of effort, redundant products and where there could be a redistribution of skills.

As a result, the organisation has been through several changes to structure across business areas and this process is ongoing in order to make the organisation sleeker, smarter and more efficient.

Conclusion

The evidence available confirms that SQA continues to meet the requirements of the criteria under Key Goal 4. No non-compliances have been recorded and no observations were noted.

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

During a visit to Data Management, SQA staff informed the Audit Team they did not record or track late certification claims. This means that Data Management has no appreciation of the volume of late certification requests that are being made, nor does it monitor which centres these are being made from in order to escalate this information to internal departments who may require the information to risk rate centres. In some cases, it was found that claims were being made for awards that had expired in 2001.

SQA should establish a process to record late certification claims that are requested and processed by Data Management. This should record claims made for awards which have passed their expiry date. Information gathered from this could be used to inform the risk rating of centres or trigger a visit from a Quality Enhancement Manager to investigate further. The process should also record where SQA Accreditation has been notified. **Observation 1 refers.**

The Audit Team was informed that there were three SVQ areas where SQA had no External Verifier, for example Floristry. Where there is no External Verifier in place the awarding body stated that it does not certificate candidates, however, the Audit Team discovered that one candidate had been certificated in December 2009.

The Lead Auditor followed this up with a member of staff from Qualification Approval and Verification after the audit. They were informed that this matter has been raised on several occasions with the relevant Qualifications Manager. The Lead Auditor understands that the situation in Floristry has been like this for over a year which means that specific objectives within the Customer Charter could presumably not have been met. It is unclear what SQA's policy is under these circumstances and how it carries out external verification on centres where there is no qualified External Verifier. **Observation 2 refers.**

Conclusion

The evidence available confirms that SQA continues to meet the requirements of the criteria under Key Goal 5. No non-compliance has been recorded and two observations were noted.

Observation 1:

SQA has no system in place to track and monitor the volume of late certification claims.

Observation 2:

It is unclear what the SQA policy is with regard to carrying out external verification visits where there is no External Verifier in place.

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

Findings

Prior to the audit, the Audit Team had been aware via e-mails from Data Management that SQA was receiving frequent requests for late certification. In some of these cases, the awarding body had informed SQA Accreditation where it had chosen to accept and process these. However, statistics given to the Audit Team suggested that more cases were being processed than the numbers being reported to SQA Accreditation.

The Audit Team was informed by Data Management during the audit that they did not inform other internal stakeholders of late certification claims. This information must be disseminated to other departments to inform the ongoing risk rating of SQA approved centres. It would also be good practice to inform the Quality Enhancement Managers (QEMs) so that they could investigate the reasons for late certification claims at centre level. **Non-compliance 1 refers.**

During the visit to the SVQ Team, the Lead Auditor informed staff that some difficulties had been experienced when contacting centres in order to carry out Centre Monitoring Visits (CMVs). Under Key Goal 6.4, all awarding bodies must ensure that SQA Accrediting Body is granted access to approved centres and assessment locations.

It would appear that, in some instances, SQA centres are not aware of this role. The Audit Team suggested that the role of SQA Accreditation was communicated to all centres either via regular SQA e-bulletins, external verification visits with the centre co-ordinators or, in the case of new centres, as part of the centre pre-approval via the role carried out by the Business Development Managers (BDMs). **Observation 3 refers.**

Conclusion

The evidence available confirms that SQA does not meet the requirements of the criteria under Key Goal 6. One non-compliance has been recorded and one observation was noted.

Non-compliance 1:

Data Management does not inform internal stakeholders of late certification claims and does not discuss these with the approved centre.

Observation 3:

SQA centres are unfamiliar with the role of SQA Accreditation and the purpose of Centre Monitoring Visits.

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

For centres that have been previously approved by the awarding body, a shortened version of the approval process is available. This version gives credit for areas of known compliance. However, where necessary the centre could be subject to the complete approval process, for example a centre that had known compliance for engineering but wished to deliver care qualifications would be subject to a more in-depth approval process than if it wished to extend its engineering provision.

SQA provided the Audit Team with centres files for 40 centres covering Health and Social Care and Sport and Recreation as specified by the Lead Auditor. Of the 40, 12 were newly approved centres since the last audit. No issues were found during examination. The Audit Team also had access to the most recent external verification form (EV8a) for each of the centres and no issues were found with these.

