

SQA Accreditation

**Visit to BIIAB Awarding Body Centre Report
January to April 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 the contents 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 conducts audits of 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

Seven centre visits were conducted between 18 January and 12 April 2011

Section 2: Scope of monitoring visits

The following Key Goals were included within the scope of the centre monitoring visits:

| Key Goal | | The awarding body's processes for the criteria were: | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|---------------|
| | | Compliant | In need of improvement | Non-compliant |
| 1 | The awarding body has robust and transparent governance arrangements. | ✓ | | |
| 2 | The awarding body's leadership is effective. | ✓ | | |
| 3 | The awarding body has an effective business planning process. | ✓ | | |
| 4 | The awarding body has a culture of continuous quality improvement. | ✓ | | |
| 5 | The awarding body has robust systems in place for the management of the service it offers. | ✓ | | |
| 6 | The awarding body has an effective communications strategy that supports its awarding body activities. | | ✓ | |
| 7 | The awarding body has systems and procedures for the approval of centres. | ✓ | | |
| 8 | The awarding body has a customer service statement and identified service levels. | ✓ | | |
| 9 | The awarding body has open and transparent procedures for complaints and appeals. | ✓ | | |
| 10 | The awarding body has an effective system for the registration and certification of candidates. | ✓ | | |
| 11 | The awarding body has implemented a diversity and equality strategy. | ✓ | | |
| 12 | The awarding body has a policy and procedure for malpractice and/or maladministration. | ✓ | | |
| 13 | The awarding body provides clear written guidance for awarding body representatives and prospective or approved centres and their staff. | ✓ | | |
| 14 | The awarding body has a record retention policy that takes into account any regulatory or statutory requirements. | | ✓ | |

| Key Goal | | The awarding body's processes for the criteria were: | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|---------------|
| | | Compliant | In need of improvement | Non-compliant |
| 15 | The qualification and associated structure has been designed to ensure it is appropriate and meets the needs of the occupational sector. | ✓ | | |
| 16 | The awarding body has designed an assessment methodology that is fit for purpose. | ✓ | | |
| 17 | The awarding body submits timely and detailed qualification submissions. | ✓ | | |
| 18 | The awarding body's assessment methods produce results that are authentic, reliable and consistent. | ✓ | | |
| 19 | The awarding body ensures its approved centres have access to appropriately qualified personnel for the range of qualifications they are approved to deliver. | ✓ | | |
| 20 | The awarding body's systems and procedures for the appointment, training, registration, deployment and monitoring of external verifiers are effective and robust. | ✓ | | |
| 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. | | ✓ | |

Section 3: Discussion

Areas of good practice noted:

Those Centre Co-ordinators interviewed commented upon the approachability, helpfulness and speed of response of BIIAB staff. Specific mention was made in respect of Monitors; comments such as 'very knowledgeable on training matters' and 'have excellent knowledge of subject area' were noted.

Areas of non-compliance

During the course of the centre monitoring visits it was found that the awarding body was compliant with SQA Accreditation's *Awarding Body Criteria (2007)* and no non-compliances were recorded.

Areas for improvement

The auditor considers that the following areas, whilst meeting SQA Accreditation's *Awarding Body Criteria (2007)*, 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 Verifier and other key stakeholders. Any pertinent information in connection with SQA accredited qualifications and the awarding body activities.

Two Centre Co-ordinators commented that the awarding body did not keep their centre contact details updated on the awarding body website. One Centre Co-ordinator stated the centre's contact details were not listed on the awarding body's website.

This has been noted as an observation; observation 1 refers.

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

Specifically criterion:

14.1 The awarding body's record retention policy must ensure that it and its approved centres retain sufficient assessment and verification records to allow for the review of assessment overtime.

One approved centre, a private training provider, was unable to provide the Auditor with a list of candidates who had been registered and certificated for one or more SQA accredited qualifications.

Discussions with Centre Co-ordinator's within colleges showed that they tended to be unaware of the awarding body's record retention policy.

This has been noted as an observation; observation 2 refers.

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.

Specifically criterion:

21.2 The awarding body must have a policy on the number of external verification visit, which will be undertaken for each qualification.

BIIAB does not employ External Verifiers rather it employs Quality Monitors.

The awarding body's policy for monitoring visits to approved centres requires the Quality Monitor to grade the centre. Centres are graded 1 to 5; 1 being low risk 5 being high risk. Centres graded 1 and 2 may be allowed to forgo a monitoring visit and carry out self-assessment. Where this is the case a self-assessment report is completed and sent to the awarding body.

