



**Higher National and/or Graded Unit and Scottish Vocational  
Qualifications**

**Qualification Verification Summary Report 2018**

**Beauty Care**

## Introduction

The current Higher National Certificate (HNC) in Beauty Therapy (GN87 15) is a new award which was validated in September 2017, reflecting changes to National Occupational Standards (NOS) and industry practice. This award was delivered by one SQA approved centre in academic session 2017–18.

The lapsing HNC (G7WX 15) and Higher National Diploma (HND) in Beauty Therapy (G7WY16) awards have been delivered by SQA approved centres since August 2005.

The Scottish Vocational Qualification (SVQ) Awards reflect NOS and have been approved for delivery from 2015–20. Instruments of assessment have been developed by SQA for almost all units within the SVQ awards, facilitating a standardised approach to gathering evidence across all approved centres. E-assessment is accessed via SQA SOLAR. Assessor-marked assessment and consultation records are accessed via the SQA secure website.

The following awards/units were subject to external verification sampling in academic session 2017/2018:

### **GN87 15 HNC Beauty Therapy (current)**

- HW0X 34 Beauty Therapy: Face and Body Treatment Packages
- HW10 34 Beauty Therapy: Face and Body Electrotherapy
- HW12 34 Beauty Therapy: Contemporary Aesthetic Treatments
- HW0Y 34 Beauty Therapy: Professional Salon Skills

### **G7WX 15 HNC Beauty Therapy (lapsing) and G7WY 16 HND Beauty Therapy (lapsing)**

- DN6Y 34 Beauty Therapy: Management and Practice of Facial Therapies
- DN6X 34 Beauty Therapy: Management and Practice of Body Therapies
- DN6E 34 Beauty Therapy: Contemporary Aesthetic Treatments
- DN6R 35 Beauty Therapy: Product Knowledge
- DN7R 33 Beauty Treatment: Hand and Foot Therapy
- DN6F 35 Beauty Therapy: Contemporary Electrotherapy
- DN6W 35 Lifestyle Advice for Clients
- DN7T 33 Beauty Therapy: Nail Extensions
- F3SA 34 Beauty Therapy: Graded Unit 1
- DP60 35 Beauty Therapy: Graded Unit 2

### **GL6Y 22 SVQ Beauty Therapy at SCQF level 5**

- HF8E 04 Enhance the Appearance of the Eyebrows
- HF8F 04 Enhance the Appearance of the Eyelashes
- HF8D 04 Provide Facial Skin Care Treatments
- HF8G 04 Carry Out Waxing Services
- HF8J 04 Provide Manicure Services
- HF8K 04 Provide Pedicure Services
- HF8R 04 Provide Gel Polish Services

### **GL71 23 SVQ Beauty Therapy at SCQF level 6**

- H9CY 04 Contribute to the Planning, Implementation and Evaluation of Promotional Activities

HF8Y 04 Provide Body Massage Treatments  
HF92 04 Provide Body Electrical Treatments  
HF9D 04 Provide Cosmetic Skin Peel Treatments  
HF91 04 Provide Facial Electrical Treatments  
HF98 04 Provide Stone Therapy Treatments

**GL70 2 SVQ Nail Services at SCQF level 5**

HF8J 04 Provide Manicure Services  
HF8K 04 Provide Pedicure Services  
HF8X 04 Carry out Nail Art Services  
HF8R 04 Provide Gel Polish Services

**GL72 23 SVQ Nail Services at SCQF level 6**

HF9G 04 Enhance and Maintain Nails using Liquid and Powder  
HF9H 04 Enhance and Maintain Nails using Light Cured Gel  
HF9L 04 Design and Create Nail Art

Fifteen external verification visits were undertaken in academic session 2017–18; one GN87 15 HNC Beauty Therapy (current), ten G7WX 15 HNC Beauty Therapy (lapsing) and G7WY 16 HND Beauty Therapy (lapsing), and four covering SVQ awards in both Beauty and Nail Services.

Confidence ratings of the fifteen visits undertaken were as detailed below:

- ◆ One HNC (new) — High Confidence
- ◆ Two HNC/HND — both Reasonable Confidence
- ◆ Four Graded Unit 1 — all High Confidence
- ◆ Four Graded Unit 2 — 3 High Confidence, 1 Minimal Confidence
- ◆ Four SVQ — all High Confidence

Actions were required in respect of unit DN7R 33 Beauty Treatment: Hand and Foot Therapy and DN7T 33 Beauty Therapy: Nail Extensions where in both instances the instrument of assessment (IoA) used did not fully meet the evidence requirements as detailed in the unit specification and DP60 35 Beauty Therapy: Graded Unit 2 where insufficient assessment decisions had been made on learner evidence presented for external verification. Actions impacted on SQA quality criteria 4.2, 4.3 and 4.6. Actions identified were completed within agreed timescales, with required evidence submitted to SQA for scrutiny, and evidence reports were completed and centre outcome ratings updated to High Confidence.