Conclusion

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

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

Findings

SQA's service statements are stated in its Customer Charter which is published on its website. The Customer Charter outlines SQA's commitments to its customers, its complaints and appeals procedures, equality statements and service statements, some of which have specified timescales. The Audit Team noted that some specified targets were being met.

The Audit Team reviewed the external verification files for 40 centres and were able to confirm that the required number of visits had taken place (at least one per year) for the Health and Social Care and Sport and Recreation sample selected and that reports were being completed within the quality assurance visits (within 14 working days of a verification or systems verification visit).

Conclusion

The evidence available confirms that SQA continues to meet the requirements of the criteria under Key Goal 8. No non-compliances have been recorded and no observations were noted.

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

Findings

Prior to the audit, the Audit Team had carried out a desk audit on SQA's procedures for complaints and appeals. The Lead Auditor had identified three letters of complaint and one appeal which had had been copied to SQA Accreditation since the last audit.

On the day of the audit, the Audit Team met with staff from Business Development and Customer Support to discuss complaints and appeals. Two of the above three cases were viewed in a tracking log. In the case of the one which could not be accounted for, it would appear that this was not logged centrally with Customer Support. However, the Lead Auditor was aware that it had been dealt with by the department to which it was addressed. **Observation 4 refers.**

In certain circumstances Customer Support may reply to a complainant directly, this is normally the case where a complainant writes directly to the Chief Executive or where the complainant is dissatisfied with an outcome. In such cases Customer Support will inform the relevant department and will seek guidance from them as required.

During the audit, it was stated that Customer Support does not deal with appeals for SVQs and that this was done (as with all appeals) via Dalkeith. The Lead Auditor

checked with the member of staff in Dalkeith responsible for appeals. However it was made clear that the person did not deal with SVQ appeals.

Prior to the audit, the Lead Auditor had identified a letter of appeal to SQA in relation to SVQs. However, on the day the Audit Team could not track this particular case as there appears to be no appeals system in place that staff could direct the Audit Team to and therefore no central point where these are co-ordinated.

Key Goal 9.1.3 states that awarding bodies must state the circumstances under which a centre or candidate can make an appeal or complaint to the awarding body. In the case of appeals, the only guidance that the Audit Team could find within SQA documentation stated that appeals stop at centre level. Therefore it would appear that SQA has placed the onus on centres. Furthermore, the Audit Team were unable to establish the circumstances under which a centre or a candidate is entitled to make a complaint or appeal to SQA Accreditation as stated in Key Goal 9.1.4. **Non-compliance 2 refers.**

Conclusion

The evidence available confirms that SQA does not meet the requirements of the criteria under Key Goal 9. One non-compliance has been recorded and one observation was noted.

Non-compliance 2:

SQA has no means to track SVQ appeals and lacks a defined appeals process. The circumstances under which candidates may appeal to the awarding body or complain and appeal to SQA Accreditation are not clear.

Observation 4:

From the available evidence, it would appear that when a complaint is received, Customer Services is not always informed by the relevant department in order that it is logged.

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

Findings

Prior to the audit, SQA Accreditation had been aware via e-mails from Data Management that the awarding body was receiving frequent requests for late certification. The claims related to awards in their lapsing period and those which had expired. In one case a claim was made for a candidate who finished the award in 2001 and in some cases late claims had no auditable trail to substantiate the centre's claims as no assessment and verification records existed.

On the day of the audit the Audit Team focused specifically on SQA's registration and certification processes and procedures relating to late claims for certification.

The Audit Team were given a copy of the process used by Data Management to process late certification claims. However, this process did not extend to how SQA authenticated late certification claims and discussion with the Team Leader (Centre Support) confirmed there was no process in place. Similarly, SQA did not track or monitor the instances of late claims (see observation 1, Key Goal 5.1) or inform relevant departments in order that a risk profile could be maintained (see non-compliance 6, Key Goal 16).

SQA must establish a policy and procedure to authenticate late claims for certification. The policy must include the circumstances under which SQA will and will not accept late claims in particular where awards have expired or where an auditable assessment and verification trail cannot be found. The procedure must ensure that late certification claims are only processed after appropriate checks have been completed by SQA to ensure that the candidate has achieved the requirements of the qualification.

Appropriate checks will include ensuring that assessment and verification records are checked or that there is other evidence which provides a high level of confidence to authenticate the claims being made. **Non-compliance 3 refers.**

SQA's retention policy must also be updated to reflect the length of time that centres are required to retain assessment records to allow SQA to authenticate late certification claims (see Non-compliance 5, Key Goal 14).

