**Scottish Vocational Qualifications**

# Qualification Verification Summary Report 2018
# Hospitality and Professional Cookery

# Introduction

During this session the SQA verification team carried out 66 centre visits.

The units verified this session came from the following group awards:

**SCQF level 4**

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|---|---|---|---|
| G9VV 21 | Hospitality Services | GM2M 21 | Hospitality Services |
| G9V8 21 | Accommodation Services | GM2H 21 | Professional Cookery |
| G9V9 21 | Food and Beverage Service | | |
| G9VA 21 | Professional Cookery | | |

**SCQF level 5**

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| G9VP 22 | Beverage Service | GM2D 22 | Beverage Service |
| G9VM 22 | Food Production | GM2E 22 | Food and Beverage Service |
| G9VL 22 | Food and Beverage Service | GM2F 22 | Food Production |
| G9VN 22 | Food Service | GM2N 22 | Hospitality Services |
| G9VR 22 | Hospitality Services | GM2G 22 | Kitchen Services |
| G9VK 22 | Front of House Reception | GM2K 22 | Professional Cookery |
| G9VJ 22 | Housekeeping | | |
| G9VG 22 | Kitchen Services | | |
| G9VH 22 | Professional Cookery | | |
| G9VF 22 | Professional Cookery (Preparation and Cooking) | | |

**SCQF level 6**

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| G9VE 23 | Professional Cookery | GM2J 23 | Professional Cookery |
| G9VC 23 | Professional Cookery (Preparation and Cooking) | | |
| G9VD 23 | Professional Cookery (Patisserie and Confectionery) | | |

**SCQF level 7**

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|---|---|---|---|
| G9HH 23 | Hospitality Supervision and Leadership | GM2C 23 | Hospitality Supervision and Leadership |
| GM2L 23 | Professional Cookery (Patisserie and Confectionery) | | |

**SCQF level 8**

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|---|---|
| GG28 24 | Hospitality |

Of the 66 visits undertaken, no live assessments were observed, although verifiers did view some classroom practical sessions. Once again, verifiers reported that observing and talking to candidates during practical activity provided a wonderful opportunity to view their progress.

It was apparent that some centres had actively taken on board the recommendations made during previous verification activity and that positive progress had been made with workflows and systems to ensure consistency. However, some areas of development were noted.

Only one sanction is outstanding this year due to inconsistencies with assessment approaches, sufficiency of evidence and failure to meet the assessment strategy requirements. Information requested by the qualification verifier during visit planning had been provided by the majority of centres. However, access to staff files and company policies was restricted in some centres, which resulted in sanctions. It should be highlighted that visit planning is an essential part of the verification activity and that the documentation requested should be discussed with all relevant personnel within the centre to ensure availability during verification activity.

Overall, centres appeared to have a systematic approach to assessment and verification, and had robust quality assurance policies and procedures in place. There were a few incidents relating to insufficient evidence and qualification verifiers have worked with centres to ensure sufficient evidence has been gathered.

Assessment environments have once again demonstrated that centres are evolving with available resources, modern technology which reflect industry trends, and innovative approaches to assessment. Industry links remained evident throughout verification reports.

It remains encouraging that candidate feedback to qualification verifiers was positive in most centres, and visits and assessments were being conducted regularly.

# 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.**

A few centres advised qualification verifiers that staff files (CV, certificates and CPD) were not available to them, and only designated personnel had access. It is important to remember that information requested on the visit plan must be made available to qualification verifiers in order to support the verification activity. Visit plans are submitted in advance to allow sufficient time for the information requested to be gathered, so failure to meet visit plan requirements will result in sanctions.

Upon review of staff files it was apparent that the majority of centres employed occupationally competent team members who had relevant and sufficient industry experience and appropriate L&D qualifications. Some centres demonstrated that they had updated their knowledge of previous L&D qualifications by completing the CPD toolkit from the Learning and Development SQA webpage. This ensured that staff were actively working to the standards of the current L&D awards.

CPD activity varied between centres and it was apparent that a good range of activity had taken place throughout the year, although in some cases, it was not always documented on an appropriate CPD form. CPD is an important aspect of meeting the requirements of the assessment strategy and demonstrates a commitment to updating of knowledge and skills.

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

Qualification verifier reports confirmed that appropriate site selection checklists were being completed for new assessment sites. This was generally in line with organisational health and safety policy and SDS requirements, where appropriate.

Internal systems demonstrated the use of standardisation meetings and candidate progress sheets to review assessment environments, equipment, and reference and learning materials. Cyclical and current menus reflect industry trends, and candidates were influenced by knowledgeable staff, the use of websites, reference books, trade magazines, field trips, competition work, exhibitions and food fayres.

Centres are continuing to keep up to date with industry trends and many reflected this in the purchase of new, modern equipment.

It is positive to see that centre staff are actively reviewing their procedures and revising evidence gathering forms to maintain consistency and meet candidate needs.

# Category 3: Candidate support

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

It is positive to read that effective candidate induction takes place in the majority of centres, and it was reported that this was to ensure a suitable programme is selected to reflect learner needs and ensure suitability of the environment and job role to meet assessment requirements.

There was no evidence of accreditation or recognition of prior learning (APL/RPL) or accreditation of prior achievement (APA) being undertaken at induction. However, it was apparent that prior unit achievement had been used for candidates progressing or changing awards. Qualification verifiers highlighted that centres should ensure they effectively map old units to new appropriately, since units from old awards do not map in their entirety.