Overall the evidence viewed against SQA quality criteria during visits and the confidence ratings achieved would suggest that standards are being maintained by most centres delivering the HN awards and all centres delivering SVQ awards.

## Category 2: Resources

### **Criterion 2.1: Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.**

The comments made in this section apply to SVQs only.

Assessors and internal verifier qualifications and experience in all centres comply with the requirements of the current assessment strategy for SVQ/NVQ qualifications.

Vocational continuing professional development (CPD) records are maintained in all centres which indicate that assessors and internal verifiers participate in a variety of relevant subject related training and development activities; each working towards the required 30 hours as per the current assessment strategy for SVQ/NVQ qualifications between 01 September and 31 August each year.

### **Criterion 2.4: There must be evidence of initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.**

All centres undertake initial and ongoing reviews following centre policies and procedures. Annual course reviews carried out in all centres include the review of assessment environment, assessment procedures, equipment, learning resources and assessment material.

It was apparent from the evidence sampled that the review process is informed by feedback from learners via focus group meetings, end of unit review — “what has worked well and what hasn't” — performance indicators (PIs) from the previous academic year and units selected for delivery. Salons are upgraded and equipment is replaced and provided within budgetary constraints.

Where new courses are to be delivered, eg the new HNC Beauty Therapy, consideration is given to equipment, delivery, learning and assessment material and staff CPD. Learning and teaching material was available in master packs accessible to all staff either electronically or in paper format. Almost all centres use SQA-devised instruments of assessment where these are available. Quality checks are made on assessment material following centre procedures; many centres had undertaken pre-delivery internal verification (IV), whilst some carry out this process on a three yearly cycle.

Standardisation meetings had been held in all centres where external verification activity took place. Cross campus standardisation meetings were held in centres with multiple campuses to facilitate a consistent approach. Delivery and assessment schedules were available in almost all centres.

## **Category 3: Candidate support**

### **Criterion 3.2: Candidates' development needs and prior achievements (where appropriate) must be matched against the requirements of the award.**

In all centres candidate prior achievement and development needs are determined during the recruitment process. One centre visited carried out 'trade testing' enabling candidates to be placed at the appropriate level of study, whilst in another an information evening is provided for learners progressing onto HNC enabling them to experience the level of work required and giving assessors the opportunity to gauge the candidates' ability. Development needs can also be identified at this time.

Additional support is accessed in all centres via learning support teams. In one centre mobile classrooms provide additional support for learners who don't have access to laptops at home and may need additional time to prepare work.

Personal learning plans (PLPs) were produced in almost all centres for learners which detail support requirements. In one centre a learning support staff member is present throughout lessons to support learners regardless of whether they have a PLP. In this instance the member of staff supports by providing help with proofreading and ICT skills. 'Drop in' sessions for learners are provided by the learning and development teams in many centres, and in more than a few centres learners have access to counselling services and/or mental health workshops. In one centre visited the department has an identified support person in each campus who liaises with the student support team which has proved beneficial.

### **Criterion 3.3: Candidates must have scheduled contact with their assessor to review their progress and to revise their assessment plans accordingly.**

In almost all centres learners were timetabled for one hour per week which they attend on a rota basis. Formal one-to-one reviews are carried out two or three times per academic session, dependant on the academic calendar, giving the opportunity to discuss progress and review assessment plans.

In all centres there was evidence that learners receive feedback on practical skills development on an ongoing basis; this is recorded on client consultation records.

In all centres, where external verification activity was for graded units, learners receive three mentor sessions following submission and marking of each stage — Planning, Developing and Evaluating.

Social networks are used by almost all centres to maintain contact with and engage learners throughout their course of study — ie closed Facebook page, Twitter, Instagram. In addition, almost all centres operate an 'open door' policy enabling learners to discuss their progress on an ongoing basis.

Almost all centres issue an assessment plan — for unit and/or course. Tracking documents are used by almost all centres to document learner/class progress to enable both assessor and learner to be aware of assessment/unit progress.

## **Category 4: Internal assessment and verification**

### **Criterion 4.2: Internal assessment and verification procedures must be implemented to ensure standardisation of assessment.**

All centres had clear IV policies which were being implemented effectively in almost all instances, evidenced by completed centre documentation.