The Audit Team were given a sample candidate certificate and informed by Data Management that the date on the candidate certificate only identified when the certificate was first printed. As SQA have been accepting late certification claims for expired awards, this effectively means that the date on the certificate will look to be current, when, in fact, the award could have expired some years ago.

As a consequence, such certificates, when presented to an employer, could appear to be a current SVQ. This is potentially misleading and must be addressed by the awarding body. **Non-compliance 4 refers.**

Conclusion

The evidence available confirms that SQA does not meet the requirements of the criteria under Key Goal 10. Two non-compliances have been recorded and no observations were noted.

Non-compliance 3:

SQA does not have systems for authenticating late certification claims.

Non-compliance 4:

Replacement certificates for expired awards contain inaccurate and misleading data.

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

Findings

The Lead Auditor had reviewed SQA's policies and procedures relating to diversity and equality prior to the audit. The Lead Auditor reviewed minutes from the Board of Management where it was clear that SQA continually reviews its statutory duties. In addition, SQA is currently conducting organisational wide impact assessments of all policies and procedures to ensure that there is no inadvertent discrimination.

SQA has produced a Disability Equality Scheme for 2010–13 which contains an action plan and in 2009, carried out an Annual Equality Review which reviewed the services and products that SQA has for its internal and external stakeholders. The review was overseen by the Equality and Diversity Steering Group who meet twice a year and report to the Executive Management Team.

Prior to the audit, it was noted that there was information contained in the Guide to Approval 2009 that could potentially breach the Age Discrimination Act 2006. The Audit Team advised SQA to seek legal advice on this area. **Observation 5 refers.**

Conclusion

The evidence available confirms that SQA continues to meet the requirements of the criteria under Key Goal 11. No non-compliances have been recorded and one observation was noted.

Observation 5:

The Guide to Approval 2009 contains a reference which may breach age discrimination legislation.

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

Findings

During the 2008 audit, a non-compliance was raised against Key Goals 9.1.2 and 12. At the time of publication, the non-compliance had not been closed out. The non-compliances remain part of the 2008 Action Plan and are still outstanding. The awarding body is working towards closing this out currently.

Conclusion

The evidence available confirms that SQA does not meet the requirements of the criteria under Key Goal 12, however, this has been reported in a previous audit. No non-compliances have been recorded and no observations were noted as part of the 2010 audit.

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

Findings

The Audit Team viewed a large amount of SQA documentation prior to the audit. The standard of the guidance that SQA produces is of a high quality and where possible, SQA makes a large amount of this available for download on its website.

The website itself is easy to navigate however the search facility is unreliable and in one of the two subject areas selected for audit, the Lead Auditor noted that there was a lack of assessment guidance documents available for the range of subjects compared to other areas.

Throughout the course of the audit, the Audit Team identified that SQA does not provide guidance in the following areas: malpractice and administration (Key Goal 13.3), record keeping (Key Goal 13.4) and complaints and appeals handling (Key Goal 13.6). Appropriate non-compliances have been raised against these under more specific Key Goals which relate to the overall areas (see Key Goals 10, 12 and 14).

Conclusion

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

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

Findings

SQA policy states that centres should keep all evidence, records and assessment specifications either for scrutiny by the External Verifier or until three weeks after the officially notified completion dates, which may not necessarily be three weeks after the completion of the Unit or award.

The *Awarding Body Criteria (2007)* Key Goal 14.1 states that the awarding body must retain 'sufficient assessment and verification records to allow for the review of assessment over time'. Other than the three week rule above which applies mainly to the retention and disposal of candidate portfolios, SQA does not issue centres with sufficient information which complies with the retention of evidence over time. **Non-compliance 5 refers.**

SQA must produce a policy and procedure which clearly states how long centres retain assessment records for. The requirements of this must be effectively communicated to

centres. While it is accepted that the three week rule may form part of this for the purpose of verification, it should indicate the minimum amount of data as specified in Key Goal 14.3. Retention of this information will also assist SQA in maintaining reliable audit trails for late certification claims (see non-compliance 3, Key Goal 10).

Conclusion

The evidence available confirms that SQA does not meet the requirements of the criteria under Key Goal 14. One non-compliance has been recorded and no observations were noted.

Non-compliance 5:

SQA does not produce clear guidance on the length of time that centres must retain assessment and verification records over a period of time or the type of records that it must maintain.