The Centre Co-ordinators interviewed were unaware of the criteria they were graded against; with one Centre Co-ordinator stating he/she was unaware of the process in its entirety.

This has been noted as an observation; observation 3 refers.

General Feedback

One Centre Co-ordinator commented upon candidates' ability to read written English and understand spoken English.

The Centre Co-ordinator commented that by law the holder of the qualification *Scottish Certificate for Personal Licence Holder* was responsible for the sale of alcohol from his or her premises. If the candidates' ability to read written English and understand spoken English was limited how can he/she understand the full implications to themselves and others in their employment of non-compliance with the relevant legislation?

It was suggested by the Centre Co-ordinator that further guidance on this matter was required from the awarding body and Regulatory Authorities.

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

No non-compliances were recorded.

Observation

| Observation | Recommendation | Key Goal |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------|
| <p>1. Two Centre Co-ordinators commented that the awarding body did not keep their centre contact details updated on the awarding body website.</p> <p>One Centre Co-ordinator stated the centre's contact details were not listed on the awarding body's website.</p> | <p>BIIAB may wish to review its procedure for capturing and updating centre contact details on its website.</p> | <p>Key Goal 6 refers</p> |

| Observation | Recommendation | Key Goal |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <p>2. One approved centre was unable to provide the Auditor with a list of candidates who had been registered and certificated for one or more SQA accredited qualifications.</p> <p>Centre Co-ordinator's within colleges tended to be unaware of the awarding body's record retention policy.</p> | <p>BIIAB may wish to remind its approved centres of their responsibility to adhere to the awarding body's policy for record retention.</p> <p>It is accepted that Centre Co-ordinators at colleges may have to adhere to the colleges policies on record retention. However, it is the responsibility of the Centre Co-ordinator to ensure that the college's record retention policy, as a minimum, meets the requirements of the awarding body's policy for record retention.</p> <p>The awarding body may wish to remind its Quality Monitors that this area should be reviewed during monitoring visits to centres.</p> | <p>Key Goal 14 refers</p> |
| <p>3. The awarding body's policy for monitoring visits to approved centres requires the Quality Monitor to grade the centre. Centres graded 1 and 2 may be allowed to forgo a monitoring visit and carryout self-assessment.</p> <p>The Centre Co-ordinators interviewed were unaware of the criteria they were graded against; with one Centre Co-ordinator stating he/she was unaware of the process in its entirety.</p> | <p>BIIAB may wish to remind its approved centres of its policy for monitoring visits and its associated grading system.</p> | <p>Key Goal 21 refers</p> |

Signatures of agreement to BIIAB awarding body action plan: January to April 2011

For and on behalf of BIIAB

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) |
|------------------------------------------------------------------------------------|---------------------------|-----------------------|
| BIIAB Quality Assurance Manual | | January 2009 |
| BIIAB Centre Approval Pack | | January 2009 |
| BIIAB Qualification Approval forms | | Various dates |
| BIIAB Letter of Confirmation of Nominated Tutors | | Various dates |
| BIIAB Quality Assurance Report Form | BIIAB QARF | Various dates |
| BIIAB Letter of Confirmation of Additional Nominated Tutor | | Various dates |
| BIIAB Examination Procedures | | Various dates |
| BIIAB Order Form for SCPLH Handbooks | Version 1 | September 2007 |
| BIIAB Additional Support Available for Candidates Requiring Reasonable Adjustments | | |
| BIIAB Basic Room Seating Plan for BIIAB Examination | | August 2006 |
| BIIAB Use of Logo for Use in Promotional Material | | April 2007 |
| BIIAB Course Evaluation Using Candidate Feedback | | August 2006 |
| BIIAB Door Steward Application Form | | |
| BIIAB Invigilators Agreement | | 03/06/2008 |
| BIIAB Exam Venue Checklist | | |
| BIIAB Exam Inspector Form | | June 2008 |
| Centre's Equal Opportunities Policy | | Various dates |
| Centre's Equality and Diversity Policy | | Various dates |
| Centre's Health and Safety Policy Statement | | Various dates |
| Centre's Quality Policy | | Various dates |
| Centre's Complaints Policy | | Various dates |
| Centre's Data Protection Act (1988) Guidance | | Various dates |

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.