



Centre Monitoring Report

PAA/VQSET

22 October to 1 November 2013

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 centre 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 centres/providers or assessment sites. All centre monitoring will be conducted in a consistent manner within and between centres. The aim of monitoring is to:

- ◆ Ensure compliance under **SQA Accreditation's *Regulatory Principles (2011)*, *Regulatory Principles Directives*, the requirements of the clauses within and any conditions attached to the approved awarding body agreement and the Criteria for Accredited Qualifications.**
- ◆ 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 centres.
- ◆ 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 centre monitoring date.
- ◆ The awarding body must sign and return the report and associated Action Plan within 30 working days of the centre 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 centre 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 Centre monitoring report timeline

SQA Accreditation centre monitoring report date 20 November 2013

Date centre monitoring report and Action Plan to be signed and submitted by PAA/VQSET 22 January 2014

1.3 Centre monitoring dates

Three centres were monitored between 22 October and 1 November 2013.

1.4 Overview

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

The four Requirements form the basis of the PAA/VQSET Action Plan. This must be completed and submitted to SQA Accreditation for agreement within 30 working days of the centre monitoring report being issued. The Action Plan must be submitted by 22 January 2014.

Outcome(s)	Area(s) of concern	Risk rating
Requirement 1	Principles 3, 6 and 12	Medium
Requirement 2	Principles 13 and 14	Medium
Requirement 3	Principle 16	Low
Requirement 4	Principles 18 and 23	Medium
Recommendation 1	Principle 1	N/A
Recommendation 2	Principle 6	N/A

2 Centre monitoring findings

The following sections detail Requirements raised and Recommendations recorded against SQA Accreditation's *Regulatory Principles (2011)*, Regulatory Principles Directives, the requirements of the clauses within and any conditions attached to the Approved Awarding Body agreement and the Criteria for Accredited Qualifications.

2.1 Areas of good practice

The following areas of good practice were noted by centres:

The co-ordinator at Centre 1 highlighted that the:

- ◆ awarding body offers specific qualifications that no other awarding body offers

The co-ordinator at Centre 2 highlighted that the:

- ◆ awarding body is very efficient at communicating with the centre
- ◆ forms produced by the awarding body are easy to complete

The co-ordinator at Centre 3 highlighted that:

- ◆ the awarding body's computerised registration and certification process works well
- ◆ responses are received very quickly from the awarding body

2.2 Requirements

Principle 3: The awarding body must ensure that they employ robust processes to protect their own business interests as well as the interests of their approved centres and learners.

Principle 6: The awarding body and their approved centres must have the relevant expertise, quality assurance procedures, technological, financial, human resources and other physical resources, to carry out their regulated functions, during the life of the qualifications and Units they offer.

Principle 12: The awarding body must ensure that assessments are accessible and produce results that are valid, reliable, transparent and fair.

The Lead Internal Verifier (IV) at centre 2 was unable to clearly evidence to the Accreditation Auditor, the documented process of the Awarding Body's policy regarding external verification visits. The Lead IV stated that when the external verification visit takes place the assigned External Verifier (EV) provides a very general visit plan, which does not state specific candidates or assessment locations to be sampled. From the evidence provided to the Accreditation Auditor by the Lead Internal Verifier (IV) at centre 2 suggests, it was considered by the Accreditation Auditor that on this occasion, the sample of candidate portfolios was provided by the centre co-ordinator.

Additionally, both Centre 1 and Centre 2 could not demonstrate to the Accreditation Auditor sufficiently appropriate standardisation meetings between Assessors and Internal Verifiers (IVs). It is noted that regular general meetings have taken place, however nothing appears to demonstrate focused discussion on standardisation. Although it was noted that centres appear to be aware that this focused discussion needs to take place on a regular basis. Centres 1 and 2 did demonstrate they had undertaken one such meeting, although only very recently, but the Accreditation Auditor remains doubtful of its continual nature at these centres. These standardisation meetings being of principal importance as per the Awarding Body's requirement stated within the *SVQ Centre Portfolio* guidance document.

The evidence available indicates that PAA/VQSET does not meet the requirements of Principles 3, 6 and 12. This has been raised as **Requirement 1**.

Principle 13: The awarding body must have clearly defined processes for reasonable adjustments to assessments.

Principle 14: The awarding body must consult with stakeholders, taking into account relevant equality and diversity groups, to ensure that there are no unnecessary barriers to entry to the assessment of the qualifications they design and/or offer for different groups of learners.