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

Prior to the audit, SQA was notified of the qualifications which were within the scope of the audit. It was decided that these would be SVQ qualifications in Health and Social Care and Sport and Recreation. The Audit Team met with Qualification Development staff from both sectors during the course of the audit.

The Audit Team met with members of the Product Marketing Team to discuss the Product Development Process which went live in September 2009. The Audit Team were given a verbal walkthrough of the process and the key stages that all opportunities will now be required to pass through before they are considered as products.

The revised Product Development Process is still at its infancy stage in terms of bedding in as part of the qualifications development cycle. The Audit Team were impressed with the level of detail that the process goes into. This area may benefit from being revisited at a future audit to see how well it has embedded in as, at the time of audit, a full SVQ submission had not yet been through the process.

Conclusion

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

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

Findings

Both of the assessment strategies for Health and Social Care and Sport and Recreation require the awarding body to risk manage centres; in fact the SkillsActive assessment strategy is very specific in this area. SQA has a documented policy for risk but has no procedure. The policy does not contain any information on how centres are risk rated and the criteria for determining this.

It is acknowledged that SQA is undertaking some work in this area, however, at present SQA has no robust systems in place which support the requirements of both assessment strategies. **Non compliance 6 refers.**

SQA must develop a risk rating system which meets the requirements of all assessment strategies. The system must show how SQA risk rates centres and the criteria for doing so. It should also describe how any centre intelligence is shared across internal stakeholders as this will be relevant to centres that frequently make late certification claims (see non-compliance 1, Key Goal 6). This will enable SQA to target its resources more effectively at centres where issues have been identified, especially if the system is updated on an ongoing basis.

Conclusion

The evidence available confirms that SQA does not meet the requirements of the criteria under Key Goal 16. One non-compliance has been recorded and no observations were noted.

Non-compliance 6:

SQA has no risk rating procedure which supports the requirements of assessment strategies and enables sharing of information between relevant departments.

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

Findings

The Audit Team met with a number of colleagues from the Qualifications Development Teams. They interviewed staff to determine their role in the qualifications development process, their relationships and involvement with sector skills councils, their knowledge of the qualification submission process and their relationship and role with regard to External Verifiers.

It was apparent that there was a different interpretation between staff over their role in the management of External Verifiers and their understanding on what constitutes the benchmark for deciding on occupational competence. Responses to questions with

regard to what happens in the development or revision of National Occupational Standards (NOS) leading up to accreditation also varied.

Prior to the audit, the Lead Auditor had received information from an Accreditation Manager regarding SVQs which had gone beyond their reaccreditation date. The Lead Auditor also noted that the same business area also had an accreditation condition that had passed its due date of December 2009.

The original extension request had not been received within the appropriate timescale stipulated by SQA Accreditation, the information contained within the extension submission was identified as poor quality and the justification given for the extension was invalid. At the time of audit, the Accreditation Manager had returned the extension twice. This issue had already been raised with the relevant section outwith the audit, however, the situation had not improved. **Non-compliance 7 refers.**

It is evident that the awarding body is not working effectively with the relevant sector skills council and is not aware of the plans for the SSC's review of the NOS in their sector. SQA must develop a plan which identifies proposed NOS development and timescales so that it can plan effectively around this.

Conclusion

The evidence available confirms that SQA does not meet the requirements of the criteria under Key Goal 17. One non-compliance has been recorded and no observations were noted.

Non-compliance 7:

In relation to Sport and Recreation SVQs, SQA has not made timely and detailed qualification submissions and has not met accreditation conditions by the required dates.

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

Findings

The focus of qualifications for audit was SVQs in Health and Social Care and Sport and Recreation. Both of the assessment strategies for these areas require that awarding bodies ensure some sort of risk assessment of centres. As stated previously, SQA has no defined systems in place which support the requirements of both assessment strategies when it comes to risk rating (see non-compliance 6, Key Goal 16).

The awarding body operates a basic risk management process via its external verification visit reporting system but the process is not documented. A draft risk management spreadsheet was given to the Audit Team post meeting. The spreadsheet was in the design phase and had not been populated.

The awarding body does not keep a library of assessment strategies. It has a document which has a link to each SSC and the most up-to-date assessment strategy. Each External Verifier is made aware of this document which is freely available. It is the responsibility of the External Verifier to ensure they are using the most up-to-date version of the assessment strategy.

