



**Higher National and/or Graded Unit**

**Qualification Verification Summary Report 2018**

**Complementary Therapies**

## Introduction

The lapsing HNC and HND Complementary Therapies awards were developed due to the specialised nature of complementary therapies and the national interest in this emerging occupational area. They were validated in October 2006. These awards were revised to meet the needs of this expanding industry and to provide a platform for those wishing to progress their studies within higher education. The revised (current) HNC was validated in August 2016; the revised HND in August 2017. These qualifications are delivered by a limited number of SQA approved centres.

Six episodes of external verification took place in session 2017–18 in five centres — five visiting, one remote. Where external verification was carried out remotely SQA quality criteria 4.2, 4.3, 4.4, 4.6 and 4.7 only apply. Four of the six episodes were for graded units. All centres where external verification activity took place received an outcome rating of High Confidence.

The following units were sampled during the external verification activity undertaken:

GL7X 15 HNC Complementary Therapies (new) and GM9E 16 HND Complementary Therapies (new)

- ◆ HF7P 34 Complementary Therapies: Clinic Practice
- ◆ F9T5 34 Aromatherapy
- ◆ HG2X 34 Complementary Therapies: Graded Unit 1
- ◆ HT98 35 Complementary Therapies: Graded Unit 2
- ◆ HF7T 34 Aromatherapy Massage

G8G1 15 HNC Complementary Therapies (lapsing) and G8G2 16 HND Complementary Therapies (lapsing)

- ◆ F9T5 34 Human Anatomy and Physiology for Beauty and Complementary Therapy
- ◆ F130 35 Complementary Therapies: Graded Unit 2
- ◆ F1B7 34 Aromatherapy

Overall, the evidence viewed against SQA quality criteria during visits, and the confidence ratings achieved would suggest that standards are being maintained by all centres delivering both new and lapsing Complementary Therapy awards.

## **Category 2: Resources**

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

Evidence available in all centres confirmed that initial and ongoing review effectively takes place. Evidence used to inform the review process consisted of course team review, learner and staff evaluation, standardisation, team and cross-campus minutes, assessment planning, pre-delivery internal verification (IV), ongoing IV and sampling.

In one centre, although weekly team meeting takes place, a record is not kept. It was recommended that a record of such meetings is taken and disseminated to all staff.

## **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 the interview and induction process is used to gauge learner development needs and prior achievements.

In the centre visited which is delivering the current HNC programme, learners were given information regarding the course as a group, then received a personal interview. Previous qualifications were checked at this time and mapping discussed where applicable. Some learners had progressed from the NC Wellness programme. Prior achievement was considered during class group compilation.

Where visits were for the HND Complementary Therapies, learners had progressed via successful completion of the HNC, and prior achievements were matched against the HND framework.

In the centre where unit F95T 34 was sampled, this was being delivered as part of the HNC Beauty Therapy award. Almost all learners who undertake this programme had progressed within the centre from the SCQF level 6 Beauty programme, and had completed a practical skills and written piece of work as part of the interview process.

In all centres visited there were good support mechanisms in place. Learners have Personal Learning Plans (PLP), and those who require additional support have Personal Learning Development Plans (PLDP).

Learners in one centre visited were given the opportunity to carry out treatments within diverse health care sectors, giving good opportunities for employment. In another, external speakers are invited into the centre to give information on progression to university; this has proved successful with 15 learners progressing to higher education this academic session.

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

Learners in many centres have weekly scheduled contact with their assessors. In almost all cases, progress was reviewed within subject delivery. All learners undertaking the graded units have three mentor sessions, one following the submission and marking of each stage — Planning, Developing and Evaluating.

Assessment schedules were provided to learners in only a few centres.

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

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

Internal assessment and verification procedures were being implemented effectively in all centres following individual centre processes. This was evidenced by internal verification review and planning, pre-delivery checks, sampling and standardisation meetings.

Where external verification of F1D0 35 Complementary Therapies: Graded Unit 2 was carried out remotely, it was noted that all active candidate work had been subject to internal verification sampling at each stage, confirming and providing feedback to the assessor on assessment decisions made.

In one centre external verification sampling had taken place in two campus sites for HG2X 34 Complementary Therapies: Graded Unit 1 and HT98 35 Complementary Therapies: Graded Unit 2. Internal verification sampling had also taken place across both sites.