Pre-delivery assessment checks had been carried out on units identified for sampling during external verification visits. Pre-delivery checks had been ineffective in two centres, as it was identified during external verification activity that the centre-devised IoA being used did not fully meet the evidence requirements detailed in the unit specification (units DN7R 33 Beauty Treatment: Hand and Foot Therapy received from a partner centre, and DN7T 33 Beauty Therapy: Nail Extensions). In both of these centres an action was put in place; the IoA was reviewed and amended, the learners were re-assessed, assessment judgements were made and the re-assessments were submitted to SQA for scrutiny following IV sampling. It was recommended to the centre which had received the IoA from a partner centre that no matter the source a pre-delivery check should be carried out.

Assessment decisions made on units selected for external verification had been subject to sampling in almost all centres. Formal and informal IV and standardisation meetings took place which supported the IV process. The depth of feedback given to the assessor during sampling was noted particularly in one centre. In a few centres, graded unit submissions had been cross marked to facilitate standardisation.

The centre delivering the current (new) HNC in Beauty Therapy, had carried out IV sampling throughout delivery to support assessors in the delivery and assessment of the new award. Observation of assessment feedback was also used in this centre as part of the IV sampling process.

### **Criterion 4.3: Assessment instruments and methods and their selection and use must be valid, reliable, practicable, equitable and fair.**

The centre delivering the current (new) HNC programme was using centre-devised IoAs for mandatory and optional units selected for delivery. All IoAs had been prior-verified and approved by SQA.

All centres delivering the lapsing HN programmes used IoAs provided by SQA where these were available and devised their own IoAs for optional units selected for delivery. In two centres the IoA used, although of appropriate type, did not fully meet the evidence requirements as detailed in the unit specification. In one of these centres the IoA had been sourced from a partner centre. In both of these centres the external verification visit resulted in an action for SQA quality criteria 4.2, 4.2 and 4.6. It was recommended that centres submit centre-devised IoAs to SQA for prior verification where this had not been done, no matter their source.

In one centre, where more than one assessor is teaching the same unit, the same assessment schedule and marking guide is used to ensure a standardised approach and equal learner experience.

The SQA marking exemplars developed for Beauty Therapy: Graded Unit 1 and Beauty Therapy: Graded Unit 2 were being used by all centres delivering G7WX 15 HNC Beauty Therapy (lapsing) and G7WY 16 HND Beauty Therapy (lapsing). In one centre there was insufficient evidence of standardisation of assessment decisions as only stage 1 — Planning had been marked and internally verified, although stage 2 — Developing had been submitted, and stage 3 — Evaluating was due for submission on the day of the visit. The graded unit involves three distinct stages, each of which is to be achieved before progressing to the next. In this instance stage 2 — Developing submissions had not been marked before learners progressed to the evaluating stage resulting in an action for SQA quality criteria 4.2, 4.3 and 4.6.

Centres delivering the SVQ awards are all using the SQA-devised IoA, ie candidate e-portfolio, consultation records, SOLAR e-assessment and assessor-marked tasks. These IoAs were being used correctly and applied in appropriate conditions. Almost all centres use paper consultation records and e-portfolio. E-portfolios are kept in central storage spaces, eg Mahara, OneDrive through Office 365, Moodle. It was noted that completion of e-portfolios is not always the same in the same centre and it is recommended that staff agree and standardise e-portfolio completion.

SQA do not currently provide an IoA for HF9D 04 Provide Cosmetic Skin Peel, an optional unit in award GL71 23. Three of the four centres visited were delivering unit HF9D 04 and had devised their own IoA; it was selected for external verification sampling in centres with a positive outcome in all three.

**Criterion 4.4: Assessment evidence must be the candidate's own work, generated under SQA's required conditions.**

All centres had clear procedures for ensuring that evidence on which an assessment judgement decision is made solely belongs to the learner. All centres have a malpractice policy in place which gives guidance on what constitutes malpractice and what happens if malpractice is suspected and/or proven. Plagiarism is discussed with learners during induction and at various points through their course; in almost all centres learners sign a declaration confirming that submissions are their own work.

A plagiarism checker (Turnitin) is used by almost all centres for HN assessment submissions. SQA SOLAR e-assessment requires a secure password for each learner to access each assessment; e-assessment is carried out in closed book conditions. Practical summative assessments are carried out by direct observation.

**Criterion 4.6: Evidence of candidates' work must be accurately and consistently judged by assessors against SQA's requirements.**

In most centres reliable assessment decisions had been made against SQA requirements and were supported by IV sampling. Learner assessment evidence viewed during external verification visits confirmed that constructive feedback and advice is given to learners in a manner which will support future assessment — 'feed forward'.