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

It was evident across verification visits that regular contact with candidates by assessors was being maintained. Visits mostly ranged from weekly to monthly and were very rarely less frequent than once a month. It was clearly demonstrated through candidate assessment when visits had taken place, and this was backed up by detailed review sheets in most cases.

Social media communication continues to be maintained, and some centres have utilised innovative blogs and chat rooms to support candidate progression and contact.

# Category 4: Internal assessment and verification

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

In the majority of reports, qualification verifiers confirmed that centres were actively supporting their internal assessment and verification procedures to ensure standardisation of assessment.

A small number of centres demonstrated insufficient assessment evidence, in particular, missing assessor observations, records of questioning, or coverage of range following assessment and internal verification. Where internal verification had taken place it demonstrated a failure to meet internal quality procedures and subsequent re-assessment was required.

A couple of centres had introduced their own assessment recording material, which highlighted some inaccuracies against unit criteria and misinterpretation of standards. Centres should ensure that sufficient internal verification activity takes place to ensure standardisation of assessment material against the qualification standards.

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

As recorded in previous years, SQA unit records were being used in the majority of centres.

A small number used e-portfolio such as Learning Assistant, OneFile and Proof Positive.

A small number of centres chose to use SQA unit records and upload assessment evidence to them online, using Cloud-based secure areas to avoid printing.

Some qualification verifiers raised concern over the authenticity of the online portfolio methods. However, centres had actively generated signed and dated SQA disclaimer forms, or ensured that the signature sheet for unit completion was actually signed and dated by all who were involved in the assessment process.

Some centres appeared to be assessing using the same method associated with other awards, ie using reflective accounts or personal statements, which are not acceptable methods for particular units within the Hospitality framework, which clearly state where assessor observations must be used.

Underpinning knowledge (UPK) was not effectively recorded in some instances. There must be some form of evidence to demonstrate UPK completion either through clear mapping to observation, reflective accounts, professional discussion or answers recorded by Dictaphone or scribe, where SQA's published question banks are not being used.

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

Qualification verifiers consistently reported that centres had robust plagiarism policies in place, and while there were no apparent incidents of plagiarism, staff and candidates had been informed of the procedures to follow.

The majority of evidence seen during visits demonstrated that candidates had signed and dated the SQA disclaimer form, unit records following completion, and any assessment evidence that had been gathered.

It was evident that candidates had secure login procedures for the use of intranet and e-portfolio systems.

Observation by approved assessors was typically the main source of evidence gathering, and this demonstrated that the assessor was gathering evidence of a particular candidate's work.

It was positive to read that digital voice recordings were being used where appropriate, and these were authenticated by the candidate, detailing their name, role and organisation, along with the assessor stating their name, position and date of assessment.

Discussion with candidates confirmed that they were in appropriate employment or training facilities to complete the award, and that induction had taken place and progress reviews were being completed.

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

In the majority of cases SQA unit records and question banks had been used as valid forms of assessment gathering, and these had been accurately and consistently judged in line with SQA and assessment strategy requirements.

Staff who were assessing these awards were appropriately qualified, or working towards L&D qualifications in a timely manner, and reports demonstrated that sufficient support and monitoring was taking place.

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

In the majority of visits undertaken this year, the centres had provided evidence to demonstrate that they were following SQA requirements for the retention of evidence. The majority of centres exceeded the SQA timescale to favour a longer holding period to suit their own policy.

It is important to highlight that candidate evidence must be retained from the point of initial contact by the qualifications verifier as per SQA retention guidelines.

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

The dissemination of feedback from qualification verifiers continued to be demonstrated through a number of methods. The main dissemination method was through the standardisation meetings. Other methods include work diaries for small establishments, and these included daily input by all team members (online or on paper), publication to the intranet, or delivery via e-mail. The majority of evidence was made available in the quality assurance manual for the centre and through discussion with staff, and was also reflected on CPD activity as action points.

## Areas of good practice reported by qualification verifiers

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

♦ Centres continue to produce candidate worksheets and learning resources, using both paper and online methods for delivery.

♦ Regular staff training and development is apparent, and some centres actively promote CPD opportunities for all team members.


## Specific areas for development

The following areas for development were reported during session 2017–18 (some of these continue to be a concern from previous sessions):

♦ Some centres appeared to be assessing using the same method associated with other awards, eg using reflective accounts or personal statements. These are not acceptable methods for particular units within the Hospitality framework which clearly state that assessor observations must be used. Centres should use the most appropriate method of assessment for the unit and this should be in accordance with the assessment strategy. The Assessor Guide is a useful resource to help identify appropriate methods of assessment.

♦ Centres were advised that the SQA CPD toolkit on the Learning and Development webpage can be used to update those assessors and verifiers holding pre-L&D awards to ensure they are aware of the standards of current L&D practice.

♦ Assessment planning to ensure consistency over time was lacking in some cases, and over-assessment was apparent in some areas.

♦ Underpinning knowledge was not effectively recorded in some instances. There must be some form of evidence to demonstrate UPK completion either through clear mapping to observation, reflective accounts, professional discussion, or recorded answers where SQA's question banks are not being used.

♦ Ensure that centre-devised assessment recording material matches the requirements of the award as shown on SQA unit records.

♦ Ensure supplementary questions are clearly mapped to unit criteria.

♦ The date provided on the assessment evidence should be the date the activity took place, not the date the assessor/candidate review was scheduled, as this caused confusion with many different assessments being completed on the same day.

♦ Standardisation of assessment gathering/verification recording documents will enable a more consistent approach for the centre staff.