



Provider Monitoring Report

Equestrian Qualifications GB Limited (EQL)

6 May 2014

Note

Restricted or commercially sensitive information gathered during SQA Accreditation's quality assurance activities is treated in the strictest confidence. However, please note the following:

- ◆ The findings of this report and the associated Action Plan will be presented to SQA's Accreditation Committee.
- ◆ The report and Action Plan will be published on SQA Accreditation's website following receipt of the signed acceptance of audit findings.
- ◆ The contents will contribute towards the Quality Enhancement Rating which will, in turn, contribute towards the quality assurance activity and timescales.

Please note that SQA Accreditation's quality assurance activities are conducted on a sampling basis. Consequently, not all aspects of an awarding body's performance in quality assurance, contract compliance, implementation, awarding of certificates and fee arrangements (not an exhaustive list) may have been considered in this report to the same depth.

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1 Introduction

1.1 Scope and approach of provider monitoring

SQA Accreditation conducts quality assurance activities of all awarding bodies offering SQA accredited qualifications or Units. This involves monitoring a sample of the awarding body's approved providers/providers or assessment sites. All provider monitoring will be conducted in a consistent manner within and between providers. The aim of monitoring is to:

- ◆ Ensure compliance under SQA Accreditation's *Regulatory Principles (2014)*, Regulatory Principles Directives and the Accreditation Licence.
- ◆ Confirm that quality assurance arrangements are being conducted by the awarding body in accordance with its prescribed arrangements.
- ◆ Ensure that quality assurance arrangements are being conducted in a consistent manner, within and between providers.
- ◆ Inform future audit and monitoring activity for the awarding body.

All Principles were included within the scope of the monitoring activity.

A Requirement has been raised where SQA Accreditation found evidence that the awarding body has not met SQA Accreditation's regulatory requirements.

The following timescales apply:

- ◆ SQA Accreditation will issue this report within 30 working days of the final provider monitoring date.
- ◆ The awarding body must sign and return the report and associated Action Plan within 30 working days of the provider monitoring report being issued.
- ◆ Within a further 20 working days of receiving the proposed Action Plan, SQA Accreditation will confirm whether the Action Plan is appropriate to address the Requirements. This will be subject to the actions proving appropriate to the Requirements raised.
- ◆ SQA Accreditation will monitor progress towards completion of the actions identified in the Action Plan.

A Recommendation may be recorded in instances where SQA Accreditation considers there to be scope for improvement. Where these are agreed during provider monitoring, they are recorded on the report for future reference. As Recommendations are recorded for awarding body consideration only, it is not necessary to agree either actions or timescales to resolve these in the awarding body Action Plan.

1.2 Provider monitoring report timeline

SQA Accreditation provider monitoring report date 28 May 2014

Date provider monitoring report and Action Plan to be signed and submitted by EQL 9 July 2014

1.3 Provider monitoring dates

One provider was monitored on 6 May 2014.

1.4 Overview

As a result of the provider monitoring activities, two Requirements have been raised and two Recommendations have been recorded.

The two Requirements form the basis of the EQL Action Plan. This must be completed and submitted to SQA Accreditation for agreement within 30 working days of the provider monitoring report being issued. The Action Plan must be submitted by 9 July 2014.

Outcome(s)	Area(s) of concern	Risk rating
Requirement 1	Principles 4, 5 and 6	Medium
Requirement 2	Principle 12 Regulatory Principles Directive 5	Low
Recommendation 1	Principles 4 and 5	N/A
Recommendation 2	Principle 6	N/A

2 Provider monitoring findings

The following sections detail Requirements raised and Recommendations recorded against SQA Accreditation's *Regulatory Principles (2014)*, Regulatory Principles Directives, the requirements of the clauses within and any conditions attached to the Approved Awarding Body agreement.

2.1 Areas of good practice

The following areas of good practice were noted by providers:

The Co-ordinator at Provider 1 highlighted the:

- ◆ robustness of EQL's external quality assurance process

2.2 Requirements

Principle 4. The awarding body shall continually review the effectiveness of its business services, systems, policies and processes.

Principle 5. The awarding body shall provide clear information on its procedures, products and services and ensure that they are accurate and appropriate to SQA accredited qualifications.

Principle 6. The awarding body and its approved providers shall maintain accurate documents, records and data.

EQL's *SVQ Operational Handbook*, August 2012 (uploaded to Quickr by EQL and reviewed by the Accreditation Auditor at Provider 1) makes various references to the *Awarding Body Criteria (2007)* on pages 3, 12, 16 and 27 of this handbook. An example of this on page 12 states that '*Equestrian Qualifications GB Ltd (EQL) is responsible for approving Centres seeking to offer the awards. To be granted approval the Centre must satisfy a range of criteria as detailed in the Awarding Body Criteria 2007*'.