The Audit Team also noted that there were certain subject pages on SQA's website which had more guidance on assessment than others. This was raised during discussion with one of the Qualifications Teams.

Conclusion

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

SQA has taken the decision not to hold information on assessors and internal verifiers centrally. The responsibility for checking that personnel involved in the assessment and delivery now falls to External Verifiers. They are responsible for checking the qualifications and experience of personnel when they carry out visits.

Whilst SQA Accreditation accepts that this approach is acceptable, it would like to stress how important it is that SQA ensures its External Verifiers are continually made aware of the importance of this role. The Audit Team did spend time examining external verification reports, however, the format of these makes it difficult to be certain that appropriate checks are being carried out every time. This is an area that the Audit Team advises SQA to constantly monitor given that SVQ achievement is now a requirement in professions such as the care sector where public safety is paramount.

Conclusion

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

At the outset of the 2010 audit, the Audit Team requested access to all records in respect of recruitment, deployment and continuing professional development (CPD) for appointed External Verifiers. The records in question constituted a range of information including initial application forms, references in support of the applicant, potential

conflicts of interest for verification purposes, as well as CPD records for sessions 2007/08 and 2008/09. A sample of eight External Verifiers for Health and Social Care and Sport and Recreation was identified and the relevant individual records reviewed by the Audit Team.

It was noted that there was a degree of variance in the records and information available for the chosen sample. For example, in two instances no records were made available for External Verifiers operating within the Care sector. On requesting the missing documentation, the awarding body representatives advised that they had not been provided as both individuals were no longer currently active within the Care sector. Whilst appreciating the reasoning behind this decision, the Audit Team would contend that documentation relating to these specific External Verifiers should have been made available as part of the original documentation request as both were identified as active within centres during the time period sampled by the Audit Team.

Relative to the remaining six External Verifiers, the Audit Team was able to evidence that applications were scrutinised to a degree but the information was insufficient to determine if such checks were mapped to the requirements of the relevant sector skills council (SSC) assessment strategy with regard to occupational competence. Likewise, the Audit Team was able to evidence the fact that claimed qualification achievement on the part of applicants had been noted but again there proved to be insufficient information available to allow the Auditor to be sure that such claims had been checked through the process of evidencing original certificates.

The Audit Team was provided with CPD files for all External Verifiers relative to sessions 2007/08 and 2008/09; however, with the selected sample in mind the Audit Team was not always able to evidence CPD logs across both sessions for all External Verifiers. Of those that were available, the Audit Team was able to evidence a range of activities including participation in SQA awarding body annual External Verifier update events, cognate group meetings, standardisation events, as well as external activities which were identified by individuals as having a wider sector focus than simply qualification delivery. There was no evidence available to suggest that the content of the submitted logs had been scrutinised by SQA to determine their appropriateness, or if it was considered that the CPD activities met the requirements of relevant SSC assessment strategies.

The Audit Team would like to thank the relevant departments for their assistance and organisation of the files on the day of the audit and for their subsequent help with enquiries.

Discussions with various Qualification Teams during the audit provided members of the Audit Team with an opportunity to discuss the area of recruitment, deployment and monitoring of External Verifiers in more detail. From the Qualification Team responses it was clear that there was a lack of consistency of approach in this area and indeed a clear indication as to the roles and responsibilities of SQA staff in the management of External Verifiers.

The Audit Team was presented with an excellently laid out portfolio of evidence from colleagues in the Care Scotland team for which they should be commended. On reviewing this portfolio, the Audit Team was able to see evidence of discussions pertaining to the currency of External Verifier competence and how it was kept up to date.

It would appear that the role of staff involved in the management of External Verifiers is unclear. In the case of one Qualifications Team, this was being dealt with them first hand; however, this was not the case with the other. Likewise, it would appear that the Qualifications Manager is responsible for the selection of External Verifiers, however, it is unclear who is responsible for monitoring their ongoing CPD in line with the requirements of the assessment strategy or what criteria is used for this. **Observation 6 refers.**

Conclusion

The evidence available confirms that SQA continues to meet the requirements of the criteria under Key Goal 20. No non-compliances have been recorded and one observation was noted.

Observation 6:

The roles and responsibilities of staff involved in the recruitment and training of External Verifiers are unclear.

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

The Audit Team made quite specific and detailed requirements for centre files to be made available on the day of the audit. A sample of 30 centres for Health and Social Care and ten for Sport and Recreation were selected by the Lead Auditor. There were no specific selection criteria; however, the sample had a good spread of established and newly approved centres since the last audit.