Centre 1 could not provide evidence to the Accreditation Auditor of a Special Considerations/ Reasonable Adjustment policy, although the Awarding Body's *Guide for Centres* states that it is a centre requirement, as does the document *SVQ Centre Portfolio*.

The evidence available indicates that PAA/VQSET does not meet the requirements of Principles 13 and 14. This has been raised as **Requirement 2**.

Principle 16: Qualification title:

The awarding body must ensure that qualifications and Unit titles:

- a. are clear, meaningful and consistent**
- b. specify the relevant subject area**
- c. include the SCQF level of the qualification or Unit (where relevant)**

Whilst sampling candidate portfolios at Centre 2, the Accreditation Auditor evidenced the induction materials and general information given to candidates within their portfolios. These omitted the SCQF level and therefore did not fully reference the qualification accurately.

It is advisable that the awarding body ensures all centres correctly reference the qualifications they are delivering so candidates are clearly and consistently informed.

The evidence available indicates that PAA/VQSET does not meet the requirements of Principle 16. This has been raised as **Requirement 3**.

Principle 18: The awarding body and their centres must deal with complaints on a fair and equitable basis, in line with their published procedures and timescales, and without unreasonable delay. The awarding body, their centres and learners must be made aware of how and when they can complain to SQA Accreditation. Where a complaint is upheld, the awarding body and/or centre must take appropriate, corrective and/or preventative action.

Principle 23: The awarding body and their centres must publish clear, fair and equitable procedures and timelines for dealing with enquiries about results and appeals. They must take appropriate, corrective and/or preventative action for all learners and centres affected.

The Accreditation Auditor found that Centre 3 did not have a complaints procedure. Both Centres 1 and 2 had a centre-devised complaints procedure, but they did not include, as an option to the candidate, the right to complain to SQA Accreditation as the regulator for SQA-accredited qualifications. Centres 1 and 3 also failed to refer to this in their appeals policy.

The evidence available indicates that PAA/VQSET does not meet the requirements of Principles 18 and 23. This has been raised as **Requirement 4**.

2.3 Recommendations

Principle 1: The awarding body must deal with SQA Accreditation in an open and co-operative way, and disclose anything which SQA Accreditation would reasonably expect to be made aware.

On reviewing the centre list uploaded to Quickr by PAA/VQSET, the numbers given only reflected the overall numbers of candidates registered and certificated at each particular centre undertaking the SQA-accredited qualifications. The candidate registration and certification figures are not set against each specific SQA accredited qualification. The Awarding Body should consider including these figures when the next centre list is uploaded.

Additionally, during centre visits the Accreditation Auditor found that certain documents banked on Quickr were out of date compared to the documents the centres were using.

It is fundamentally important that the Awarding Body keeps the documents they bank on Quickr up-to-date and relevant. It is recommended the Awarding Body sets time aside to periodically review the banked documents and make any substitutions and updates where required.

This has been recorded as Recommendation 1.

Principle 6: The awarding body and their approved centres must have the relevant expertise, quality assurance procedures, technological, financial, human resources and other physical resources, to carry out their regulated functions, during the life of the qualifications and Units they offer.

In both centres¹ and 2, the Awarding Body Approval Certificate was not displayed, as required for both approval and re-approval of centres, within the Awarding Body's *Quality Policy Manual*. Centre 1 was able to show to the Accreditation Auditor the original within the Centre Portfolio. However, Centre 2 confirmed they did not know where their original certificate was, and produced a copy of the most recent approval certificate, which they kept within their Centre Portfolio.

It would be advisable for the Awarding Body to reinforce this requirement with centres, as it is noted as an important aspect for approval/re-approval. Alternatively, they should consider removing this requirement.

Additionally, the Accreditation Auditor discovered that staff at Centre 2 had limited means of determining which candidate portfolios had been externally verified and when, except by searching through past EV paper reports — which was made more difficult because all candidate portfolios are paper based.

The Accreditation Auditor notes no serious risk is posed by this practice, but the process could be more transparent and efficient. This may be a point the Awarding Body may wish the EV to consider discussing with centres in order to have a tracking mechanism in place.

This has been recorded as Recommendation 2.