However, *Awarding Body Criteria (2007)* was replaced by SQA Accreditation's *Regulatory Principles (2011)*. Subsequently, the revised and updated SQA Accreditation's Regulatory Principles were introduced on 1 April 2014 as *Regulatory Principles (2014)*.

The evidence available indicates that EQL does not meet the requirements of Principles 4, 5 and 6. This has been raised as **Requirement 1**.

Principle 12. The awarding body and its providers shall have open and transparent systems to manage complaints.

Regulatory Principles Directive RPDIR 5 – Complaints Handling

The provider-devised *SVQ Induction Sheet* issued to candidates at Provider 1 informs candidates of its complaints policy, which does meet the requirements of *Regulatory Principles Directive RPDIR – 5 Complaints handling*. This regulatory directive states that any awarding body devised complaints handling process must reflect the role of the Scottish Public Service Ombudsman (SPSO) in investigating complaints from users of public bodies in Scotland.

EQL's *SVQ Operational Handbook*, August 2012, page 68, item 9.3 details the EQL Appeals Procedure for candidates. Although there is one reference to complaints in item 9.3, the procedure detailed is limited to appeals against assessment decisions. EQL should rename and augment this procedure to include appropriate reference to the complaints process for candidates, as it has done in the EQL Appeals/Grievance Procedure for centres detailed on page 71, item 9.5 of the *SVQ Operational Handbook*.

Both procedures also state that *'In the event where EQL's appeals/complaint/grievance procedure has been followed to exhaustion but the outcome is unresolved, they may appeal to the qualifications regulator'*. EQL should amend this to clarify that *'they may complain to the qualifications regulator in respect of a complaint'*.

The Accreditation Auditor visited Provider 1 on 7 May 2014. EQL uploaded an updated version of its *Appeals and Complaints Policy (March 2014)* to Quickr on the 13 May 2014.

However, none of EQL's procedures relating to complaints currently uploaded to Quickr by EQL, meet the requirements of *Regulatory Principles Directive RPDIR – 5 Complaints handling*. This regulatory directive states that any awarding body devised complaints handling process must reflect the role of the Scottish Public Service Ombudsman (SPSO) in investigating complaints from users of public bodies in Scotland.

The evidence available indicates that EQL does not meet the requirements of Principle 12 and Principles Directive RPDIR 5 – Complaints Handling. This has been raised as **Requirement 2**.

2.3 Recommendations

Principle 4. The awarding body shall continually review the effectiveness of its business services, systems, policies and processes.

Principle 5. The awarding body shall provide clear information on its procedures, products and services and ensure that they are accurate and appropriate to SQA accredited qualifications.

On the EQL website, the page entitled 'Apprenticeships' only references training providers offering the Equine Apprenticeship Frameworks in England and Wales. This web page makes no reference to training providers offering Modern Apprenticeship Frameworks in Scotland. **This has been recorded as Recommendation 1.**

EQL may wish to consider updating its website page entitled 'Apprenticeships' to reference both training providers offering the Equine Apprenticeship Frameworks in England and Wales and the training providers offering the Equine Modern Apprenticeship Frameworks in Scotland.

Principle 6. The awarding body and its approved providers shall maintain accurate documents, records and data.

The Centre Co-ordinator for Provider 1 provided the Accreditation Auditor with its Assessors and Internal Verifiers File. However, the Accreditation Auditor noted that no training certificates were held for one of the two Internal Verifiers and for two of the Assessors — only a copy of SQA's Navigator Report confirming that the Internal Verifier held the V1 qualification and the two Assessors held the A1 qualification.

One Continuous Professional Development (CPD) File was held by Provider 1 for one of its Internal Verifiers, and was provided to the Accreditation Auditor. This file did contain applications and certificates in relation to CPD, however no CPD record was held.

The Accreditation Auditor also viewed some applications and certificates relating to continuous development for the provider's assessment staff, but again no CPD records were held by Provider 1 for its assessment staff. **This has been recorded as Recommendation 2.**

EQL may wish to consider reminding its providers that they should hold CPD records and copies of training certificates for Assessors and Internal Verifiers in order to support provider monitoring activity.

3 List of documents reviewed during provider monitoring

Document title	Date of issue	Version number
EQL SVQ Operational Handbook	August 2012	
Completed Application for NVQ/SVQ Centre Approval	12/02/2002	
EQL Letter Confirming Qualification Approval	20/06/2011 to 31/03/2015	
Centre Location Approvals File		
CPD File for Internal Verifier		
Centre Assessors and Internal Verifiers File		
Provider-devised Assessment Policy and Procedures for Students	10/03/2014	
Provider-devised Tutor Guidance on Assessment Plagiarism		
Provider-devised Internal Verification		
Provider-devised Qualification Induction Pack <ul style="list-style-type: none"> ◆ General SVQ, Assessment and Portfolio Information ◆ RIDDOR Leaflet ◆ Health and Safety Information for Working in Yards ◆ Equine Welfare Code of Practice ◆ My World of Work ◆ EQL Appeals Procedure ◆ EQL Equal Opportunities Policy ◆ R&Rs Application Form ◆ SVQ Equine Induction Sheet 		
External Verifiers Report Forms 2013	07/11/2013 21/05/2013 07/11/2012	
EQL SVQ Centre Approval Criteria	07/11/2013 21/05/2013 07/11/2012	
Record of Assessment Sampling by External Verifier	07/11/2013 21/05/2013 07/11/2012	
List of Assessors Linked to Provider	30/10/2013	