For all newly approved centres the Lead Auditor had requested that the relevant centre approval and subject specific approval applications were included. The relevant scrutiny of these by the Quality Enhancement Manager (form App1 centre scrutiny) and External Verifier (form App2 award scrutiny) were also requested. The Audit Team would like to thank the relevant departments for their assistance and organisation of the files on the day of the audit and for their subsequent help with enquiries.

The Audit Team were able to establish that, for the sample, the required amount of external verification activity was taking place within the published timescales by SQA and that identified actions from previous audits were being followed up at subsequent visits.

Conclusion

The evidence available confirms that SQA continues to meet the requirements of the criteria under Key Goal 21. No non-compliances have been recorded and no observations were noted.

Conclusion

This was the tenth audit of the Scottish Qualifications Authority and the Audit Team was provided with full access to the awarding body premises, staff and documentation.

The Audit Team were given full access to all information leading up to the audit and on the day. They would like to express their thanks to all involved during the discussion and particularly to the SVQ Team for their co-ordination of the whole event.

Many of the non-compliances identified are intrinsically linked, for example, improved communication regarding those centres that are identified by Data Management on a regular basis will enable Qualifications Approval and Verification to identify the risk rating of centres and deploy resources more effectively. This could be one piece of a jigsaw which would create a risk profile; however, SQA still has some work to do in this area if it wishes to have reliable intelligence on its centres.

Similarly, SQA is currently unable to authenticate late certification requests. One of the reasons for this is that it does not specify the length of time that centres must maintain assessment and verification records for, therefore claims cannot be validated properly.

The Audit Team found evidence that SQA had aspects of systems in place to ensure compliance with the Awarding Body Criteria (2007). They concluded, however, that more work was needed, with an emphasis in the areas of complaints and appeals, record retention, risk rating and certification, to confirm full compliance with the Criteria. Addressing the non-compliances set out in the report will help to ensure that SQA has the capability to improve its performance overall and have effective systems in place.

Appendices

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. Data Management does not inform internal stakeholders of late certification claims and does not discuss these with the approved centre.	SQA must introduce appropriate systems across the organisation to improve the flow of communication between key internal stakeholders when centres request late certification. SQA must also communicate with centres that submit late certification requests to establish why claims are being made and what has to be done to prevent the situation re-occurring. To be completed by: 31 August 2010. Extended to 31 October 2010 Closed out 29 October 2010.	Key Goal 6.2 and 6.3	3
2. SQA has no means to track appeals and lacks a defined appeals process. The circumstances under which candidates may appeal to the awarding body or complain and appeal to SQA Accreditation are not clear.	SQA must implement a robust appeals process which includes systems to track appeals and state the circumstances where centres can complain and appeal to SQA Accreditation. To be completed by: 30 June 2010. Extension until 31 October 2010	Key Goal 9.1.1, 9.1.3 and 9.1.4.	3

3. SQA does not have systems for authenticating late certification claims.	SQA must introduce a reliable system that can be used to authenticate claims from centres for late certification. This must also state the conditions under which late certifications will or will not be accepted. To be completed by: 31 August 2010. Extended to 31 October 2010 Closed out 29 October 2010.	Key Goal 10.4 and 10.6	4
4. The certificates for expired awards contain inaccurate and misleading data.	SQA must ensure that certificates contain accurate and current data relating to the actual achievement of qualifications. To be completed by: 31 August 2010. Extended to 31 October 2010 Closed out 29 October 2010.	Key Goal 10	5
5. SQA does not produce clear guidance on the length of time that centres must retain assessment and verification records over a period of time or the type of records that it must maintain.	A record retention policy must be produced which specifies the length of time that centres must retain assessment and verification records and the type of records they must maintain. The details of the policy must be communicated to centres. To be completed by: 31 August 2010. Extended to 31 October 2010	Key Goal 14, 14.2 and 14.3	3
6. SQA has no risk rating procedure which supports the requirements of assessment strategies and enables sharing of information between relevant departments.	SQA must develop an effective risk rating system for centres which considers risk intelligence from all areas of the business. The system must explain how SQA risk rates and the criteria for doing so. To be completed by: 31 August 2010. Extended to 31 October 2010 Closed out 29 October 2010.	Key Goal 16.1	3

7. In relation to Sport and Recreation SVQs, SQA has not made timely and detailed qualification submissions and has not met accreditation conditions by the required dates.	A plan that details all of the SSC's NOS and qualification activities must be produced which shows how SQA's qualifications will be affected. The plan should include timescales for the SSC, SQA and SQA Accreditation as well as the names of replacement qualifications. To be completed by: 30 June 2010. Extended 31 July 2010. Closed out 28 July 2010.	Key Goal 17.2	2
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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.