In three of the centres visited actions were required; in two centres the IoA used did not fully meet the evidence requirements as detailed in the unit specification (units DN7R 33 Beauty Treatment: Hand and Foot Therapy and DN7T 33 Beauty Therapy: Nail Extensions) and in one centre insufficient assessment decisions had been made on learner submissions presented for external verification sampling. Learners had progressed to stage 3 — Evaluating before assessment decisions on stage 2 — Developing had been either made or advised to learners.

SQA exemplars for graded units were being used effectively and marks applied consistently by almost all centres. Marks had been applied slightly generously in more than a few centres, but this did not impact on the overall grade for learners. here this was evident discussions were held with centre staff to support future marking decisions. As in session 2016–17 the content, academic level and repetitive nature of submissions were discussed with centre staff.

SVQ SOLAR e-assessment is marked automatically, ensuring consistency and adherence to SQA requirements. The standard of SVQ consultation record completion varied and was, as in 2016–17, commented on in external verification reports as an area where standards should be improved. Although assessment decisions were found to be consistent and reliable, some consultation records were of a low standard and in some instances only met the minimum requirement. Learners should be encouraged to develop and expand the information inserted within consultation records, particularly at SCQF level 6. Learners should be reminded of the importance of linking treatment choice to client needs, and ensuring that any aftercare advice and product recommendations recorded are appropriate to client needs and treatment given.

**Criterion 4.7: Candidate evidence must be retained in line with SQA requirements.**

All centres were aware of SQA retention guidelines, though all centres retained evidence beyond these. All centres sent information requested to inform visit planning, and evidence identified in visit plans was made available before or during external verification visits.

**Criterion 4.9: Feedback from qualification verifiers must be disseminated to staff and used to inform assessment practice.**

In almost all centres a member of the centre quality team/SQA co-ordinator was available to receive verbal feedback on the day of the visit. Assessor(s) and internal verifier(s) are encouraged to attend external verification feedback. In all centres the verification report is received by the centre SQA co-ordinator/quality unit, who disseminate it to appropriate staff. Good practice and recommendations are highlighted, and required actions, where applicable, are recorded and actioned by the relevant member of staff within agreed timescales.

Outcomes of verification activity are discussed and recorded at staff/standardisation meetings. Meeting minutes are generally stored electronically on the staff shared drive.



## Areas of good practice reported by qualification verifiers

The following good practice was reported during session 2017–18:

- ◆ Extensive variety of methods used as part of the review process (2.4)
- ◆ An identified person within the department to liaise with the student support team (3.2)
- ◆ 'Trade testing' to facilitate learner placement at an appropriate level of study (3.2)
- ◆ Provision of an information evening for learners progressing onto HNC (3.2)
- ◆ Mobile classrooms providing additional support to learners who don't have access to laptops at home (3.2)
- ◆ Learning support provided for all learners (3.2)
- ◆ Mental health workshops (3.2)
- ◆ IV sampling on an ongoing basis to support delivery and assessment (4.2)
- ◆ Observation of assessment feedback as part of the IV sampling process (4.2)
- ◆ Depth of feedback given to assessor during sampling (4.2)
- ◆ A standardised approach to delivery and assessment to give equal learner experience (4.3)
- ◆ Constructive feedback and advice given which will support future assessment — 'feed forward' (4.6)

## Specific areas for development

The following areas for development were reported during session 2017–18:

- ◆ Carry out pre-delivery checks on all instruments of assessment prior to their use (4.2)
- ◆ Submit centre-devised instruments of assessment to SQA for prior verification (4.3)
- ◆ Agree and standardise e-portfolio completion for SVQ (4.3)
- ◆ Encourage learners to develop and expand the information inserted within consultation records (4.6)
- ◆ Encourage learners to provide advice and recommendations which are specific to individual client needs (4.6)
- ◆ Highlight the importance of linking treatment choice and advice/recommendations with client needs (4.6)
- ◆ Graded unit submissions: (4.6)
  - Remind learners that it is quality not quantity that is marked
  - Encourage learners to include only relevant information
  - Encourage learners to use technical language which demonstrates knowledge
  - Encourage learners to self-correct and avoid being unduly repetitive
  - Encourage learners to use less descriptive writing in the planning and developing stages and include more analysing or use of evaluative writing
  - Encourage learners to include more information on the management of their treatments
  - Remind learners of the standard and quality of work required relative to SCQF level
  - Reinforce the importance of treatment selection to allow an accurate comparison of the results