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

SQA-devised instruments of assessment were being used by all centres where these were available.

In one centre, although the SQA instruments of assessment for HF7T 34 Aromatherapy Massage were being used for all outcomes, centre staff had agreed pre-delivery to split the closed-book written paper for Outcome 1 into two parts. Discussion took place with centre staff regarding the reasons for this decision, and it was recommended that the instruments of assessment be applied as intended to reflect the unit SCQF level.

Where centre-devised, or amended SQA-devised, instruments of assessment were used, it was recommended that these be submitted to SQA for prior verification.

The SQA exemplar and marking guide was being used for F1D0 35 Beauty Therapy: Graded Unit 2 (lapsing). As the SQA exemplar and marking guide had not yet been made available when marking began on HG2X 34 Complementary Therapies: Graded Unit 1 (current) and HT98 35 Complementary Therapies: Graded Unit 2 (current), centre-devised marking guidelines had been produced.

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

Plagiarism is discussed with learners during induction and at various points throughout their course. In all centres learners sign a declaration confirming that submissions are their own work.

A plagiarism checker (Turnitin) is used in centres for almost all HN assessment submissions. Written assessments are carried out as detailed in each unit specification. Practical summative assessments and presentations, where applicable, 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.**

The evidence sampled confirmed that accurate, consistent assessment judgements had been made by assessors against SQA requirements. Marking guidelines were used to facilitate standardised decisions across assessors. Assessment decisions were supported by internal verification sampling in all centres.

In all centres where graded units were sampled, the marks allocation on each stage of submission was clear; additional marks were justified and transparent; and feedback provided to learners on graded unit submissions was appropriate, valid and constructive. In one centre, logs of mentor review meetings included feedback and feedforward on marked work, supporting the next stage of submission.

In one centre visited, the presentation element within the evaluating stage of HT98 35 Complementary Therapies: Graded Unit 2 had been observed and marks allocated for two learner groups by both assessors. However, each assessor had used a different points system. Following discussion, it was recommended and agreed that before the learner overall grade was given, the marking guides/points system used should be reviewed to facilitate standardisation assessment decisions being made for this element of the graded unit for both groups.

The standard of graded unit submissions in most centres was high. In one centre it was recommended that learners be encouraged to avoid the inclusion of irrelevant information in their submissions, eg dress code (HG2X 34). In another centre, learners included blood pressure readings and pulse rate before and after treatment as a means of measuring treatment effectiveness, which was highlighted as good practice (F1D0 35).

In the centre where unit HF7T 34 Aromatherapy Massage was externally verified, a significant amount of remediation and oral clarification was noted in the sample viewed for the Outcome 1 written assessment. The following topics were discussed with assessor(s)/internal verifier(s) to support future delivery and assessment:

- ◆ the standard of submissions
- ◆ the instrument of assessment
- ◆ the remediation process
- ◆ standardisation of recording oral clarification
- ◆ scheduling the assessment at a time which gives learners the opportunity to reinforce their knowledge through practical application to facilitate understanding

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

All centres were aware of SQA retention guidelines. However, in almost all centres evidence is retained beyond these minimum guidelines. Information requested to inform visit planning was received from all centres, and requested evidence was identified in visit plans 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 all centres the external verification report is received by the centre SQA co-ordinator/quality department, who communicate it to the appropriate staff following centre policy. Good practice and recommendations made are discussed at staff meetings. Actions where applicable are dealt with within agreed timescales. Reports are used to inform the review process.

## **Areas of good practice reported by qualification verifiers**

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

- ◆ External speakers give information on progression to university (3.2).
- ◆ Opportunities to carry out treatments within diverse health care sectors (3.2).
- ◆ Feedback and feedforward given (4.6).
- ◆ Graded units — mark allocation was clearly justified and transparent (4.6).
- ◆ F1D0 35 — blood pressure and pulse rate were measured (4.6).

## **Specific areas for development**

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

- ◆ Record and disseminate meeting notes to staff (2.4).
- ◆ Use assessment support packs (ASPs) as intended (4.3).
- ◆ Submit instruments of assessment to SQA for prior verification (4.3).
- ◆ Standardise recording of remediation/oral clarification (4.6).
- ◆ HF7T 34 — Consider timing of assessment (4.6).
- ◆ Standardise marking guide for presentation (4.6).
- ◆ Encourage learners to avoid inclusion of irrelevant information (4.6).