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.

Observations noted	Action recommended	Key Goal/criterion
1. SQA has no system in place to track and monitor the volume of late certification claims.	SQA should establish a process to record claims for expired awards that are requested and processed by Data Management.	Key Goal 5.1
2. It is unclear what the SQA policy is with regard to carrying out external verification visits where there is no External Verifier in place.	SQA should take steps to identify areas where no EVs exist and consider contingencies for how it can carry out external verification visits.	Key Goal 5.2
3. SQA centres are unfamiliar with the role of SQA Accreditation and the purpose of Centre Monitoring Visits.	SQA should communicate the role of SQA Accreditation and the reasons why centres are required to be involved in Centre Monitoring Visits via appropriate methods such	Key Goal 6.4 and 6.5

Observations noted	Action recommended	Key Goal/criterion
	as bulletins or during EV visits.	
4. From the available evidence, it would appear that when a complaint is received, Customer Services is not always informed by the relevant department in order that it is logged.	SQA may wish to communicate how complaints should be handled to staff so they are aware of the process and timescales.	Key Goal 9.1.1 and 9.1.5
5. The Guide to Approval 2009 contains a reference which may breach age discrimination legislation.	SQA should ensure that age references within the Guide to Approval 2009 do not breach age discrimination legislation.	Key Goal 11.1
6. The roles and responsibilities of staff involved in the recruitment and training of External Verifiers are unclear.	SQA should consider producing guidance for all staff involved in the recruitment and training of External Verifiers to clarify their accountability and responsibilities.	Key Goal 20.6

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 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 selected for audit

Award title	Level	Code	Accreditation date	Re-accreditation date
Health and Social Care	2	G7LN 22	5 November 2004	30 November 2010
Health and Social Care (Adults)	3	G7LP 23	5 November 2004	30 November 2010
Health and Social Care (Adults)	4	G7LR24	5 November 2004	30 November 2010
Health and Social Care (Children and Young People)	3	G7LV 23	5 November 2004	30 November 2010
Health and Social Care (Children and Young People)	4	G7LT 24	5 November 2004	30 November 2010
Leadership and Management for Care Services	4	G8W8 24	12 March 2008	31 March 2013
Achieving Excellence in Sports Performance	3	G927 23	30 July 2008	31 January 2013
Coaching (Football)	3	G81M 23	20 July 2005	31 January 2011
Instructing Exercise and Fitness	2	G96F 22	14 January 2009	31 January 2012
Instructing Physical Activity and Exercise	3	G874 23	7 June 2006	31 January 2011
Outdoor Programmes (Outdoor Education)	3	G8GF 23	28 March 2007	31 March 2012
Outdoor Programmes (Outdoor Recreation)	3	G8GG 23	28 March 2007	31 March 2012
Spectator Safety	2	G928 22	30 July 2008	31 July 2011
Sport, Recreation and Allied Occupations	1	G77X 21	17 July 2003	30 September 2010
Sport, Recreation and Allied Occupations: Activity Leadership	2	G77Y 22	17 July 2002	30 September 2010

Award title	Level	Code	Accreditation date	Re-accreditation date
Sport, Recreation and Allied Occupations: Coaching, Teaching and Instructing (Cricket)	2	G8NW 22	19 September 2007	31 July 2010
Sport, Recreation and Allied Occupations: Coaching, Teaching and Instructing (Rugby Union)	2	G782 22	17 July 2003	30 September 2010
Sport, Recreation and Allied Occupations: Operational Services	2	G77W 22	17 July 2003	30 September 2010
Sports Development	3	G87P 23	21 June 2006	30 June 2010

Appendix 4: Outstanding non-compliances, 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)*.