Candidate Registrations from 01/07/2011	01/07/2011	
Candidate Progress Records Level 2 Modern Apprenticeship GA85 22		
Level 2 Record of Assessment Sampling by Internal Verifier		
Level 3 Record of Assessment Sampling by Internal Verifier		
Internal Verifier Report on Assessor Performance		IV Report 02/02
SVQ Equine Minutes	21/10/2013	
EQL Sanctions Policy	April 2014	
EQL Whistleblowers' Policy	April 2014	
EQL Maladministration and Malpractice Policy	April 2014	
Provider-devised Quality Assurance Strategy	01/12	
Provider-devised Quality Assurance and Improvements Policies and Procedures <ul style="list-style-type: none"> ◆ Assessment ◆ Alternative Assessment Arrangements for Learners with Disabilities and/or Additional Needs ◆ Appeals Procedure ◆ Internal Verification ◆ External Verification ◆ Performance Indicators and Self Evaluation ◆ Quality Improvement 		
Provider-devised Equal Opportunities Policy	19/08/2011	Rev 12

4 Risk rating of Requirements

SQA Accreditation assigns a risk rating to each Requirement recorded as a result of awarding body quality assurance activity. The table below illustrates how the rating for a Requirement is assigned. A weighting is applied that depends on the risk identified and the possible impact on qualifications and/or the learner of failure to implement that Requirement.

The assignment of a risk rating allows an awarding body to assign their resources to areas which have been identified as having a major impact on the qualifications and/or the learner. The risk rating also allows SQA Accreditation to assign its resources to support awarding bodies in improving their performance.

Risk	Impact of Requirements identified through quality assurance activity
Very Low	The Requirement has been identified as 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 identified Requirement is unlikely to recur once resolved and no long lasting damage would be anticipated.
Low	The Requirement has been identified as low impact but is 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.
Medium	The Requirement has been identified as having the potential to 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.
High	The Requirement has been identified as having a potentially high impact on the integrity and reliability of the qualification, or the effective operation of the awarding body as a whole, if corrective action is not quickly taken. There is a high probability that the qualification and/or learner will be negatively affected.
Very High	The Requirement has been identified as having 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 Requirement is considered on its own merit, taking account of the context in which it was identified.



5 Action Plan

A separate document in Microsoft Word has been forwarded with this provider report.

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
Principles 4, 5 and 6	EQL's <i>SVQ Operational Handbook, August 2012</i> (uploaded to Quickr by EQL and reviewed by the Accreditation Auditor at Provider 1) makes various references to <i>Awarding Body Criteria (2007)</i> on pages 3, 12, 16 and 27 of this handbook. An example of this on page 12 states that ' <i>Equestrian Qualifications GB Ltd (EQL) is responsible for approving Centres seeking to offer the awards. To be granted approval the Centre must satisfy a range of criteria as detailed in the Awarding Body Criteria 2007</i> '.	Medium		

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
	<p>However, <i>SQA Awarding Body Criteria (2007)</i> was replaced by <i>SQA Accreditation's Regulatory Principles (2011)</i>. Subsequently, the revised and updated <i>SQA Accreditation's Regulatory Principles</i> were introduced on 1 April 2014 as <i>Regulatory Principles (2014)</i></p>			
<p>Principle 12 Regulatory Principles Directive 5</p>	<p>The Accreditation Auditor visited Provider 1 on 7 May 2014. EQL uploaded an updated version of its <i>Appeals and Complaints Policy (March 2014)</i> to Quickr on 13 May 2014.</p> <p>However, none of EQL's procedures relating to complaints currently uploaded to Quickr by EQL meet the requirements of <i>Regulatory Principles Directive RPDIR – 5</i></p>	<p>Low</p>		

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
	<p><i>Complaints handling.</i> This regulatory directive states that any awarding body devised complaints handling process must reflect the role of the Scottish Public Service Ombudsman (SPSO) in investigating complaints from users of public bodies in Scotland.</p>			

Signatures of agreement of Action Plan

For and on behalf of EQL:

Signature

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Date

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For and on behalf of SQA Accreditation:

Signature

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Date

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6 Acceptance of provider monitoring findings

For and on behalf of EQL:

Signature

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Designation

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Date

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For and on behalf of SQA Accreditation:

Signature

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Designation

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Date

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