3 List of documents reviewed during centre monitoring

Document title	Date of issue	Version number
Centre 1 Minutes of Standardisation Meetings	15/08/13 18/09/12 30/05/08	
Centre 1 Minutes of Management Meeting	26/09/13 22/08/13 25/07/13	
Centre 1 Minutes of Training Support and Consultancy Group Meeting	02/10/13 29/08/13 30/07/13	
Centre 1 Health and Safety Policy and Procedure Policy Statement Substance abuse Environmental policy Risk assessment Induction/staff Training Record Keeping and Documents Internal auditing and review programme	08/10/13	
Centre 1 Health and Safety Training Material	08/10/13	
Centre 1 Data Protection Policy	20/08/13	
Centre 1 Individual Roles and Responsibilities		
Centre 1 License Requirements		
Centre 1 Candidate Induction Policy		
Centre 1 Assessment Procedure		
Centre 1 Quality Assurance Strategy within Assessment		
Centre 1 Satellite Site Approved		
Centre 1 Certification Process		

Centre 1 Appeals Procedure	20/08/13	
Centre 1 Plagiarism Policy		
Centre 1 Complaints Procedure		
Centre 1 Malpractice Policy		
Centre 1 Equal Opportunities Policy	25/09/13	
Centre 1 Quality Assurance Policy	09/10/13	
Centre 1 Audit Summary	02/05/13 13/12/12 13/06/12	
Centre 1 External Verification Reports	02/05/13 14/12/12 13/06/12	
Centre 2 MA Handbook	2013-2014	
Centre 2 Upgrade of centre approval letter	18/10/11 08/06/10	
Centre 2 Approval Certificate	2012	
Centre 2 Example Portfolio – PIO –CPO – Level 6		
Centre 2 Appeals Policy		
Centre 2 Quality Cycle	July 2013	
Centre 2 Alternative Assessment Arrangements	June 2012	
Centre 2 Internal Assessment Policy	August 2002	
Centre 2 Guidelines for Effective Assessment Policy	August 2012	
Centre 2 Internal Assessment Appeals	August 2012	
Centre 2 Qualification of Staff Assessing/Verifying SVQ's	August 2012	
Centre 2 Pre-Delivery Planning and Standardisation	August 2012	

Centre 2 Internal Verification Sampling	August 2012	V2
Centre 2 Equalities Policy		
Centre 2 Learner Discipline Policy	September 2012	
Centre 2 Academic Honesty Policy	August 2012	
Centre 2 Complaints Policy	December 2007	
Centre 2 Assessor Meeting Minutes	02/10/13	
Centre 2 Health & Safety Checklist		
Centre 2 Sample Service Level Agreement		
Centre 2 Service Level Agreement (Exxon Mobile Education Trust & Forth Valley College)	08/10/12	
Centre 2 External Verification Reports	06/09/13 22/02/13 23/08/12	
Centre 3 Certificate of Centre Approval	January 2013	
Centre 3 S/NVQ Strategy	24/05/05	
Centre 3 List of Assessor and Verifiers		
Centre 3 Assessor/verifier Meeting	19/04/13	
Centre 3 Assessor Meeting	23/07/2013 19/04/13	
Centre 3 Candidate Certification and Registration list	29/10/13	
Centre 3 Equal Opportunities Policy for Vocational Qualifications	03/08/05	
Centre 3 VQ Awards Appeals Policy	03/08/05	
Centre 3 Malpractice/maladministration Policy	05/01/13	
Centre 3 SHE Policy	30/10/13	Issue 10

Centre 3 Induction Material to SVQ		
Centre 3 External Verification Reports	18/04/13 31/08/12 24/11/11	

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 centre 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 3,6 and 12	<p>The External Verifier must ensure, prior to a centre visit, that he/she has pre-selected candidates and assessment/satellite sites that is/are to be observed/sampled.</p> <p>The importance of holding regular standardisation meetings must be reinforced to centres and the Awarding Body should continually monitor this situation.</p>	Medium		
Principles 13 and 14	The Awarding Body must ensure all centres have a Special Considerations/ Reasonable Adjustment Policy in place.	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
Principle 16	The Awarding Body must ensure all qualifications are accurately and fully referenced, including SCQF levels.	Low		
Principle 18 and 23	The Awarding Body must ensure that all centres have in place a complaints and appeals policy which references SQA Accreditation as the regulator for SQA-accredited qualifications.	Medium		

Signatures of agreement of Action Plan

For and on behalf of PAA/VQSET:

For and on behalf of SQA Accreditation:

Signature

Signature

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Date

Date

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6 Acceptance of centre monitoring findings

For and on behalf of PAA/VQSET:

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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