Outstanding Non-compliances	Key Goal/criterion
<p>SQA could not provide a copy of a policy and procedure for malpractice and/or maladministration or the circumstances under which a candidate/centre may appeal to SQA Accreditation.</p> <p>Outstanding from 2008 audit.</p>	Key Goal 12

Outstanding conditions	ACG date
Amenity Horticulture — The awarding body should note that at the point of re-accreditation, ACG will require evidence to provide reassurance that there is a market for all qualifications to be accredited; particularly anywhere there has previously been low uptake.	3 December 2008
Instructing Exercise and Fitness — Provide an annual report on the take up figures for registrations and certification, given the numbers completed are low in comparison to the number of candidates entering.	14 January 2009
Painting and Decorating (Construction) — The awarding body should provide SQA Accreditation with a report on the uptake of the qualifications after one year of the accreditation period (by 31 July 2010) and also a final report at the point of re-accreditation (31 May 2011).	8 July 2009
Electrical Installation — SQA awarding body to provide SQA Accreditation with an updated copy of the joint agreement by 31 December 2009.	15 July 2009
Horticulture — Submit the final version of the assessment guidance by 31 December 2009.	9 September 2009

Cleaning and Support Services — Provide letters of support for the extension from the SSC and BICS by 11 December 2009.	11 November 2009
Animal Care — The awarding body will be required to submit the final version of the assessment guidance which must include the final approved qualification structures by 28 February 2010.	2 December 2009
Manufacturing Textile Products — As soon as the Units have been credit rated, SQA should confirm that it will undertake to use the allocated credit.	16 December 2009
Providing Financial Services — The awarding body will be required to supply a final copy of the assessment guidance for level 2 and level 3 by 12 April 2010. An electronic copy or link to the website is acceptable.	6 January 2010
IT Users — Evidence from relevant section of awarding body to indicate that all issues relating to putting framework on the SQA database have been resolved, ie systems will be sufficient to ensure candidates who have successfully achieved the revised SVQs qualifications are correctly identified and issued with accurate certificates. Evidence should also be provided that different Units can be identified on the awarding body's systems.	3 March 2010
IT Users (ITQ) — Separate Unit specifications: Audio and Video Software (AV); Bespoke and Specialist Software (BS); Design and Imaging Software (DIS), eg a separate Unit specification for Audio Software and a separate one for Video Software. The Unit specifications currently submitted cover these areas jointly but candidates can do both of the Units under each of headings (eg can do a Unit in Audio Software and a Unit in Video Software).	3 March 2010

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

Document title	Date of issue	Version number	Comments
External Verification: A Guide for Centres	October 2009		
Developing and Implementing SVQs: A Handbook for Qualifications Development Business Teams	2010		
Guide to Approval	July 2009		
Candidate Malpractice in Externally Assessed Examinations and Assessments: Information for Centres	August 2009		
Corporate Plan 2008–11			
Corporate Plan 2009–12			
Guide to Assessment	November 2009		
Annual Return Form	October 2008		
Application for SQA Approval (CA1 and SA1 recognition)	August 2009		
Audit Report — SQA Development	May 2007		
Conflict of Interest	October 2008		
Continuous Improvement Summary			
Developing SVQs Process Report	March 2008		
EV10a Postcard Procedure			
Evaluation of Annual Return	Jan 2009		
SVQ Procedural Flowchart			
Quality Enhancement Process	May 2009		
Guide to Assessment	November 2009		
Guide to Internal Assessment	December 2001		Currently being updated
Internal Audit Plan for PWC 2008/09			
Internal Quality Audit Schedule 2008			
Operations – Procedural Guide – Approval Logging On			

Document title	Date of issue	Version number	Comments
Policy on Malpractice in Internal Assessment			Currently being finalised
Process for Communicating between QMs and EVs/SEVs			
Qualifications Approval and Verification — Flowchart	June 2009		
Response to Internal Audit	May 2007		
SQA Customer Charter	June 2007		
SQA Quality Framework: A Guide for Centres	March 2006		
SQA Qualifications Development Strategy			
Summary of SVQ Internal Audit Report	2008/09		
UK Centre Approval	November 2007		
Verifier Performance Report	August 2009		
Who Does What	November 2009		
Approval to Offer a Specific Qualification — External Verifier Report form App2			Expires 31 July 2010
Centre Approval Visit Report form App1(2)			
Managing Customer Feedback process map			
Product Development Process			
Capacity Planner QMs			
Product Marketing Overview	January 2010		
SQA's Strategy for Business Development 2020 vision			
Qualification Team Operational Plans and Objectives			
Business Filter process maps			
Business Case Status Logs			
Relevant Business Case documentation			

Appendix 6: Signatures of agreement to action plan

For and on behalf of SQA

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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